

Richmond Methodist Primary School

Pupil Admission Form



Please fill this form using BLOCK CAPITALS

1. Pupil Details

Legal Forename	_____	Address	_____
Middle Name	_____		_____
Legal Surname	_____		_____
Preferred Forename	_____		_____
Preferred Surname	_____	Town	_____
Date Of Birth	_____	County	_____
Gender	_____	Postcode	_____

2. Family / Home

Please complete below the names, addresses and telephone numbers of all who have 'Parental Responsibility' for your child. 'The Children Act' states that both natural parents, who may be divorced, should have access to information about their child (in most circumstances).

Parent/Guardian 1

Title _____ Forename _____ Surname _____

Address (if different to student) _____

Parent/Guardian 2

Title _____ Forename _____ Surname _____

Address (if different to student) _____

Emergency Contact Details

If a pupil is unwell or is injured we will need to contact a parent/guardian, or a designated relative or friend. Please state name and relationship to the pupil **in order of priority** and indicate which is the **MAIN** contact number for each. Please use W, H, M to indicate work, home, mobile number.

Priority	Name	Relationship to child	<u>Use this number 1st</u>	2 nd number	3 rd number
1					
2					
3					
4					
5					

Main email address for correspondence:.....

3. Dietary Please mention anything relevant about your child's dietary needs, ie vegetarian, special requirements, food allergies.

4. Medical

Does your child suffer from a particular health complaint or allergy (including plasters)?

Yes (please specify below) No

Pupil Health Report: (please give brief details eg asthmatic/ needs inhaler, wears spectacles, hearing difficulties, diabetic, heart or chest condition, allergies or anything else which may be relevant.

Parents/Guardians will be contacted as soon as possible if their child is unwell or needs urgent medical attention. Until the parent/guardian arrives it may be necessary for the first-aider to administer any necessary emergency treatment, telephone for an ambulance etc. With this in mind could you please sign below to give your consent.

I consent to the school seeking/administering any emergency medical treatment necessary.

Yes No

Signed _____ Date _____

Medical Practice _____ **Doctor's Name** _____

Address: _____

Telephone: _____

5. Ethnic / Cultural

Is there any reason why your child should not take part in Statutory School Assemblies or RE lessons?

Yes (if yes please attach a letter) No

Religious Affiliation (Please Tick Appropriate Box)

- | | |
|---|---|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> No Religion | <input type="checkbox"/> Do not wish to comment |
| <input type="checkbox"/> Other please specify _____ | |

Ethnic Information (Required by the Department for Children, Schools and Families)

Please tick the box next to A or B.

- A** I am willing to provide information about the ethnic origin, language and religion of my child.
- B** I am unwilling to provide information about the ethnic origin, language and religion of my child.

Ethnic Group (Please Tick Appropriate Box)

- White - British
- Chinese
- Any Other White Background
- Black - African
- Do not wish to comment
- Other Please specify
- White and Black Caribbean
- Any Other Mixed Background
- Any Other Ethnic Group
- Black - Caribbean

First Language

- English
- Do not wish to comment
- Other than English (please specify) _____

Home Language

Please Specify _____

All information will be treated as confidential and will be stored on our computer network.

6. Additional Information

Dietary - Please indicate type required i.e. school dinner (s/d) or packed lunch (p/l)

Monday	Tuesday	Wednesday	Thursday	Friday
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Mode of travel

Please State How Your Child Will Mainly Travel To / From School (tick one only)

- Dedicated School Bus
- Public Service Bus
- Taxi
- Car/ Van
- Walk
- Other (specify) _____

Service Children In Education

Please state whether parents are in the Armed Forces:

- Yes
- No
- Do not wish to comment

7. School history

Previous school attended-please give details ie name, address and contact number if known.

8. Welfare

Please give details below of any special welfare needs or disabilities.

9. Parental Consent

Photos (School website, press, newsletters, official school photographs)

I agree that my child may be photographed. My child may be filmed in school production.

I do not agree.
Comment/Notes _____

Internet access

I agree that my child may access the internet as part of supervised study.

I do not agree. Comment _____

School visits

I agree that my child may participate in school visits.

I do not agree. Comment _____

Other Children In Your Family at RMS

(To assist future planning please also include younger siblings not yet of school age.)

Name _____ Date of Birth _____

School / nursery attended _____

Name _____ Date of Birth _____

School / nursery attended _____

Name _____ Date of Birth _____

School / nursery attended _____

Parental Help Register

Is there any way in which you would be interested in helping the school, e.g. support for PTA activities or particular skills or interests that you might have and might wish to use to help the school?
