

QUEEN EMMA EXTENDED CARE PUPIL ADMISSION FORM

PUPIL DETAILS:

Surname:	
Forename:	
Middle name(s):	
Gender: Male/Female	Date of birth:
Child's place of birth:	Child's religion:

Please give name, date of birth and gender of any other children in your family:		
Name:	Date of birth:	Male/Female
Name:	Date of birth:	Male/Female
Name:	Date of birth:	Male/Female

PARENTS' DETAILS:

Mother: Title: Forename: Surname:	Father: Title: Forename: Surname:
Relationship to pupil (e.g. natural mother, stepmother, foster mother, guardian):	Relationship to pupil (e.g. natural father, stepfather, foster father, guardian):
Address:	Address (if different from opposite)
Home Tel No:	Home Tel No:
Mobile Tel No:	Mobile Tel No:
Work Tel No:	Work Tel No:
Email:	Email:
Mother's place of birth:	Father's place of birth:
Who has Parental Responsibility for the child? <i>(Mothers and fathers married at the time of birth automatically have parental responsibility unless legal proceedings have stated otherwise. Unmarried fathers only have parental responsibility if they are named on the birth certificate and the child was born after 1st December 2003. For further information, please ask in the office, where you can be given a leaflet about parental responsibility).</i>	

★ If you provide an email address we will assume you are giving us consent to add you to our parent email list.

We ask all parents to provide a pick up password. You may need someone different to pick up your child and we will ask them for the pick up password in order to ensure your child's safety.

Pick up password:

EMERGENCY TELEPHONE NUMBERS:

Please give the name of a responsible adult whom we can contact in the event of the parent(s) being unavailable:	
Emergency Contact 1	Emergency Contact 2
Name:	Name:
Home Tel No:	Home Tel No:
Mobile No:	Mobile No:
Relationship to pupil:	Relationship to pupil:

ETHNIC BACKGROUND: – please tick the appropriate box:

White – British	<input type="checkbox"/>	White/Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Traveller (Irish)	<input type="checkbox"/>	White/Asian	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>		<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	Indian	<input type="checkbox"/>	African	<input type="checkbox"/>		<input type="checkbox"/>

LANGUAGE:

First language (spoken at home):

Other languages spoken:

Is your child's English: Fluent / Developing / Beginning (Please circle)

MEDICAL DETAILS:

Doctor:

Address and Telephone Number:

Please state any allergies, special dietary requirements or medical conditions of which you wish the school to be aware (e.g. asthma, epilepsy, nut allergy)

Does your child have any Special Needs: **YES/NO**

If Yes please give more details