**BEACONHILL COMMUNITY PRIMARY SCHOOL**

# ADMISSION FORM

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| Surname: | Forename: |
| Middle Name(s): | Chosen First Name: |
| Gender: | Date of Birth: |
| Address: |
| Post Code: | Admission Date: |

**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 you wish them to be contacted in an emergency**.

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| --- | --- | --- | --- |
| Full Name/ Relationship to your child | Home Address/Mobile number/Home phone number | Parent DOB\* | Parent NI number\* |
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\*This information helps us to ensure your child receives all the funding he/she is eligible for.

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| Please supply the names of any brothers or sisters attending the school |
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| Name, address and telephone number of previous school |

**Please list the adults who are permitted to collect your child from school.**

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| --- | --- | --- |
| **Full Name** | **Relationship** | **Home Address/ Phone/Mobile** |
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Medical and Additional Information

In order for us to fully support your child, it is helpful to have as much information as possible. Please complete the form below and ask a member of staff if you have any questions.

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| Does your child have any medical conditions that staff should be aware of? (e.g. Asthma, Allergies, Diabetes) |
| Does your child have a Common Assessment Framework (CAF) in place? Y/N (Please Circle) If yes, please give details. |
| Has your child ever been seen by a Paediatrician? Y/N (Please Circle) If yes, please give details. |
| Has your child ever been seen by a Speech Therapist? Y/N (Please Circle) If yes, please give details. |
| Is there any other relevant information you would like to share with us? |

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| Doctors Surgery |  |
| Address |  |
| Telephone |  |
| **Any Medical Information School should know about** |  |

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| **Ethnic/Cultural Details** |
| Ethnicity |  |
| First Language |  |
| National Identity |  |
| Country of Birth |  |
| Nationality and Passport Details |  |
| Proficiency in English | Fluent/Other (please specify) |
| Religion |  |