ADMISSION FORM FOR ST PETER'S C of E PRIMARY SCHOOL

PLEASE COMPLETE BOTH SIDES AND INCLUDE A COPY OF BIRTH CERTIFICATE OR PASSPORT

1.	Pι	JPI	IN	ະດ	RN	ΊΔΤΙ	ION

1.PUPIL INFORM	ATION								
legal surname		forename	9						
middle name(s)		chosen fo	prename						
date of birth		gender							
home address									
town		postcode							
home tel		home em	nail						
Has your child bee	n adopted from care? YES / NO								
Is your child a your	ng carer? YES / NO If yes, ma	y we contac	ct you? YES / NO (extra support and funds are available)						
Is a court order in force for your child? YES / NO (if yes, please give details (eg access, residence)									
is a court order in force for your crima: 123/ 140 (ii yes, piease give details (eg access, residence)									
2.PARENT/GUAF	PDIAN DETAILS								
		snansihility i	and anyone else you wish to be contacted in an emergency.						
= .	der you wish them to be contacted		and unyone else you wish to be contacted in an emergency.						
	-	•	compliant in command formers VES / NO						
priority no.	parental responsibility YES / NO		serving in armed forces YES / NO						
title	name								
home address									
(if different from									
above)		I	T						
home tel		mobile							
email		1							
place of work		work tel							
priority no.	parental responsibility YES / NO		serving in armed forces YES / NO						
title	name								
home address									
(if different from									
above)									
home tel		mobile							
email		•							
place of work		work tel							
priority no.	relationship to child								
title	name								
home tel	Harrie	mobile							
Home tel		IIIODIIE							
S DDE CCHOO! /	AST SCHOOL ATTEMPED								
	AST SCHOOL ATTENDED								
name									
address									
	<u> </u>								
phone number									
4. DIETARY	<u></u>								
school meal	packed lunch FSM/PP entit	tlement (see	e separate form)						
special dietary req	uirements (medical, religious or et	hical restrict	tions)						
please complete a special diet request form (available from the school office)									

5. MEDICAL INFORMATION	
GP surgery (name, address, pho	ne number)
Medical information the school	should be aware of (major illness, early difficulties, support from outside agencies etc.)
Medical information the school	should be aware or (major limess, earry difficulties, support from outside agencies etc.)
E TRAVEL INCORNATION (arimaru mada)
6.TRAVEL INFORMATION () walk car bus	taxis cycle other
walk cal bus	taxis cycle other
7.PUPIL'S ETHNIC/CULTUR	AL ORIGIN
WHITE	ASIAN/ASIAN BRITISH
British	Bangladeshi
Irish	Indian
Gypsy Roma	Pakistani
Traveller of Irish Heritage	Any other Asian background
White European	Chinese
Any other white background	
BLACK/BLACK BRITISH	MIXED
African	White & Asian
Caribbean	White & Black African
Any other black background	White & Black Caribbean
Any other mixed background	Any other ethnic background
do not wish an ethnic backgrou	nd to be recorded:
home language:	second language:
Is English an additional language	e? yes no
3.RELIGION	
Buddhist	Sikh
Christian	other
Hindu	no religion
Jewish	refused
Muslim	
9.ADDITIONAL INFORMATI	ON
any other useful information (e	g family circumstances)