

# ABBOTT COMMUNITY PRIMARY SCHOOL – ADMISSION/CONTACT FORM

Application for \_\_\_\_\_ Class

Surname:		Legal Surname:	
Forename:		Middle name:	
Chosen name:		Gender:	
Date of Birth:			
Address:			
Post Code:			
Telephone:			

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority	Name/Relationship to child	Home Address/Phone/Mobile/Fax	Work Address Phone
	Name  Mother	Address:  Tel: Mobile: Email:	Address:  Tel:
	Name  Father	Address:  Tel: Mobile: Email:	Address:  Tel:
	Name  Relationship to child	Address:  Tel: Mobile:	Address:  Tel:
	Name  Relationship to child	Address:  Tel: Mobile:	Address:  Tel:
	Name  Relationship to child	Address:  Tel: Mobile:	Address:  Tel:

### Details of Siblings

Name	DOB	Relationship	School attending

### Travel Arrangements

Please tick the appropriate choice

- |   |   |   |                                |                               |                                     |                                    |
|---|---|---|--------------------------------|-------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Bicycle            | <input type="checkbox"/> Train              | <input type="checkbox"/> Car/Van                | <input type="checkbox"/> Walk  | <input type="checkbox"/> Taxi | <input type="checkbox"/> School Bus | <input type="checkbox"/> Car Share |
| <input type="checkbox"/> London Underground | <input type="checkbox"/> Public Bus Service | <input type="checkbox"/> Metro/Train/Light Rail | <input type="checkbox"/> Other |                               |                                     |                                    |

Route

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<b>Dietary Needs</b>									
<b>Meal Arrangement</b>	Please ✓								
<input type="checkbox"/>	Free School Meal	<input type="checkbox"/>	Paid School Meal	<input type="checkbox"/>	Sandwiches	<input type="checkbox"/>	Home	<input type="checkbox"/>	Other

<b>Doctor's name:</b>	
<b>Practice Address:</b>	
<b>Practice Telephone Number:</b>	

<b>Medical Condition(s)</b>	

<b>Previous School(s)</b>		
School name and address	From:	To:
School name and address	From:	To:

<b>Home Language:</b>		<b>Religion:</b>	<b>Asylum Status</b>
<b>First Language:</b>			

### Ethnicity

<b>White</b> ·British (WBRI) <input type="checkbox"/> ·Irish (WIRI) <input type="checkbox"/> ·Traveller of Irish Heritage (WIRT) <input type="checkbox"/> ·Gypsy/Roma (WROM) <input type="checkbox"/> ·Any other white background ▫White European (WEUR) <input type="checkbox"/> ▫White other (WOTW) <input type="checkbox"/>	<b>Mixed/Dual Background</b> ·White and Black Caribbean (MWBC) <input type="checkbox"/> ·White and Black African (MWBA) <input type="checkbox"/> ·White and Asian (MWAS) <input type="checkbox"/> ·Any Other Mixed Background (MOTH) <input type="checkbox"/>	
<b>Black or Black British</b> · Caribbean (BCRB) <input type="checkbox"/> · African ▫Nigerian (BNGN) <input type="checkbox"/> ▫Somali (BSOM) <input type="checkbox"/> ▫Other Black African (BOTH) <input type="checkbox"/> ·Any Other Black Background <input type="checkbox"/>	<b>Asian or Asian British</b> ·Indian (AIND) <input type="checkbox"/> ·Pakistani ▫Mirupi Pakistani (AMPK) <input type="checkbox"/> ▫Other Pakistani (AOPK) <input type="checkbox"/> ·Bangladeshi (ABAN) <input type="checkbox"/> ·Any Other Asian Background ▫African Asian (AAFR) <input type="checkbox"/> ▫Other Asian (AOTA) <input type="checkbox"/>	
<b>Chinese</b> ·Chinese (CHNE) <input type="checkbox"/>	<b>Any Other Ethnic Group</b> ▫Afghan (OAFG) <input type="checkbox"/> ▫Arab (OARA) <input type="checkbox"/> ▫Iranian (OIRN) <input type="checkbox"/> ▫Vietnamese(OVIE) <input type="checkbox"/> ▫Any other ethnic group (OOEG) <input type="checkbox"/>	
<b>Not Specified</b>		

**Signature of parent/carer:**

**Date:**

For school use:	Year:	Class:	Admission date:	Admission no.
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