



### SCHOOL ADMISSION/CONTACT FORM

Admission date: \_\_\_\_\_

Registration  
Group: \_\_\_\_\_

House: B C F M

Pupil's Surname: \_\_\_\_\_ D. O. B: \_\_\_\_\_

Forename(s): \_\_\_\_\_ Preferred Forename: \_\_\_\_\_

Address including post Code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gender: \_\_\_\_\_ NHS Number: \_\_\_\_\_ Religion: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_ Home Language: \_\_\_\_\_  
(See last page) (See last page)

#### **EMERGENCY CONTACT 1**

Relationship to Child: \_\_\_\_\_

Miss/Ms/Mrs/Mr: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

It is essential that you provide us with an  
e-mail address:

\_\_\_\_\_

#### **EMERGENCY CONTACT 2**

Relationship to Child: \_\_\_\_\_

Miss/Ms/Mrs/Mr: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

It is essential that you provide us with an  
e-mail address:

\_\_\_\_\_

#### **EMERGENCY CONTACT 3**

Relationship to Child: \_\_\_\_\_

Miss/Ms/Mrs/Mr: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**If the child does not live with either parent, who has parental responsibility?**

N/A

Is there a Court Order :    Yes      No      ( Please advise Head of School of any details)

If parents are separated, is the second parent to receive copies of all Newsletters, School Reports etc : Yes    No  
(If yes could the absent parent please contact the school office giving details)

Should the school be aware of any access/restriction orders etc, concerning your child?  
☐ Yes                                      ☐ No

If you have answered yes, please could you please advise the Head of School.

How will your child Travel to school?: (Please only tick **ONE** option. If your child travels by more than one of the following transport on a weekly basis, please just select the mode most used)

Bus	<input type="checkbox"/>	Cycle	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
Car Share	<input type="checkbox"/>	Other	<input type="checkbox"/>	Walk	<input type="checkbox"/>
Car/Van	<input type="checkbox"/>	Public Bus Service	<input type="checkbox"/>		<input type="checkbox"/>

Name of Doctor: \_\_\_\_\_  
Surgery Name & Address \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_

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**I/We give permission for the school to seek any necessary emergency medical advice/treatment whilst my/our child attends Waycroft Academy.**

**Signed:** \_\_\_\_\_ **Please print name:** \_\_\_\_\_

Do you or your child require any special access arrangements ie: disabled parking?    Yes    No

Health Concerns: Any significant health problems (periods of hospitalisation, hearing, sight, glasses, medication, asthma, speech, allergy/dietary needs)

Please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Previous Nursery/ Infant/ Junior/ Primary School attended (if any):

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number of educational setting: \_\_\_\_\_

Please enter below the full names and dates of birth of other siblings who will be at Waycroft Academy when this child starts Reception.

Child's Name	Date of Birth

My child has a special guardianship order, a child arrangement order or is adopted having previously been in care (even if for a very short time or during the adoption process from birth): ☐ Yes ☐ No

My child is classed as a 'Child in Care' (if yes, please provide the school office with relevant documentation): ☐ Yes ☐ No

My child has at least one parent in the Armed Forces who is currently in active service (if yes, please provide the school office with relevant documentation): ☐ Yes ☐ No

**Signature of Parent/Guardian .....****Date.....**

**Please print name: .....**



## CULTURAL INFORMATION SHEET

**Please highlight:**

ETHNICITY		LANGUAGE		RELIGION	
Any other Asian background		British Sign Language		Buddist	
Any other Black background		Caribbean Creole English		Christian	
Any other ethnic group		Chinese		Hindu	
Any other mixed background		Cornish		Jewish	
Bangladeshi		Welsh/Cymraeg		Muslim	
Black Caribbean		English		No Religion	
Black Somali		Gaelic/Irish		Other Religion	
Chinese		Gaelic (Scotland)		Refused	
Gypsy/Roma		Hindi		Sikh	
Indian		Japanese		*Please note that Catholic is recorded as Christian for DfE Census purposes.	
Other Black African		Panjabi			
Pakistani		Polish			
Refused		Serbian/Croatian/Bosnian			
Travellers of Irish heritage		Sindhi			
White-British		Somali			
White-Irish		Other (please state)			
White and Asian					
White and Black African					
White and Black Caribbean					
White Eastern European					
White Western European					
White Other					