



**Personal Information**

**ADMISSION FORM**

Child's Surname	Child's Full Address
First Names	
Name to be called	
Date of Birth	Gender
Childs NHS Number	

**Parent/Carer Details**

Mother's Name	Father's Name
Parental Responsibility      Yes / No	Parental Responsibility      Yes / No
Are you currently or have you been within the last 5 years, a serving member of the British Armed Forces?      Yes / No	Are you currently or have you been within the last 5 years, a serving member of the British Armed Forces?      Yes / No
Address (if different from child)	Address (if different from child)
Home Telephone Number	Home Telephone Number
Mobile Telephone Number	Mobile Telephone Number
e-mail address	e-mail address
Name of Workplace	Name of Workplace
Work Telephone Number	Work Telephone Number

**If either Parent/Carer is in receipt of any of the following benefits, you may be entitled to additional support,**

**Please tick below**

Income Support	<input type="checkbox"/>	Employment Support Allowance (Income Related)	<input type="checkbox"/>
Income Based Jobseeker's Allowance	<input type="checkbox"/>	Child Tax Credit with income below £16,190	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	None Apply	<input type="checkbox"/>

**Name of person does\ not receive benefit:..... Date of Birth.....**

**National Insurance Number.....**

**If anybody else has parental responsibility for the child please insert detail's below:-**

Carer's Name	Carer's Name
Parental Responsibility      Yes / No	Parental Responsibility      Yes / No
Address (if different from child)	Address (if different from child)
Home Telephone Number	Home Telephone Number
Mobile Telephone Number	Mobile Telephone Number
e-mail address	e-mail address
Name of Workplace	Name of Workplace
Work Telephone Number	Work Telephone Number

**Emergency/Authorised for Collection Contacts**

Contact 1 Name	Contact 2 Name
Relationship to child	Relationship to child
Home Telephone Number	Home Telephone Number
Mobile Telephone Number	Mobile Telephone Number
Address	Address
Contact 3 Name	Contact 4 Name
Relationship to child	Relationship to child
Home Telephone Number	Home Telephone Number
Mobile Telephone Number	Mobile Telephone Number
Address	Address

## Health Details

Doctor's Name	Health Visitor's Name
Address	Address
Telephone Number	Telephone

Does your child suffer from any allergies? If yes, please give details and provide a care plan from your GP or Consultant.

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Does your child suffer from Asthma: Yes / No

If yes, it is the parent/carer's responsibility to provide an in date inhaler to be kept on school premises in accordance with the Medicines in School Policy, that can be found on the school website.

Is your child currently suffering from any Medical Conditions? If yes please list below:

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Does your child require medication for the Medical Condition(s) listed above to be administered during the school day? If yes, please refer to the Medicines in School Policy as found on our website and provide a detailed care plan from your GP or Consultant.

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If you would like to bring the schools attention to any serious historical medical events (i.e. hole in the heart at birth, operations etc.), please list below:

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Does your child have any special needs and / or need any additional support? (If yes please give details):

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Are there any other professionals involved with your child? (e.g. Speech Therapists, Social Services) if yes, please give details:

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Permission for emergency treatment

I give permission for staff at Garden City Academy to obtain any medical treatment or assistance that may be necessary in the case of an emergency, for my son/daughter.

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

I do/do not give permission for my child to receive a hypo-allergenic plaster in the event of a cut or graze where it may be deemed necessary to apply one.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Ethnic and Cultural Information**

Ethnicity	Language spoken at home with parent(s)
National Identity	Religion

**Previous School / Day care / Nursery**

Name of establishment	Address
Telephone number	Dates attended _____ to _____
Name of establishment	Address
Telephone number	Dates attended _____ to _____

**Permission and Consent**

School Visits

Occasionally the children are taken on short local visits or which parents/carers are informed in advance.

I am willing for my child to be taken on short outings with staff Yes / No

Consent for Internet Use

I have read and understood the school rules for Acceptable Internet Use, found on the school website and give permission for my child to access the internet

I understand that the school will take all reasonable precautions to ensure pupils cannot access inappropriate materials

I understand that the school cannot be held responsible for the nature or content of materials accessed through the internet

I agree that the school is not liable for any damage arising from use of the internet facilities

I give my consent to the aforementioned statements on Internet use Yes / No

Use of Children’s Photographs and Videos

Occasionally the children are photographed participating in class/school activities/events. These are often used as part of classroom displays, the school brochure and for the local newspapers.

I agree for my child to be photographed for use in classroom displays Yes / No

I agree for my child’s photograph to be used in the School Brochure and Web Pages Yes/No

I agree for my child to be photographed by local newspapers Yes / No

I agree for my child to be videoed in school productions Yes / No

I agree for my child to be photographed during school productions Yes / No

Food Activities

I give permission for my child to take part in food activities which form part of the school curriculum Yes / No

If your child cannot touch or eat any foods, please list them below:

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**DECLARATION**

I understand, agree and give my consent to the above statements and certify all information to be correct.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

<b>FOR SCHOOL USE ONLY</b>	
Date Admitted:	Birth Certificate Seen: