



Buckinghamshire Council

ADMISSION FORM [CONFIDENTIAL]



Chestnut Lane School

CHESTNUT LANE SCHOOL

Schools are required by law to keep on record details of children admitted. We should therefore be grateful if you would complete this form in **BLOCK CAPITALS** and hand it into the school office. Your child's birth certificate/passport should be presented for copying and placing on file at the time of your child's admission to primary education.

STUDENT DETAILS

Main Address (Home address)

Legal Forename	_____	Apartment or Name	_____
Middle name(s)	_____	House No	_____
Legal Surname	_____	Street	_____
Preferred Surname	_____	District	_____
Preferred Forename	_____	Town	_____
Date of birth	_____	Postcode	_____
Gender	Male / Female	Alternative Address (Non term time)	
		Apartment or Name	_____
		House No	_____
		Street	_____
		District	_____
		Town	_____
		Postcode	_____

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name and address of the person with whom the child normally resides:

Reason	_____	Dates Applicable	_____
Forename	_____	Surname	_____
Address	_____		

It would be very helpful to have available the details of any siblings who are currently attending, have attended this school, or are likely to join this school at a later date.

Forename	Surname	Date of Birth	Current School

CONTACTS

Parent/Carer 1 - Title Mr/Mrs/Ms/Miss/Other _____
(please circle or state)

Legal Forename _____

Middle Name(s) _____

Legal Surname _____

Gender _____

Year of birth _____

Relationship to child _____

Parental Responsibility? Yes No

Contact Priority *(please circle)* 1 / 2 / 3 / 4

Parent/Carer 2 - Title Mr/Mrs/Ms/Miss/ Other _____
(please circle or state)

Legal Forename _____

Middle Name(s) _____

Legal Surname _____

Gender _____

Year of birth _____

Relationship to child _____

Parental Responsibility? Yes No

Contact Priority *(please circle)* 1 / 2 / 3 / 4

Please tick the box for your priority telephone number

Home Tel _____

Mobile _____

Work _____

Email _____

Please tick the box for your priority telephone number

Home Tel _____

Mobile _____

Work _____

Email _____

Address *(if different to pupil)*

Apartment / House Name / House No _____

Street _____

District _____

Town _____

Postcode _____

Address *(if different to pupil)*

Apartment / House Name / House No _____

Street _____

District _____

Town _____

Postcode _____

Please attach a copy of any court orders relating to your child. Please tick if attached

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents, for example those with a Parental Responsibility Order. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested.

Is the child resident with foster parents:
 Yes No

If 'yes'; which Authority is financially responsible for maintenance?

Title *(please circle or state)* Mr/Mr/Mrs/Miss/Other _____

Legal Forename _____

Middle Name(s) _____

Legal Surname _____

Gender _____

Year of birth _____

Relationship to child _____

Contact Priority *(please circle)* 1 / 2 / 3 / 4

Please tick the box for your priority telephone number

Home Tel _____

Mobile _____

Work _____

Email _____

Address *(if different to pupil)*

Apartment / House Name / House No _____

Street _____

District _____

Town _____

Postcode _____

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below (in order of preference) the all details of any additional person(s) from those above who we can contact on such an occasion.

Contact Priority	_____	_____	_____
Title	Mr/Mrs/Miss/Other _____	Mr/Mrs/Miss/Other _____	Mr/Mrs/Miss/Other _____
Legal Forename	_____	_____	_____
Legal Surname	_____	_____	_____
Relationship to child	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Home Tel	_____	_____	_____
Mobile	_____	_____	_____

MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them to achieve their potential educationally. Would you please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the School Nurse.

DIETARY NEEDS

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Artificial colour allergy | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Kosher food only | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork | <input type="checkbox"/> Ramadan | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Halal | <input type="checkbox"/> Other (please specify) _____ | |

MEDICAL PRACTICE

Surgery Name: _____

Surgery Telephone Number: _____

MEDICAL CONDITIONS

- Does your child suffer from?**
- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bowel or bladder problems | <input type="checkbox"/> Eczema | <input type="checkbox"/> Any other medical condition _____ |

Do you consider your child to have a disability? Yes / No *If Yes, please select all that apply from the list below.*

A child is considered to have a disability if their parent indicates substantial and/or long term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Hand Function | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Eating and drinking |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Communication | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Behaviour | <input type="checkbox"/> Consciousness e.g. seizures |
| <input type="checkbox"/> ASD/Aspergers | <input type="checkbox"/> Palliative care needs | <input type="checkbox"/> Other Disability/Health problem _____ | |

Does your child attend any medical clinics? - Yes / No

If Yes, please give details in the box below

If you have ticked any of the above boxes, please give further details below:-

If your child is on regular medication, does it need to be given during school hours? – **Yes / No**

If Yes please discuss with the Headteacher.

ETHNIC / CULTURAL INFORMATION

The Department for Education (DfE) has asked for the collection of the following information for all pupils.

ETHNICITY

- | | | |
|--|--|---|
| <p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Traveller of Irish Heritage</p> <p><input type="checkbox"/> Gypsy/Roma</p> <p><input type="checkbox"/> Any other white background</p> <p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> | <p>Mixed</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> Any other mixed background</p> <p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background</p> | <p>Other</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group</p> <p><input type="checkbox"/> I do not wish an ethnic background category to be recorded</p> |
|--|--|---|

FIRST LANGUAGE – *The language(s) to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community. Please tick all that apply.*

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Chinese Mandarin | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Panjabi (Mirpuri) |
| <input type="checkbox"/> Pashto | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Shona | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Swahili | <input type="checkbox"/> Tagalog/Filipino | <input type="checkbox"/> Tamil | <input type="checkbox"/> Thai | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Please specify) _____ | | |
| <input type="checkbox"/> I do not wish a first language to be recorded | | | | |

RELIGION

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Baptist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Church of England |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Jewish | <input type="checkbox"/> Methodist | <input type="checkbox"/> Mormon |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Plymouth Brethren | <input type="checkbox"/> Quaker | <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> United Reform Church | <input type="checkbox"/> No Religion | <input type="checkbox"/> I do not wish a religion to be recorded | <input type="checkbox"/> Other (Please specify) _____ | |

ADDITIONAL INFORMATION**MEALS**

- | | | | |
|--|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Eligible for Free Meals | <input type="checkbox"/> Goes Home | <input type="checkbox"/> Packed Lunch | <input type="checkbox"/> Paid School Meals |
|--|------------------------------------|---------------------------------------|--|

TRAVEL TO SCHOOL - Please tick your child's usual main mode of travel. If the journey to school involves more than one mode of travel tick the mode used for the greatest part, by distance, of the journey.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Cycle | <input type="checkbox"/> Car/Van | <input type="checkbox"/> Car Share (with a child/children from a different household) |
| <input type="checkbox"/> Public service bus | <input type="checkbox"/> Dedicated school bus/coach | <input type="checkbox"/> Bus (type not known) | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Train | <input type="checkbox"/> London Underground | <input type="checkbox"/> Metro/Tram/Light Rail | <input type="checkbox"/> Other |

FOR SCHOOL USE ONLY

- | | |
|--|-------|
| <input type="checkbox"/> LA provided transport | Route |
|--|-------|

Service Children in Education Indicator – are one or both parents Service personnel, serving in regular military units of any of the HM Forces, or in the Armed Forces of another nation and stationed in England and exercising parental care and responsibility?

- Yes No I do not wish to answer this question

PREVIOUS SCHOOL HISTORY

School, Pre-School or Nursery	Town/City	Start Date (dd/mm/yy)	Leaving Date (dd/mm/yy)	Reason for Leaving

For pupils being admitted into **the Reception Year only**, please include the number of terms spent in pre-school education, where known:- _____ terms.

PARENTAL DECLARATION

DATA PROTECTION STATEMENT: The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act and the General Data Protection Regulation (EU) 2016/679. The information given will be entered onto a computer and will form part of the School's database.

Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I declare the above information to be correct to the best of my knowledge at the time of completion.

I agree to notify the school of any change in my child's circumstances.

Signed: _____ Date: _____

FOR SCHOOL USE ONLY

Registration Group: _____	* NC Year Group: _____
* Enrolment Status: _____	* Year Taught in: _____
* Admission Date: _____	Admission No: _____
UPN: _____	Attendance mode: _____
Birth Certificate/Passport seen and copied: <input type="checkbox"/> (Infant/Combined Schools only)	*required fields for SIMS