HODGE HILL PRIMARY SCHOOL

Application / Admission Form

APPLICATION FOR A YEAR …….. PLACE

PLANNED START DATE OF…….

Child's First Name(s): ……. Surname ……

Male ☐ Female ☐ Date of Birth: …… NHS Number: ……

Home Address: ……

……. Postcode: ……

Who else lives at this address? E.g. Grandparents, Aunts, Uncles ……

……

1st PERSON CONTACT INFORMATION – THIS CONTACT WILL RECEIVE ALL CORRESPONDENCE FROM SCHOOL AND BE THE FIRST CALLED IN AN EMERGENCY

Relationship to child (mother/ father/foster parent/grandparent etc)……

Name: (Miss/Ms/Mrs/Mr) ……

Do you have parental responsibility? **YES** ☐ **NO** ☐ Date of Birth……

Address (if different to child's home):

……

……. Postcode: ……

If you are not the parent, are you the child's legal guardian? **YES** ☐ **NO** ☐

Home telephone number…… Mobile number……

Work telephone number……. Email address……

2nd PERSON CONTACT INFORMATION – THIS CONTACT WILL NOT RECEIVE CORRESPONDENCE FROM SCHOOL

Relationship to child (mother/ father/foster parent/grandparent etc)……

Name: (Miss/Ms/Mrs/Mr) ……

Do you have parental responsibility? **YES** ☐ **NO** ☐ Date of Birth……

Address (if different to child's home):

……

……. Postcode: ……

If you are not the parent, are you the child's legal guardian? **YES** ☐ **NO** ☐

Home telephone number…… Mobile number……

Work telephone number……. Email address……

CONTACT DETAILS:

Other siblings at Hodge Hill Primary: ……

Previous School / Nursery attended: ……

Address……

Previous School / Nursery dates: from…… to:……

If newly arrived to the country, date of arrival: …….. Country from: ……

Language(s) spoken at home: ……

Other languages spoken fluently: ……

Does the child speak English? **YES** ☐ **NO** ☐

Do both parents (or one parent) speak English? **YES** ☐ **NO** ☐

Asylum Seeker? **YES** ☐ **NO** ☐ Refugee? **YES** ☐ **NO** ☐

EMERGENCY CONTACT 1:
(Please put contact details of a responsible person, other than contacts above).

Name: …… Relationship to Child: ……

Address: ……

…… Postcode: ……

Telephone: (Home) …… (Mobile) …… (work) ……

EMERGENCY CONTACT 2:
(Please put contact details of a responsible person, other than contacts above).

Name: …… Relationship to Child: ……

Address: ……

…… Postcode: ……

Telephone: (Home) …… (Mobile) …… (work) ……

School reports should be sent to: ……

(Please also send a copy to: ……(Email)……)

Is your child in care (looked after)? YES ☐ NO ☐
Has your child previously been in care (looked after)? YES ☐ NO ☐
Has your child previously been in care outside of England (look after)? YES ☐ NO ☐

If yes to either of the above, please confirm:

Name of Local Authority (if outside of England the Country and Region): ……

Name of Social Worker (if outside of England the equivalent): ……

INFORMATION ABOUT FOOD (dietary requirements, food allergies): ……

……

……

Halal? (Please tick one): YES ☐ NO ☐

School Meals (Please tick one): Free (if applicable) ☐ Paid ☐ Packed lunch ☐

How will the child travel to school? Walk ☐ Bus ☐ Car ☐ Other ☐

If other, please specify: ……

MEDICAL DETAILS:

Doctor's Name: ……

Address: ……

……

…… Postcode: ……

Telephone Number: ……

Medical Conditions: ……

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Allergies: ……

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……

Medical History: ……

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Medication (you will need to complete a prescribed medicines form) ……

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Do you give permission for a school nurse referral? YES ☐ NO ☐
(only if a medical conditions is disclosed above)

Has the child had the following vaccinations? Measles ☐ Mumps ☐ Rubella ☐ Meningitis ☐

Does the child have asthma? YES ☐ NO ☐

Inhaler Colour (please tick if applicable): Blue ☐ Brown ☐

Child's Development **Please give a brief description of the child's development stage, including any current issues**
• **Toileting –**
• **Diet –**
• **Speech & Language**
• **Sleeping Pattern –**

INCLUSION - SEN Information
Does your child, you, or anyone in your family, have a special educational need or disability (a learning disability, physical disability or mental impairment that has a long term adverse effect on their ability to carry out normal day-to-day activities)? Please give details.

IT IS THE RESPONSIBILITY OF EVERY PARENT NOT TO SEND THEIR CHILD OR CHILDREN INTO SCHOOL WITH ITEMS OF PERSONAL OR MONETARY VALUE SUCH AS MOBILE PHONES AND JEWELLERY. TO DO SO IS ENTIRELY AT YOUR OWN RISK. IN THE EVENT OF LOSS OF DAMAGE THE SCHOOL CANNOT BE HELD RESPONSIBLE.

Completed by: …… Date: ……