

Pre Admission Form

Please complete without any blanks (n/a if no data).

It is **absolutely vital** that the school has emergency contact details for you. Please list all available phone numbers, including a number that is always contactable.

Pupil's surname
(known by)

Legal
surname

Pupil's
forename(s)

Date of birth

Known by (if
different from
forename)

Pupil's address
(inc. post code)

Please give details of **all persons who have parental responsibility** for this pupil and anyone else to be contacted in an emergency.

Priority	Salutation, full name and relationship to pupil	Home Details	Work Phone Number	Mobile Number
1	Mrs/ Miss/ Ms / Mr / Dr Full name: Relationship:	Address: Tel:		
2	Mrs/ Miss/ Ms / Mr / Dr Full name: Relationship:	Address: Tel:		
3	Mrs/ Miss/ Ms / Mr / Dr Full name: Relationship:	Address: Tel:		

please continue overleaf

Parent/guardian's e-mail addresses (please print clearly). By providing an e-mail address, you will receive updates and you will be able to get parent access to your son/daughters VLE.

1. Name _____ Email address _____

2. Name _____ Email address _____

3. Name _____ Email address _____

Please note that 2 different email addresses are required if both parents want separate access to the school VLE.

Pupil's doctors surgery

Medical conditions

Does your son/daughter receive extra time in exams - please give details

Entitled to free school meals Yes / No (delete as appropriate)

Main mode of travel to and from school (state only one) _____

Ethnicity
(please state white
English, Scottish
etc. NOT white
British)

Home
Language

First
Language

Country of
Birth

Nationality
(passport)

Second
nationality
(if dual
nationality)

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.

Parent/Guardian Signature:

Date:

