



This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 1998. Data on this form will be shared with the LA where necessary

SCHOOL USE ONLY	
Roll no:	
Admission date:	

Please provide as much information as possible about your child.

Legal Surname: _____ Legal Forename: _____

Gender (M/F): _____ Date of Birth: _____

Preferred Surname: _____ Preferred Forename: _____

Middle Name(s): _____

Postcode: _____

Home Address: _____

Home Telephone Number: _____

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please them in the order that you wish for them to be contacted in an emergency.

Contact Information: Parent / Guardian	Priority <input type="checkbox"/>
Title: _____ Surname: _____ Forename: _____ Daytime Tel.No: _____ Day Place: _____ Home Phone : _____ Mobile: _____ Email: _____ Address (if different to above): _____ _____ Post Code: _____ Relationship to Pupil: _____ Parental Responsibility: Yes/No	

Contact Information: Parent / Guardian	Priority <input type="checkbox"/>
Title: _____ Surname: _____ Forename: _____ Daytime Tel.No: _____ Day Place: _____ Home Phone : _____ Mobile: _____ Email: _____ Address (if different to above): _____ _____ Post Code: _____ Relationship to Pupil: _____ Parental Responsibility: Yes/No	

Contact Information: Non - Parental	
Title: _____ Surname: _____ Forename: _____	Priority <input style="width: 50px; height: 40px;" type="checkbox"/>
Daytime Tel.No: _____ Day Place: _____	
Home Phone : _____ Mobile: _____	
Email: _____	
Address: _____	
_____ Post Code: _____	
Relationship to Pupil: _____	

Contact Information: Non - Parental	
Title: _____ Surname: _____ Forename: _____	Priority <input style="width: 50px; height: 40px;" type="checkbox"/>
Daytime Tel.No: _____ Day Place: _____	
Home Phone : _____ Mobile: _____	
Email: _____	
Address: _____	
_____ Post Code: _____	
Relationship to Pupil: _____	

Medical information:

Dietary Requirements:		
Artificial Colouring Allergy	<input style="width: 30px; height: 20px;" type="checkbox"/>	No Pork
Gluten Free	<input style="width: 30px; height: 20px;" type="checkbox"/>	Halal
No nuts of any type/quantity	<input style="width: 30px; height: 20px;" type="checkbox"/>	Vegetarian
		No Dairy Produce
		Kosher Foods Only
		Seafood Allergy
ANY OTHER NON FOOD ALLERGIES? _____		
Medical Practice: _____		
Medical Practice Address: _____		
_____ Tel.No: Doctor: _____		

Does your child have any medical conditions that the school should be aware of?		

Cultural information:

White	Mixed
<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African
<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> White & Asian
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Any other mixed background
<input type="checkbox"/> Any other white background	
<hr/>	
Asian or Asian British	Black or Black British
<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Pakistani	<input type="checkbox"/> African
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Black background
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Any other ethnic background
<input type="checkbox"/> Chinese	
<p>I do not wish an ethnic background category to be recorded</p>	
<p>A First language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.</p>	
<p>If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.</p>	
<p>First Language: _____</p>	
<p>Other Languages spoken: (in order of importance)</p>	
<p>1. _____</p>	
<p>2. _____</p>	

Religion:		
Buddhist	<input type="checkbox"/>	Jewish
Christian	<input type="checkbox"/>	Muslim
Hindu	<input type="checkbox"/>	No religion
		Other religion
		Sikh
		<input type="checkbox"/>

Additional information

How does your child travel to school?

Cycle	<input type="checkbox"/>
Train	<input type="checkbox"/>

Car share	<input type="checkbox"/>
Taxi	<input type="checkbox"/>

Car/van	<input type="checkbox"/>
Walk	<input type="checkbox"/>

Public bus service	<input type="checkbox"/>
Other	<input type="checkbox"/>

Does your child have a sibling at Greenfield Primary School?

Yes/No

If yes, please give name(s).....

Registering for a first time school place.

You will not automatically be registered at Greenfield Primary School for a Reception place for your child.

First time admissions are made online at www.leics.gov.uk/admissions. Applications close during January of the year when your child is due to transfer to school.

Which school do you wish to apply for: _____
(This information is voluntary).

Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form: _____

Parent/Carer Name: _____
(Please print)

Parent/Carer Signature: _____