



Buckinghamshire County Council

ADMISSION FORM [CONFIDENTIAL]
School: Turnfurlong Junior School

All schools are required by law to keep on record details of children admitted; we should therefore be grateful if you would complete this form in **BLOCK CAPITALS** and hand it into the school office when your child is admitted. Your child's birth certificate should be presented for copying and placing on file at the time of your child's admission to primary education.

PUPIL DETAILS

Legal Surname: _____

Legal Forename: _____

 Gender: **Male / Female** *(delete as applicable)*

Date of birth: _____

Middle name(s): _____

Preferred Surname: _____

Preferred Forename: _____

ADDRESS DETAILS

	Home		Other
* House No./Name:	_____	House No./Name:	_____
* Street:	_____	Street:	_____
* Town/City:	_____	Town/City:	_____
* County:	_____	County:	_____
* Postcode:	_____	Postcode:	_____
*required fields		Type:	<i>Term Time / Overseas / Other</i>

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name address of the person with whom the child normally resides:

 Reason: _____ Dates Applicable: _____
 Name: _____
 Address: _____

FOR SCHOOL USE ONLY (save record to generate information)

Registration Group: _____	House: _____
* NC Year: _____	* Year Taught in: _____
* Enrolment Status: _____	Boarder Status: _____
* Admission Date: _____	Admission No: _____
UPN: _____	Attendance mode: _____
Birth Certificate seen: <input type="checkbox"/> <i>(Infant/Combined Schools only)</i>	*required fields for SIMS

CONTACTS

Mother (name):		Father (name):	
Address (if not home address above):		Address (if not home address above):	
Post Code:		Post Code:	
Tel Nos:	Home:	Tel Nos:	Home:
	Mobile:		Mobile:
e-mail:		e-mail:	
Work: (for emergency use) Address:		Work: (for emergency use) Address:	
Tel No:		Tel No:	
With whom does the child live?			

Please attach a copy of any court orders relating to your child. Please tick if attached

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details below:

Name (and relationship to child):			
Home Address:		Work Address:	
Post Code:		Post Code:	
Tel Nos:	Home:	Tel Nos:	Work:
	Mobile:		

Is the child resident with foster parents:

Yes

No

If 'yes'; which Authority is financially responsible for maintenance? _____

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion. Details should be listed in the order of contact preference.

No	Name & relationship to the child	Parental responsibility	Daytime address and telephone number <i>(if same as home address please write home)</i>
1		Yes/No <i>(delete as required)</i>	Address: Phone:
2		Yes/No <i>(delete as required)</i>	Address: Phone:
3		Yes/No <i>(delete as required)</i>	Address: Phone:

MEDICAL INFORMATION**DOCTOR**

Doctor's Name:

Surgery Name:

DIETARY NEEDS

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Artificial colour allergy | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Kosher food only | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork | <input type="checkbox"/> Ramadan | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Halal | <input type="checkbox"/> Other (please specify) _____ | |

MEDICAL INFORMATION

Medical Information
(including allergies, asthma,
medication requirements)

- | | | | |
|------------------------------------|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> A.D.H.D. |

ETHNIC/CULTURAL INFORMATION

The Department for Education and Skills (DfES) has asked for the collection of information on ethnicity, first language and religion of all pupils.

ETHNICITY**White**

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Other

- Chinese
- Any other ethnic group
- I do not wish an ethnic background category to be recorded

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

FIRST LANGUAGE– *The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community*

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Chinese Mandarin | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Panjabi (Mirpuri) |
| <input type="checkbox"/> Pashto | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Shona | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Swahili | <input type="checkbox"/> Tagalog/Filipino | <input type="checkbox"/> Tamil | <input type="checkbox"/> Thai | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Please specify) _____ | | |
| <input type="checkbox"/> I do not wish a first language to be recorded | | | | |

RELIGION

- | | | | | |
|---|--|-----------------------------------|---|--|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Baptist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Church of England |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Jewish | <input type="checkbox"/> Methodist | <input type="checkbox"/> Mormon |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Plymouth Brethren | <input type="checkbox"/> Quaker | <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> United Reform Church | <input type="checkbox"/> No Religion | | <input type="checkbox"/> Other (Please specify) _____ | |

ADDITIONAL INFORMATION

MEALS

Entitled to Free Meals
 Goes Home
 Sandwiches
 Paid School Meals

TRAVEL TO SCHOOL - Please tick your child's usual main mode of travel. If the journey to school involves more than one mode of travel tick the mode used for the greatest part, by distance, of the journey

Walk
 Cycle
 Car/Van
 Car Share (with a child/children from a different household)

Public service bus
 Dedicated school bus/coach
 Bus (type not known)
 Taxi

Train
 London Underground
 Metro/Tram/Light Rail
 Other

FOR SCHOOL USE ONLY

LA provided transport
 Route

SCHOOL HISTORY

PREVIOUS EDUCATION DETAILS

School Name	Contact Details	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason For Leaving
	Address: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
	Address: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
	Address: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
<i>For pupils being admitted into the Reception Year only, please include the number of terms spent in pre-school education; where known</i>				

It would be very helpful to have available the names and dates of birth of any older or younger siblings who are currently attending or have attended this school, or are likely to join this school at a later date:

NAME	DATE OF BIRTH

PARENTAL DECLARATION

DATA PROTECTION STATEMENT:

The purpose of this form is to collect data for further processing within the school/Local Authority systems. Your signature on this form implies your consent for the school/Local Authority to process the data. The data will be processed in accordance with the purposes notified by the school/Local Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

*I declare the above information to be correct to the best of my knowledge at the time of completion.
I agree to notify the school of any change in my child's circumstances.*

Signed: _____ Date: _____