

Kirk Smeaton CE Primary School

Admission Form

This form includes the information we need to ensure that we can care for your child fully. All information provided is confidential, but some sections will also be used to complete administrative returns to NYCC and the DfES from time to time. If you would like to talk to a member of staff about any of the information included please contact school (01977 620497). Please inform us if any of these details need to be updated in the future.

Child's Details	
Full Name	
Date of Birth	
Address including Postcode	
Home Telephone Number	
Previous School	
Religion	

Child's Medical Details and Contacts		
Doctor	Doctor's Name	
	Surgery Name	
	Surgery Address	
	Surgery Postcode	
	Surgery Telephone Number	
	Do we have your permission to administer First Aid to your child if needed at school?	Please delete as appropriate: YES/NO
	Please give us details of any existing medical conditions or allergies your child has?	
	Does your child have any hearing or sight problems? (If yes, please give further details)	
	Do you consider your child to be disabled? (The DDA definition of a disability is "A disabled person (child or adult) is someone who has a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities")	

Other Information	
Do you claim funding at any other setting / provider?	
<i>If yes please give details:</i>	
Are you registered with any other setting / provider?	
<i>If yes please give details</i>	
Children previously in care. Please advise school if your child was Adopted from Care or ceased to be looked after through a Special Guardianship Order (SGO) or through a Residence Order (RO)	
Has your child been made the subject of an adoption order, placement order of freeing order?	
Has your child had any of the following orders decided by the courts? (please tick)	
Residence Orders	Emergency Protection Order
Contact Order	Care Order or Interim Care Order
Specific Issue Order	Supervision Order
Prohibited Steps Order	Education Supervision Order
Child Protection Order	

Are you in receipt of any of the following? (please tick)			
The guaranteed element of State Pension Credit		Income-Based Job Seekers Allowance	
Income-Related Employment and Support Allowance		Support under Part VI of the Immigration and Asylum Act 1999	
Working Tax Credit run-on-paid for 4 weeks after you stop qualifying for Working Tax Credit		Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of more than £16,190)	
Income Support		Universal Credit	

Parent/Family Contact Details

Please fill in parent contact details below. There is space to give us contact details for other family members or friends who we would contact if we were unable to contact parents. We send a weekly newsletter out each week to parents, our 'Friday Letter', giving up to date information about what is happening in school, fund raising news and some information about events in our wider community. Please let us know which of your 'Parent Contact Details' given below, would like to receive an e-mailed copy of this each week.

Contact 1: Parent Contact Details	
Full Name	(Mr/Mrs/Miss)
Relationship to Child	
Address (Inc. Post Code)	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
E-mail Address (please print clearly)	
To receive e-mailed copy of 'Friday Letter' (see above)?	Yes/No (if yes, please make sure you have given exact e-mail details above)
Contact 2: Parent Contact Details	
Full Name	(Mr/Mrs/Miss)
Relationship to Child	
Address (Inc. Post Code)	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
E-mail Address	
To receive e-mailed copy of 'Friday Letter' (see above)?	Yes/No (if yes, please make sure you have given exact e-mail details above)
Contact 3: Family Members/Friends Contact Details	
Full Name	(Mr/Mrs/Miss)
Relationship to Child	
Address (Inc. Post Code)	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
E-mail Address	
Contact 4: Family Members/Friends Contact Details	
Full Name	(Mr/Mrs/Miss)
Relationship to Child	
Address (Inc. Post Code)	
Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
E-mail Address	

For School Use Only		
UPN	Ethnicity	Birth Certificate checked?
Previous school DfES number, telephone and address	Staff signature and date	Parental form received?

