



ST THOMAS MORE CATHOLIC PRIMARY SCHOOL, KIDLINGTON

PUPIL ENROLMENT FORM

Please complete each side of this form for your child. The information will be used for administrative purposes within this school. It will be sent onto your child's next school or other educational institution. The provision of accurate information helps this school and the LA to see that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information you give and, from time to time, we may ask you to confirm that it is correct. The school is entitled to collect this information under the provisions of the Data Protection Act 1998.

Please be aware that completion of this form does not guarantee a place for your child if this has not been notified in writing by the school or by your Local Authority.

SECTION 1: PUPIL'S DETAILS

Legal Surname:	Forename:
Preferred Surname: (if different)	Preferred Forename: (if different)
Middle Name(s):	Male/Female:
Date of Birth:	

House No/Name:	Street:
Street:	Postcode:
Is this the pupil's home address?	

Additional Pupil Address:	
House No/Name:	Street:
Town/City:	Postcode:

If your child has siblings already at our school please provide their name(s):

SECTION 2: CONTACT DETAILS (see over)

To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent of a pupil. Please note that this includes: mother; married father- even if separated or divorced from the mother; unmarried father- provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child. **If any parents who do not live with the pupil wish to receive copies of school correspondence e.g. newsletters, pupil report, please notify the school.**

YOU MUST PROVIDE AT LEAST 2 CONTACTS WITH SEPARATE NUMBERS

CONTACT 1

Mr/Mrs/Ms/Miss/Other:	Male/Female
Surname:	Forename:
Relationship to Pupil: e.g. Mother, Father etc	_____
Does this contact have parental responsibility? Yes/No	
If Yes, please provide	
Date of Birth __/__/____-	National Insurance Number: _____

House No/Name:	Street:
Town/City	Postcode:

Home telephone number:	Mobile number:
Work number:	Alternative:
e-mail address:	
Please provide any details that will help us contact you e.g. name of workplace, extension number.	

CONTACT 2

Mr/Mrs/Ms/Miss/Other:	Male/Female
Surname:	Forename:
Relationship to Pupil: e.g. Mother, Father etc	_____
Does this contact have parental responsibility? Yes/No	
If Yes, please provide	
Date of Birth __/__/____-	National Insurance Number: _____

House No/Name:	Street:
Town/City	Postcode:

Home telephone number:	Mobile number:
Work number:	Alternative:
e-mail address:	

Please provide any details that will help us contact you e.g. name of workplace, extension number.

CONTACT 3	
Mr/Mrs/Ms/Miss/Other:	Male/Female
Surname:	Forename:
Relationship to Pupil: e.g. Mother, Father etc	_____
Does this contact have parental responsibility? Yes/No	
If Yes, please provide	
Date of Birth __/__/____ -	National Insurance Number: _____

House No/Name:	Street:
Town/City	Postcode:

Home telephone number:	Mobile number:
Work number:	Alternative:
e-mail address:	

SECTION 3: MEDICAL INFORMATION

Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information will be available to relevant officers at the LA, school staff and to the School Health Nurse Service and any other National Health Service professionals, as required.

NHS Number (this can usually found in your child's red book)	
GP Name:	Telephone Number:
Surgery Name:	
Town/City:	Postcode:

Dentist Name:	Telephone Number:
Dental Surgery:	
Town/City:	Postcode:

In the event of an emergency do we have your consent to contact your child's medical practice directly? Yes/No

Has your child had his/her pre-school booster?	Yes/No
Do you give consent to your child's vision being screened by the School Health Nursing Service?	Yes/No

Does your child suffer from:		Does your child have any problems with:	
Asthma	Yes/No	Mobility	Yes/No
Epilepsy	Yes/No	Behaviour	Yes/No
Diabetes	Yes/No	Hearing	Yes/No
Bowel or bladder conditions	Yes/No	Speech	Yes/No
Serious allergies	Yes/No	Vision	Yes/No
Any other medical conditions	Yes/No		

Does your child have special educational needs?	Yes/No
Does your child wear glasses?	Yes/No
Does your child need regular medication on prescription?	Yes/No
Does your child suffer from any condition which may affect his/her participation in PE/Sport/swimming?	Yes/No

If you have answered Yes to any of the above, please give details:

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Would you like the opportunity to discuss your child's health with the school?	Yes/No
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SECTION 4: ETHNIC MONITORING

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship nationality. It is essential that we have this information so that we can monitor the effectiveness of the Schools' and the Local Authority's equal opportunities policies and practices in maximising your child's progress and achievement. White British should include any pupils from England, Scotland, Wales and Northern Ireland. White Irish should include any pupils from the republic of Ireland.

White British		Asian or Asian British – Indian	
White Irish		Asian or Asian British – any other Asian background	
White Traveller of Irish heritage		Asian or Asian-British – Pakistani	
Any other white background		Black or Black-British – African	
White Gypsy/Roma		Black or Black-British – Caribbean	
Mixed – any other mixed background		Black or Black-British – any other background	
Mixed – White and Asian		Chinese	
Mixed – White and Black Caribbean		Any other ethnic group	
Asian or Asian British - Bangladeshi		Prefer not to answer	

First language – the one mostly used at home:	
Is English an additional language:	YES/NO
Any additional languages:	

Please tick your child's religion (optional). Please tick one box only			
Roman Catholic		Jewish	
Other Christian		Buddhist	
Muslim		Other (please state)	
Hindu		No religion	
Sikh			

From 2016, the Government has asked schools to ask parents for the following information about pupils. You are under no obligation to provide this information.

What is your child's nationality?	
What is your child's country of birth?	

SECTION 5: MEALS

Children in Reception, Year 1 and Year 2

With effect from September 2014 all children in Reception and Years 1 and 2 will be entitled to a hot Meal each day free of charge. Please can you indicate below your likely preference:

My child will be having a hot school meal every day/most days	Yes/No
My child will be bringing in their own packed lunch every day/most days	Yes/No

Children in Years 3, 4, 5 and 6

Please indicate which type of meal your child will usually be taking at school:

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Free School Meal		Packed Lunch		Paid School Meal	
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SECTION 6: ADDITIONAL INFORMATION

Please answer the following (this information is really important to the school's funding)

Are you a services family?	Yes/No
Are you receiving Income Support/Job Seekers' Allowance?	Yes/No

How will you child travel to school generally? Please tick one box only

Walks		Car		Bicycle	
Bus		Taxi		Other	

If this child is in care please give details below

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Start of placement:

Care Authority:

SECTION 6: PREVIOUS SCHOOLS

Please give details of all previous educational settings (Private Nursery, Pre-school, Primary School) attended by your child

Name of school or setting	
Address	
Post Code	
Date of arrival:	Date of leaving:
Reason for leaving:	

Name of school or setting	
Address	
Post Code	
Date of arrival:	Date of leaving:
Reason for leaving:	

Name of school or setting	
Address	
Post Code	
Date of arrival:	Date of leaving:
Reason for leaving:	

Name of school or setting	
Address	

Post Code	
Date of arrival:	Date of leaving:
Reason for leaving:	

SECTION 7: YOUR SIGNATURE

Signature:	Date:

Name (in block capitals) :

For school use only:

UPN

Admission Date: __/__/__

Birth certificate seen

Baptism certificate seen if Catholic

Address verified (e.g. council tax bill, proof of exchange of contract)