

# Oxford Gardens Primary School Pupil Admission Form



**Please provide evidence of date of birth (birth certificate or passport)**  
**Details of Child**

Child's Legal Surname \_\_\_\_\_ Legal Forename(s) \_\_\_\_\_

Middle Name (s) \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female

Child's Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Borough RBKC \_\_\_\_\_ Other (please state) \_\_\_\_\_

**Details of Parents or Carers (Please ensure that we have a minimum of 3 contacts with their details)**

Title (e.g. Miss, Mrs, Mr etc) \_\_\_\_\_ Surname \_\_\_\_\_ Forename \_\_\_\_\_

What is your relationship to the child? (e.g. mother/father/carer) \_\_\_\_\_

Address (If different from child's address) \_\_\_\_\_

Postcode \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Work Telephone No \_\_\_\_\_ Mobile Telephone No. \_\_\_\_\_

2<sup>nd</sup> Mobile Telephone Number. \_\_\_\_\_

National Insurance No. \_\_\_\_\_ D.O.B \_\_\_\_\_

e-mail address \_\_\_\_\_ please print

**FOR OFFICE USE ONLY**

Admission Form Received: \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_ Year group: \_\_\_\_\_

Evidence of date of Birth: \_\_\_\_\_ Evidence of address: \_\_\_\_\_ Sibling: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Admission Number: \_\_\_\_\_ Reg Group: \_\_\_\_\_

UPN Number: \_\_\_\_\_ *Nursery applicants only: Start Reception: \_\_\_\_\_*

**Please indicate below additional contacts**

**Contact 2** What is their relationship to the child? (e.g. mother/father/carer) \_\_\_\_\_

Title (e.g. Miss, Mrs, Mr etc) \_\_\_\_\_ Surname \_\_\_\_\_ Forename \_\_\_\_\_

Address (If different from child's address) \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Work Telephone No \_\_\_\_\_ Mobile Telephone No \_\_\_\_\_

e-mail address \_\_\_\_\_ please print

Are there any additional needs of either parent/carer that we should be aware of? Please give details.

**Contact 3** What is their relationship to the child? \_\_\_\_\_

Title (e.g. Miss, Mrs, Mr etc) \_\_\_\_\_ Surname \_\_\_\_\_ Forename \_\_\_\_\_

Day time contact number \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Work Telephone No \_\_\_\_\_ Mobile Telephone No \_\_\_\_\_

e-mail address \_\_\_\_\_ please print

**Child's Medical Details**

Name of Medical Centre attended: \_\_\_\_\_

Address of Medical Centre attended: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Does your child have any particular medical needs or conditions?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special dietary requirements or food allergies?  
\_\_\_\_\_  
\_\_\_\_\_

## Cultural Details

What is your child's religion? \_\_\_\_\_ Name of Parish (if applicable) \_\_\_\_\_

Mother's country of origin \_\_\_\_\_ Mother's first language \_\_\_\_\_

Father's country of origin \_\_\_\_\_ Father's first language \_\_\_\_\_

Child's country of origin \_\_\_\_\_ Child's first language \_\_\_\_\_

Please list any languages your child can speak or understand \_\_\_\_\_

Has your child received English language support recently? Yes  No

## Ethnic Details

*Our ethnic group describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic group is not the same as nationality or country of birth.***

**Please study the list below and tick one box only to indicate the ethnic group of the child.**

### White

- ◆ British
- ◆ Irish
- ◆ Traveller of Irish Heritage
- ◆ Gypsy/Roma
- ◆ Any other White background   
please specify .....

### Mixed

- ◆ White and Black Caribbean
- ◆ White and Black African
- ◆ White and Asian
- ◆ Any other mixed background   
please specify .....

### Asian or Asian British

- ◆ Indian
- ◆ Pakistani
- ◆ Bangladeshi
- ◆ Any other Asian background   
please specify .....

### Black or Black British

- ◆ Caribbean
- ◆ African
- ◆ Any other Black background   
please specify .....

### Chinese

### Any other ethnic group

- ◆ Filipino
- ◆ Iranian
- ◆ Moroccan
- ◆ Any other background

please specify .....  
**I do not wish an ethnic group category to be recorded**

## Additional Information

### Lunch arrangements

What lunch would you like for your child? Please tick one box only

Packed lunch

School lunch

Please see the school office for payment options

### Free School Meals

You may be entitled to free school meals if you are in receipt of benefits (see list below).  
If you wish to claim free school meals you will be required to complete an application form  
(available from the school office) and provide recent proof of benefits.

- **Income Support (IS);**
- **Income Based Jobseekers Allowance (IBJSA);**
- **Support under part VI of the Immigration and Asylum Act 1999; or**
- **Child Tax Credit - provided you are not entitled to Working Tax Credit and have an annual income (as assessed by Her Majesty's Revenue and Customs) that does not exceed stated amount (see [www.direct.gov.uk](http://www.direct.gov.uk) for information).**
- **The Guarantee element of State Pension Credit;**
- **Financial Assistance from the Asylum Team of Social Services or the national Asylum Support Service (NASS)**

**How will your child travel to school** (Please circle only one)

Walk / Underground / Bus / Private car/van / Car share / Main line Train / Cycle / Taxi / Other

### Welfare Information

Is the child in the care of a local authority? Yes  No

Name of local authority \_\_\_\_\_

### School History

#### a) Nursery Education

Which of the following did your child attend? (Please tick)

Nursery class in a primary school  Nursery school  Day Nursery

Other pre-school? Yes  No  Please give details \_\_\_\_\_

Name of previous nursery school \_\_\_\_\_

Address \_\_\_\_\_

Nursery Telephone No \_\_\_\_\_

Start date \_\_\_\_\_ leaving date \_\_\_\_\_

**b) Name of previous primary school  
(if the child is transferring)**

Address \_\_\_\_\_

Borough \_\_\_\_\_ School telephone \_\_\_\_\_

Start date \_\_\_\_\_ leaving date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Other Information**

Are you living in permanent or temporary accommodation? (Please tick below)

Permanent  Temporary  Traveller  Other \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Are you a member of the armed forces? Y / N

Father's occupation \_\_\_\_\_ Are you a member of the armed forces? Y / N

Please list below the names and dates of birth of children under the age of 16 in your household and where they attend school

Name \_\_\_\_\_ DoB \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DoB \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DoB \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DoB \_\_\_\_\_ School \_\_\_\_\_

Does your child have special education needs? Yes  No   
e.g. Disability/learning/behaviour

If yes, please give details \_\_\_\_\_

*The personal information that you provide will be handled in accordance with the Data Protection Act 1998. Any information you provide may be used to compile statistics on the school careers and experiences of pupils from different backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. From time to time the information will be passed on to the Local Authority and the Department for Children, Schools and Families (DCSF) and other agencies that are prescribed by law to contribute to local and national statistics and to carry out specific functions for which they are responsible. The information may also be passed on to future schools, to save it having to be asked or again. Access to the data held on your child by the school can be obtained on request to the school.*

Signature of Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_