



Nursery - King Edwin Primary School Admission and Data Collection Form



Surname:		Legal Surname:	
Forename:		Middle name:	
Chosen name:		Gender:	
Date of Birth:			
Address:			
Post Code:			
Previous School: (if applicable)			

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 that you wish for them to be contacted in an emergency. Please provide a **minimum of four contacts**.

Priority	Name/Relationship	Home Address/Phone/Mobile/Email	Place of Work/Phone
1		Post Code: Tel: Mobile: Email:	Tel:
2		Post Code: Tel: Mobile: Email:	Tel:
3		Post Code: Tel: Mobile: Email:	Tel:
4		Post Code: Tel: Mobile: Email:	Tel:

Family Links (Please give details of any siblings attending the school)					
Name:		Date of Birth:		Year:	
Name:		Date of Birth:		Year:	

Travel Arrangements

Please tick the appropriate choice

☐ Bicycle
☐ Train
☐ Walks
☐ Car
☐ Taxi
☐ School Coach
☐ Public Transport
Dietary Needs

Please tick the appropriate choice

<input type="checkbox"/>	<input type="checkbox"/>	Artificial colouring	<input type="checkbox"/>	<input type="checkbox"/>	Gluten free	<input type="checkbox"/>	<input type="checkbox"/>	Kosher foods only	<input type="checkbox"/>	<input type="checkbox"/>	No dairy produce
<input type="checkbox"/>	<input type="checkbox"/>	No nuts of any type/quantity	<input type="checkbox"/>	<input type="checkbox"/>	No pork	<input type="checkbox"/>	<input type="checkbox"/>	Ramadan	<input type="checkbox"/>	<input type="checkbox"/>	Seafood allergy
<input type="checkbox"/>	<input type="checkbox"/>	Other - (Please give details)									

Meal Arrangement

Please tick the appropriate choice

<input type="checkbox"/>	<input type="checkbox"/>	Free School Meal	<input type="checkbox"/>	<input type="checkbox"/>	Paid School Meal	<input type="checkbox"/>	<input type="checkbox"/>	Sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	Home	<input type="checkbox"/>	<input type="checkbox"/>	Other
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Medical conditions (Please list any Medical conditions that school should be aware of)**Health visitor:****Address:****Telephone:****Has your child had a 2 year old check?**

Yes/No

Received/Not received

By whom?

Date completed:

*delete as appropriate

Doctor:**Address:****Telephone:****Dentist:****Address:****Telephone:****Ethnicity :****Home Language:****Religion:**

General Data Protection Regulations (GDPR): The school is compliant with GDPR as from 25/05/2018. The school has a duty to protect personal data. The school is required to share some of the data with the Local Education Authority, DfE and other agencies (see school website for more information).

Signature:

Date:

If a child has a parent who does not live in the family home, schools are obliged to send relevant information to the parent e.g. parents' evenings, reports etc.

Please tick the box if this applies to your child.

We will then contact you to clarify details further.

Please inform school as soon as possible should any of these details change.

Permission to collect child from school

Name of child:

Name of agreed adults

Phone number[illegible]