

 **Southam Primary School**

*Respect Responsible Ready*

**Southam Primary School Admission Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s surname |  | Gender |  |
| Child’s forename |  | Date of Birth |  |
| Child’s full address including postcode  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact details for parent/ carer | Title | Forename | Surname  |
|  |  |  |
| Telephone Numbers  | Daytime | Evening | Mobile  |
|  |  |  |
| Email address |  | Relationship to child | Does this person have parental responsibilityYes/ No |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact details for parent/ carer | Title | Forename | Surname  |
|  |  |  |
| Telephone Numbers  | Daytime | Evening | Mobile  |
|  |  |  |
| Email address |  | Relationship to child | Does this person have parental responsibilityYes/ No |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact details for parent/ carer | Title | Forename | Surname  |
|  |  |  |
| Telephone Numbers  | Daytime | Evening | Mobile  |
|  |  |  |
| Email address |  | Relationship to child | Does this person have parental responsibilityYes/ No |

**Further Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child has been adopted *(please specify age when child was adopted)* | Child is fostered | Child has a Special Guardianship | Parent is in the armed forces |
|  |  |  |  |

|  |
| --- |
| Doctor, surgery address and telephone number |
|  |

|  |  |  |
| --- | --- | --- |
| How child will get to school most days (please tick) | Car | Walk |

|  |  |
| --- | --- |
| Is there anything about the birth history of your child that we need to be aware of i.e. was your child born prematurely  |  |
| Ethnic background  |  |
| Religion  |  |
| English as an additional Language | Yes/ No |
| Child’s First Language |  |
| Home language |  |
| Any allergies  |  |
| Any medical issues  |  |

|  |  |
| --- | --- |
| Previous nursery/ school attended |  |
| Date joined previous nursery/ school |  |
| Date left previous nursery/ school |  |
| Is your child on the nursery/ school special educational needs register? |  |
| If your child is on their SEND register, what is their need?  |  |

|  |  |
| --- | --- |
| Any siblings who currently attend Southam Primary School  |  |

|  |  |
| --- | --- |
| Birth certificate seen | Date & staff signature  |

I understand this information will be stored on a secure computer system and that parents/ guardians are responsible for advising the school of any changes

Signed .............................................................................................Parent/ guardian

Name (printed) ……………………………………………………………………………………………………….

Date: ……………………………………………………………………………………………………………….