

Date Applied: / /

Year Group:

ANY OTHER INFORMATION

Are you newly arrived in the UK? **Yes / No** Asylum Seeker? **Yes / No** **If Yes, please fill in your NAS Number.**
Date of Arrival in the UK: NAS No:

Pupil's First Language:

Is English an additional language? **Yes / No**

WELFARE

Is the pupil in the care of the Local Authority? **Yes / No** LA Name:

Does the pupil have a Child Protection Plan? **Yes / No**

Does the pupil have a disability? **Yes / No**

SCHOOL HISTORY (Please list all the schools your child has attended, starting with the most recent.)

Name of Pupil's Previous School:

Dates Attended From/To: From: To:

Reason for Leaving:

Name of Pupil's Previous School:

Dates Attended From/To: From: To:

Reason for Leaving:

PARENTAL CONSENT (We will always seek your permission when necessary)

Permission to access the Internet in school: **Yes / No**

Permission to be photographed in school: **Yes / No**

Permission to take part in sex education lessons: **Yes / No**

Permission for staff to administer medicines to your child: **Yes / No**

I have signed the Home/School Agreement: **Yes / No**

My child is old enough to go home by his/her self: **Yes / No**

My child is allowed to go on educational visits: **Yes / No**

Signed: Date:

PRIVACY NOTICE: INFORMATION OBTAINED MAY BE SHARED WITH THESE OUTSIDE AGENCIES: Manchester City Council, the Department for Education, the National Health Service, Law Enforcement Bodies and Ardwick Children's Centre. You have the right to see your child's records held by the school.
If you wish to make a request to see them please write to the Headteacher,
Medlock Primary School, Wadeson Road, Brunswick, Manchester M13 9UJ.
Legal basis for processing information: General Data Protection Regulation Article 6 (1) c and Article 6 (1) e.



MEDLOCK PRIMARY SCHOOL
ADMISSION FORM

PUPIL DETAILS

LEGAL FORENAME:

MIDDLE NAME:

LEGAL SURNAME:

PREFERRED NAME:

COUNTRY OF BIRTH:

NATIONALITY:

DATE OF BIRTH: **MALE / FEMALE**

REGISTRATION (The School Office will complete this section for you)

CLASS: YEAR GROUP: ADMISSION DATE:

UPN: ADMISSION NO:

FULL TIME / PART TIME

PUPIL ADDRESS

POST CODE:

FAMILY EMAIL

MOTHER'S NAME:

HOME TEL: MOBILE:

ADDRESS (if different from above):

POST CODE:

FAMILY

EMAIL

FATHER'S NAME:

HOME TEL: MOBILE:

ADDRESS (if different from above):

POST CODE:

CONTACTS (If we cannot contact you then we will use this information)

NAME:

HOME TEL: MOBILE:

RELATIONSHIP TO CHILD:

NAME:

HOME TEL: MOBILE:

RELATIONSHIP TO CHILD:

NAME:

HOME TEL: MOBILE:

RELATIONSHIP TO CHILD:

SCHOOL MEALS (Please tick the boxes that apply to your child.)

Will have a meal in school: Will bring a packed lunch to school:

Is eligible for free school meals:

(Please attach a copy of the free school meal award letter you received from the City Council.)

DIETARY REQUIREMENTS (Please tick the boxes that apply to your child.)

Halal Vegetarian Vegan Gluten Free Dairy Free

Wheat Free Other (please specify):

If you tick none of these boxes then we will assume that your child has no particular dietary requirements.

ANY SIBLINGS IN SCHOOL?

MEDICAL INFORMATION

DOCTOR'S NAME:

ADDRESS OF MEDICAL PRACTICE:

POST CODE: TEL:

ANY ALLERGIES, MEDICAL CONDITIONS?

IS YOUR CHILD RECEIVING ANY OF THE FOLLOWING? Any other therapy?

COUNSELLING: **Yes / No** PHYSIOTHERAPY: **Yes / No**

SPEECH THERAPY: **Yes / No** PLAY THERAPY: **Yes / No**

ETHNIC INFORMATION

Please study the list below and tick one box only to indicate the ethnic background of a pupil or child named on this form. The groups listed below reflect the main ethnic groups in Manchester. You are asked to choose the ethnic group which is closest to how you see your child/yourself.

WHITE: BRITISH	<input type="checkbox"/>	MIXED BACKGROUND:	
IRISH	<input type="checkbox"/>	WHITE AND BLACK CARIBBEAN	<input type="checkbox"/>
TRAVELLER OF IRISH HERITAGE	<input type="checkbox"/>	WHITE AND BLACK AFRICAN	<input type="checkbox"/>
GIPSY/ROMA	<input type="checkbox"/>	WHITE AND ASIAN	<input type="checkbox"/>
EUROPEAN	<input type="checkbox"/>	ANY OTHER MIXED BACKGROUND	<input type="checkbox"/>
OTHER	<input type="checkbox"/>		

BLACK OR BLACK BRITISH:		ASIAN OR ASIAN BRITISH:	
CARIBBEAN	<input type="checkbox"/>	INDIAN	<input type="checkbox"/>
NIGERIAN	<input type="checkbox"/>	MIRPURI PAKISTANI	<input type="checkbox"/>
SOMALI	<input type="checkbox"/>	OTHER PAKISTANI	<input type="checkbox"/>
OTHER BLACK AFRICAN	<input type="checkbox"/>	BANGLADESHI	<input type="checkbox"/>
OTHER BLACK BACKGROUND	<input type="checkbox"/>	AFRICAN ASIAN	<input type="checkbox"/>
		OTHER ASIAN	<input type="checkbox"/>

ANY OTHER ETHNIC GROUP:		I DO NOT WISH AN ETHNIC BACKGROUND CATEGORY TO BE RECORDED:	<input type="checkbox"/>
CHINESE	<input type="checkbox"/>		
AFGHAN	<input type="checkbox"/>	THIS INFORMATION WAS PROVIDED BY:	
ARAB	<input type="checkbox"/>	PARENT	<input type="checkbox"/>
IRANIAN	<input type="checkbox"/>	PUPIL	<input type="checkbox"/>
VIETNAMESE	<input type="checkbox"/>		
ANY OTHER ETHNIC GROUP	<input type="checkbox"/>		