



**ADMISSIONS FORM**

<b>Legal Forename:</b>		<b>Middle Name(s):</b>		<b>Legal Surname:</b>	
<b>Preferred Forename:</b>				<b>Preferred Surname:</b>	
<b>Date of Birth:</b>				<b>Gender:</b>	
<b>Home Address (inc postcode):</b>					
<b>Home Telephone No.</b>		<b>Parental Home Email address (this will be used to send email communications from school)</b>			

<b>Names of Parents/Guardians</b>	<b>Home Address</b>	<b>Daytime Telephone No.</b>

When our pupils' natural parents live apart, we make every effort to send duplicate copies of school reports and other important information to both households. If either parent listed above should receive copies please confirm their name below.

<b>Name:</b>	
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**Emergency Contacts:****PHS requires that there be a minimum of 2 emergency contacts.**

Please provide details below of the people (including yourself) who school may contact, and who have your permission to take your child home, in the event that an emergency should arise.

Please ensure that you have obtained consent from those listed below for their contact details to be shared with, and used by, Avonreach Academy Trust in emergency situations.

**Please record details in the order in which you prefer us to make contact.**

Priority 1		Priority 2	
Title:		Title:	
Forename:		Forename:	
Surname:		Surname:	
Address:		Address:	
Daytime Tel No.		Daytime Tel No.	
Relationship to child:		Relationship to child:	
Parental Responsibility? (please indicate Yes or No)		Parental Responsibility? (please indicate Yes or No)	
Priority 3		Priority 4	
Title:		Title:	
Forename:		Forename:	
Surname:		Surname:	
Address:		Address:	
Daytime Tel No.		Daytime Tel No.	
Relationship to child:		Relationship to child:	
Parental Responsibility? (please indicate Yes or No)		Parental Responsibility? (please indicate Yes or No)	



**Emergency Consent:** Please add your name and date in the box below if you give permission

I give permission for my child to receive emergency medical and dental treatment should it be required, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendations of a qualified medical practitioner.

**Dietary Needs:** Please enter X where appropriate

Artificial Colouring Allergy		Gluten free		Halal	
Kosher foods only		No diary produce		No nuts of any type	
No pork		Seafood allergy		Vegetarian	
Other, please state					

**Medical Information:**

Name of Doctor:

Address of Doctor/Practice:

Telephone number:

Please tick if any of the following conditions are relevant:

A **Personal Care Plan** (included in this pack) should be completed and returned for any of the following:

Asthma		ADHD		ASD	
Aspergers		Autism		Diabetes	
Epilepsy		Allergies (inc nut allergy)		Any heart/lung condition	

Any other condition that your child takes medication for

Any other medical conditions or information you would like the school to record:



**Please note:**

**Asthma** – Please supply a spare inhaler to be kept in the Medical Room for your child’s use. Please note the expiry date and send in. Required in-case your son/daughter forgets/is out on the school field without their bag/goes on a trip and is not carrying their inhaler.

**Allergies** – If Epipens are prescribed, 2 should be sent into school. Please note the expiry date before sending in. If your child has Cetirizine/Piriton this should be prescribed and the expiry date noted.

**Autistic Spectrum** – If your child takes any medication for their condition please supply the details of what they take and the dosage.

<b>Post Looked After children</b>		The school census requires schools to record information about children who have left local authority care in England and Wales. Children identified under one of the measures below are eligible for the post looked after element of the Pupil Premium which can be used to support them. It is for those with Parental Responsibility to decide if they wish to make this declaration.			
Adopted from care			Special Guardianship Order		
Residence order			Child Arrangements Order		
<b>Ethnicity:</b>	All schools are now required by the Department for Education to record pupils’ ethnic background. This information will not allow individual pupils to be identified. Please enter X against one option only.				
<b>White</b>					
British			Irish		
Any other white background			Traveller (Irish Heritage)		
			Gypsy/Roma		
			Any other ethnic group		
<b>Mixed</b>					
White/Black Caribbean			White/Black African		
White/Chinese			White/Asian		
			Other mixed background		
<b>Asian or Asian British</b>					
Indian			Pakistani		
Chinese			Bangladeshi		
			Any other Asian background		
<b>Black or Black British</b>					
Black Caribbean			Black African		
			Any other Black background		
<b>I do not wish an Ethnic background to be recorded</b>					



<b>First Language:</b>	
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<b>Religion:</b>	Please put a X in the appropriate box				
Buddist		Christian		Hindu	
Jewish		Muslim		Roman Catholic	
No Religion		Sikh		Refused	
Other					

<b>Meal Arrangements:</b>		Please put a X in <b>one</b> box only, i.e. most used	
Paid School Meal		Free School Meal	
Sandwiches		Other	

<b>Travel – how your child normally gets to school</b>			Please put a X in one box only i.e. most often used		
Walk		Public bus		School bus	
Bicycle		Car/Van		Taxi	
Car share		Train		Other	

<b>School History:</b> Please give details of your child’s previous school	
School:	
Address:	
Date of Admission:	
Date of Leaving:	

<b>Any additional relevant information:</b>



**THE SCHOOL ADMISSION REGISTER**  
**RECORD OF PARENTS**

***Confidential questionnaire for completion in connection with a pupil's registration***

The name and address of every person known to be a parent of a pupil must be included in the School's Admissions Register. In addition, there must be a list of all persons who have **“parental responsibility”** – meaning **“all the rights, duties, powers and responsibilities and authorities which by law a parent of a child has in relation to the child and his property”**.

It is very important that school has full information on “parental responsibility” in relation to each pupil and you are therefore asked to answer the following questions as necessary:

Child's full name and date of birth as given on birth certificate:	
If there has been any subsequent change, please explain:	
Full name and address of person/s with whom the child is currently living:	
Relationship to the child (eg Mother, Father, Parents, Grandparent, Aunt, Foster Parent etc):	
<b>Court Order Detail</b> (if applicable, please supply a copy):	
Any other important background information:	

Under the terms of the Children Act 1989, certain other people may have what is called “parental responsibility” for the child. These people may include the child's mother; the father, if the parents were married at the time of the birth; the father, even if the parents were not married at the time of the birth provided that he has acquired that responsibility by a Court Order or by means of a document in a proper legal form and agreed by the mother; or a step-parent. The requirements of the Children Act are such that every **school will need to know the name and address of everyone who has parental responsibility for the child** and to send to those people copies of school reports and keep them informed. Accordingly, you are asked to list overleaf any other persons who, in your knowledge, have parental responsibility for the child.



Name:	
Relationship to Child:	
Address:	

Name:	
Relationship to Child:	
Address:	

Name of parent/carer completing this form and providing consent for its use. (Parent/Carer)	Date:
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