



# Admissions form



To be completed once a school place has been granted  
Please use BLOCK CAPITALS

The information you give on this form will help your child's school to give him/her the best possible support. It is important therefore that you fill in this form as accurately as possible. The personal information you give will be held on computer systems at the school/college and by the Children's Services Department and is covered by data protection legislation. Some of the data you give is required by the Department for Children, Schools and Families for local and national statistics. Please see <https://new.eastsussex.gov.uk/yourcouncil/about/keydocuments/foi/dataprotection/youngpeople/> for more details.

School name: \_\_\_\_\_ Date of admission: \_\_\_\_\_

## Pupil details

Legal surname: \_\_\_\_\_ Preferred surname: \_\_\_\_\_  
(if different)

First name: \_\_\_\_\_ Preferred first name: \_\_\_\_\_

Middle name(s): \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_

Post code: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Ethnicity: Please complete the separate form to record your child's ethnic background.  
(Reception children only)

Religion: \_\_\_\_\_ Pupils first language: \_\_\_\_\_

Can the pupil: Read in this language Yes  No  Write in this language Yes  No

Language spoken at home: \_\_\_\_\_

Lunch arrangements (please tick the relevant box) School dinners  Packed lunch  Return home

Is your child entitled to free school meals Yes  No

Travel arrangements (please tick the relevant box) Walk  Cycle  Public transport  Car/car share

## Previous School(s)

Name of the last school attended: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates attended; from \_\_\_\_\_

to \_\_\_\_\_

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

Post code: \_\_\_\_\_ Tel number: \_\_\_\_\_

Number of other schools attended in the UK

**Nursery/Pre-school details (only complete if your child is joining a Reception class)**

Name of nursery/pre school attended: \_\_\_\_\_

Tel number: \_\_\_\_\_ Was attendance full or part time: \_\_\_\_\_

Dates attended; from \_\_\_\_\_ to \_\_\_\_\_

**Additional support**

Does your child have an Education, Health and Care Plan (EHCP)? Yes  No

Is your child receiving extra help at school? (Please tick) at SEN support   
at School Based Plan   
other \_\_\_\_\_  
(please specify) \_\_\_\_\_

Do you have contact with any outside agencies such as Speech Therapy, CAMHS, Social Services, ESBAS, Education Psychology Service

Please state \_\_\_\_\_

**Medical details**

We need to know about any medical conditions your child may have. Please tick **all** relevant boxes

Asthma	<input type="checkbox"/>
Eczema	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>

ADHD	<input type="checkbox"/>
ASD	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>
Dyspraxia	<input type="checkbox"/>

Colour blindness	<input type="checkbox"/>
Eyesight problems	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>

Other (please specify) \_\_\_\_\_

Are there any other illnesses or conditions that we should be aware of? Yes  No

If Yes, please specify here \_\_\_\_\_

**(please continue on a separate sheet if necessary)**

Does your child wear corrective glasses or contact lenses? Yes  No

Does your child have any allergies or dietary needs that we should be aware of? Yes  No

If Yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require any ongoing medication? Yes  No

If yes, please give clear information about the name of the medication, strength and dose even if it is not required during the school day.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical details (continued)**

**Emergency contact details in priority order**

Priority	Full name	Landline Tel	Mobile number	Relationship to pupil
1		(H)		
		(W)		
2		(H)		
		(W)		
3		(H)		
		(W)		
4		(H)		
		(W)		

**Emergency treatment**

I/we consent to my child receiving emergency hospital treatment should it be considered necessary and to a member of school staff signing the consent form if I am/ we are unable to be contacted.

1) Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

2) Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Doctor's details**

Doctor's name: \_\_\_\_\_

Practice name: \_\_\_\_\_

Practice address: \_\_\_\_\_

Tel number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Community nursing**

I agree to my child having Community School Nursing team health checks Yes  No

If neither box is ticked, we will assume that you require Community School Nurse input

Schools can give you information regarding the Community School Nursing Service

**Family details**

Does your child have any brothers or sisters attending this school Yes  No

If yes, please give details

Full name	Date of birth

## Family details (continued)

### Parent/carer details

#### Parent/carer 1

Title \_\_\_\_\_  
Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Date of birth\* \_\_\_\_\_  
Home tel \_\_\_\_\_  
Work tel \_\_\_\_\_  
Mobile no. \_\_\_\_\_  
Email address \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Parental responsibility Yes  No

National Insurance No\*: \_\_\_\_\_

First language \_\_\_\_\_

Should correspondence be addressed  
to this person Yes  No

Should correspondence be addressed jointly Yes  No

Are you Asylum Seekers Yes  No

Are you Travellers Yes  No

#### Parent/carer 2

Title \_\_\_\_\_  
Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Date of birth\* \_\_\_\_\_  
Home tel \_\_\_\_\_  
Work tel \_\_\_\_\_  
Mobile no. \_\_\_\_\_  
Email address \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Parental responsibility Yes  No

National Insurance No\*: \_\_\_\_\_

First language \_\_\_\_\_

Should correspondence be addressed  
to this person Yes  No

Is a translator required  
Parent/carer 1 Yes  No

Parent/carer 2 Yes  No

### Parental declaration

The details supplied on this form are correct to the best of my knowledge. I understand that the head teacher must be informed of any changes which might affect my child's education.

Signed: \_\_\_\_\_ Parent/carer (1) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/carer (2) Date: \_\_\_\_\_

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**Please return this form to the head teacher of the school. Fields marked \* are optional, but if you complete them your school can check whether your child qualifies for the pupil premium which gives additional funding to the school.**

### Data Protection Act

Personal information that you have provided will be used carefully and may be held on computer systems at the school/college and in the Children's Services Department. These uses of personal information are covered by registration under the data protection legislation. Under this legislation you have the right to obtain a copy of the information we hold about you. The admissions booklet gives more detailed information about the use of this data. This can be found at

<https://new.eastsussex.gov.uk/educationandlearning/schools/about-schools-in-east-sussex/booklet/>

**Ethnic background monitoring form**

Pupil's name \_\_\_\_\_ Class (if known) \_\_\_\_\_

We want to make sure that everyone who uses our services is treated fairly. Finding out more about who uses our services helps us to know if we are doing a good job for all people.

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

Please study the groups listed below and tick one box only to indicate the ethnic background of the pupil named above. There are no right or wrong answers, just mark the box that you think best describes your child.

<b>White</b>		<b>Black or Black British</b>	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
Traveller of Irish heritage	<input type="checkbox"/>		
Any other White background	<input type="checkbox"/>	<b>Asian or Asian British</b>	
		Indian	<input type="checkbox"/>
<b>Mixed</b>		Pakistani	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>		
Any other Mixed background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other group (please specify)		Prefer not to say	<input type="checkbox"/>

Please note the information you give will be passed on to future schools, to save it having to be asked for again.

Signed: \_\_\_\_\_ (Parent/carer) Date: \_\_\_\_\_

**Please return this form to the head teacher of the school.**