



Admission Form 2018/2019

PLEASE RETURN BY **AS SOON AS POSSIBLE**

PLEASE USE BLOCK CAPITALS

Legal Surname:	Forename:
Middle Name:	Preferred forename:
Gender: Male / Female	Date of Birth:
Home Address:	
Postcode:	
Home Tel:	Student's Mobile No:
Student's Email:	Student's Name:
If there are older brothers or sisters in the school, please give the name, present year and house:	Year:House
Is your child a looked-after child? i.e. in the care of, or provided with accommodation by an English local authority Y/N	

Previous School (please tick appropriate box)

Burstow <input type="checkbox"/>	Salfords <input type="checkbox"/>
Manorfield <input type="checkbox"/>	Yattendon <input type="checkbox"/>
Meath Green <input type="checkbox"/>	Other:
Langshott <input type="checkbox"/>	

Travel to School (please tick **one** only)

Car <input type="checkbox"/>	Dedicated School Bus <input type="checkbox"/>	Taxi <input type="checkbox"/>	Walk <input type="checkbox"/>
Cycle <input type="checkbox"/>	Public Bus <input type="checkbox"/>	Train <input type="checkbox"/>	Other <input type="checkbox"/>

Lunch Arrangements (please tick **one** only)

Packed Lunch <input type="checkbox"/>	School Meal - Free <input type="checkbox"/>	School Meal - Paid <input type="checkbox"/>
Has your child ever received Free School Meals? Y/N		

Medical Information

Surgery Name: Surgery Tel No:

Surgery Address:

Medical conditions or information you wish the school to record:

Ethnic Origin (please tick **one**) We are required by the Department for Education to collect the following information:

Home/First Language: Other Languages spoken:

Nationality: Country of Birth:

Black African Background <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White/Black African <input type="checkbox"/>	Other Ethnic Group <input type="checkbox"/>
Black Caribbean Background <input type="checkbox"/>	White British <input type="checkbox"/>	White/Black Caribbean <input type="checkbox"/>	Gypsy/Roma <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	White European <input type="checkbox"/>	Other Asian Background <input type="checkbox"/>	Traveller <input type="checkbox"/>
Chinese <input type="checkbox"/>	White Irish <input type="checkbox"/>	Other Black Background <input type="checkbox"/>	
Indian <input type="checkbox"/>	White/Asian <input type="checkbox"/>	Other Mixed Background <input type="checkbox"/>	Prefer not to disclose <input type="checkbox"/>

Religion (please tick **one**)

Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Other <input type="checkbox"/>
Christian <input type="checkbox"/>	Jewish <input type="checkbox"/>	Sikh <input type="checkbox"/>	No Religion <input type="checkbox"/>

Birth Certificate

Please can you provide a copy of your child's full birth certificate (the short version cannot be accepted), this will be held on the child's school file. This is to confirm parental responsibility and proof of age.

If we do not receive a copy of the full birth certificate, this could affect the date your child starts school as this is a formal requirement of the Department for Education.

Emergency Contact Details

Please see below a definition of parental responsibility and who can have this responsibility. Please take care in completing this form correctly.

Definition of "Parental Responsibility"

The law states that the following people have parental responsibility:

- Mothers
- Fathers, if:
 - They are, or have been, married to the mother at any time since the birth of the child
 - They are registered jointly with the child's mother on the birth certificate (applies to children born on or after 01 December 2003 only)
 - They have acquired parental responsibility by formal legal agreement with the mother or by court order (s.4 Children Act 1989)
- Step-parents, if they have acquired parental responsibility by formal agreement with both parents with parental responsibility (s.4A Children Act 1989)
- Anyone else who has been granted parental responsibility under a court order (such as an adoption order, a child arrangements order, a special guardianship order or an interim/full care order)
 - Guardians who have been formally appointed in accordance with s.5 Children Act 1989.

If Parental Responsibility is gained through a legal process, we would need to see a copy of this documentation.



Emergency Contact Details

Please give details of all persons who have any legal/parental responsibility for this student and also give contact details of anyone else who should be contacted in an emergency if you are not available.

Use the **Contact Priority (1-4)** to indicate the preferred order in which school should contact people in an emergency. Relationship should be shown as Aunt, Grandparent, Step-Parent, Neighbour etc.

<p>Mother</p> <p>Contact Priority 1 - 2 - 3 - 4 <i>(please circle one only)</i></p> <p>Surname Title</p> <p>Forename</p> <p>Home Address</p> <p>Postcode</p> <p>Home Tel No.</p> <p>Mobile No.</p> <p>Daytime No.</p> <p>Work Place:</p> <p>Do you work for the Armed Forces? Y/N</p> <p>Email:</p> <p>Would you like to receive communication by email: (Y / N)</p> <p>Parental Responsibility (Y / N) <i>If parental responsibility is gained through a legal process, we would need a photocopy of this documentation</i></p>	<p>Father</p> <p>Contact Priority 1 - 2 - 3 - 4 <i>(please circle one only)</i></p> <p>Surname Title</p> <p>Forename</p> <p>Home Address</p> <p>Postcode</p> <p>Home Tel No.</p> <p>Mobile No.</p> <p>Daytime No.</p> <p>Work Place:</p> <p>Do you work for the Armed Forces? Y/N</p> <p>Email:</p> <p>Would you like to receive communication by email: (Y / N)</p> <p>Parental Responsibility (Y / N) <i>If parental responsibility is gained through a legal process, we would need a photocopy of this documentation</i></p>
<p>Relationship</p> <p>Contact Priority 1 - 2 - 3 - 4 <i>(please circle one only)</i></p> <p>Surname Title</p> <p>Forename</p> <p>Home Address</p> <p>Postcode</p> <p>Home Tel No.</p> <p>Mobile No.</p> <p>Daytime No.</p> <p>Work Place:</p> <p>Parental Responsibility (Y / N)</p>	<p>Relationship</p> <p>Contact Priority 1 - 2 - 3 - 4 <i>(please circle one only)</i></p> <p>Surname Title</p> <p>Forename</p> <p>Home Address</p> <p>Postcode</p> <p>Home Tel No.</p> <p>Mobile No.</p> <p>Daytime Tel No.</p> <p>Work Place:</p> <p>Parental Responsibility (Y / N)</p>