



ORCHARD PRIMARY AND NURSERY SCHOOL

PUPIL ADMISSION FORM

School Admission Date: _____		Session: AM/PM/ FULL DAY																			
Class Teacher: _____		Days requested: (Please Tick)																			
		<table border="1"><tr><td></td><td>Monday</td><td>Tuesday</td><td>Wednesday</td><td>Thursday</td><td>Friday</td></tr><tr><td>AM</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>PM</td><td></td><td></td><td></td><td></td><td></td></tr></table>		Monday	Tuesday	Wednesday	Thursday	Friday	AM						PM						
	Monday	Tuesday	Wednesday	Thursday	Friday																
AM																					
PM																					
Child's Surname : _____		Sex: Male/Female																			
Child's Forename: _____		Date of Birth: _____																			
		Birth Certificate, Red Book or Passport																			
		Seen By: _____ Date: _____																			
Parent/Guardian Information:		Parent/Guardian Information:																			
Parent/Carer (1) Details:		Parent/Carer (2) Details:																			
Surname – Miss/Mrs/Ms/Mr _____		Surname: _____																			
Forename(s): _____		Forename(s): _____																			
Occupation: _____ (if unemployed, please state previous occupation)		Occupation: _____ (if unemployed, please state previous occupation)																			
Address Information and postcode information:																					

Email address: _____ Home Telephone Number: _____																					
30 Hour eligibility code _____ Parents National Insurance Number _____ (if applicable)																					
Ethnic Information: (please tick below which best describes your child's ethnicity)																					
AAO	Any other Asian Background	ABA	Bangladeshi																		
APK	Pakistani	BLB	Black/Caribbean																		
BLG	Any Other Black Background	CHN	Chinese																		
MWA	White/Asian	MWB	White/Black Caribbean																		
NOT	Information Not Obtained	OEO	Any Other Ethnic Group																		
WHA	Any Other White Background	WHB	British																		
WHT	Traveller/Irish Heritage	WRO	Gypsy/Roma																		

If the child's first language is not English, please state what it is:	
What religion is your child? (If no religion, please write none). Does your child have any dietary requirements linked to your religion? (please state)	
Previous School/Nursery: _____ Date of Leaving Previous School/Nursery: _____ Reason for Leaving Previous School/Nursery: _____	
Doctor's Name and Address:	
Any medical conditions that you wish the school to record:	
Any specific dietary requirements (such as allergies) that you wish the school to record:	
Free milk is available to children under 5 – please apply at www.coolmilk.co.uk . Milk can be purchased for any older children in school via the Cool Milk scheme at the address above.	
<u>Photographs</u>	
Do you give permission for your child to appear on the School Website	<input type="checkbox"/>
Do you give permission for your child to have photos taken for use in school	<input type="checkbox"/>
Do you give permission for your child to have press photos taken (ie The Chad)?	<input type="checkbox"/>
Do you give permission for your child to take part in local class/group visits under staff supervision and complying with adult to child ratios (ie visit to the church)?	<input type="checkbox"/>
Do you give permission for your child to access the internet with supervision?	<input type="checkbox"/>
<u>Toileting</u>	
There are times when staff may need to change wet or soiled children or may need to assist them with toileting . Please give your consent to this:	
Signed:	Date:

**THE SCHOOL WILL CONTACT THE FOLLOWING PEOPLE IN THE EVENT OF
ILLNESS OR EMERGENCY IN ORDER OF PRIORITY.**

(All four contacts need not be completed)

***IT IS YOUR RESPONSIBILITY TO KEEP SCHOOL INFORMED OF ANY CHANGES TO
THESE DETAILS***

<u>First Choice Contact:</u>		
Surname: Mr/Mrs/Ms/Miss _____		
Forename: _____		
Address: _____		
_____ Post Code: _____		
Telephone Number: Home: _____ Work: _____ Mobile: _____		
Relationship to Pupil: _____ Parental Responsibility: YES / NO		
<u>Second Choice Contact:</u>		
Surname: Mr/Mrs/Ms/Miss _____		
Forename: _____		
Address: _____		
_____ Post Code: _____		
Telephone Number: Home: _____ Work: _____ Mobile: _____		
Relationship to Pupil: _____ Parental Responsibility: YES / NO		
<u>Third Choice Contact:</u>		
Surname: Mr/Mrs/Ms/Miss _____		
Forename: _____		
Address: _____		
_____ Post Code: _____		
Telephone Number: Home: _____ Work: _____ Mobile: _____		
Relationship to Pupil: _____ Parental Responsibility: YES / NO		
<u>Fourth Choice Contact:</u>		
Surname: Mr/Mrs/Ms/Miss _____		
Forename: _____		
Address: _____		
_____ Post Code: _____		
Telephone Number: Home: _____ Work: _____ Mobile: _____		
Relationship to Pupil: _____ Parental Responsibility: YES / NO		