

## PUPIL ADMISSION FORM



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 LEA where necessary

Please print in the areas below with as much information as possible about your child

Legal Surname	
Legal Forename	
Middle Names (s)	
Gender	
Date of Birth	
Preferred Surname	
Preferred Forename	
Home Address	
Home Post Code	
Home Telephone	

### CONTACT INFORMATION

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

Title and Surname		
Forename		
Home Phone Number		
Mobile Telephone Number		
Work Phone Number		
Email Address		
Home address (if different from above)		
Post Code		
Relationship to Pupil		<b>PRIORITY</b> (ie 1,2, 3 or 4)

## PUPIL ADMISSION FORM

Parental Responsibility	YES / NO	
Title and Surname		
Forename		
Home Phone Number		
Mobile Telephone Number		
Work Phone Number		
Email Address		
Home address (if different from above)		
Post Code		
Relationship to Pupil		<b>PRIORITY (ie 1,2, 3 or 4)</b>
Parental Responsibility	YES / NO	

Title and Surname		
Forename		
Home Phone Number		
Mobile Telephone Number		
Work Phone Number		
Email Address		
Home address (if different from above)		
Post Code		
Relationship to Pupil		<b>PRIORITY (ie 1,2, 3 or 4)</b>
Parental Responsibility	YES / NO	

## PUPIL ADMISSION FORM

Title and Surname			
Forename			
Home Phone Number			
Mobile Telephone Number			
Work Phone Number			
Email Address			
Home address (if different from above)			
Post Code			
Relationship to Pupil		<b>PRIORITY</b> (ie 1,2, 3 or 4)	
Parental Responsibility	YES / NO		

### Lunchtime Arrangements (please indicate)

Packed Lunch		School Meal		Free School Meal		Universal Infant Free School Meals	
--------------	--	-------------	--	------------------	--	------------------------------------	--

### Dietary Requirements (please indicate any that apply)

Artificial Colour Allergy	No Pork	No diary produce
Gluten Free	Halal	Kosher foods only
No nuts of any type/quantity	Vegetarian	Seafood allergy
Does your child have any other dietary requirements that the school should be aware of?		

### Medical Information

Medical Practice Name	
Medical Practice Address and Telephone Number	
Does your child have any medical conditions that the school should be aware of?	

## PUPIL ADMISSION FORM

Does your child receive any paramedical support?		
Occupational therapy		Other. Please specify
Physiotherapy		
Speech therapy		

### Ethnicity

White British		Mixed White and Black Caribbean	
White Irish		Mixed White and Black African	
White Traveller of Irish Heritage		White and Asian	
White Gypsy/Roma		Any other mixed background	
Any other White background		Chinese	
Asian or Asian British Indian		Black of Black British Caribbean	
Asian or Asian British Pakistani		Black or Black British African	
Asian or Asian British Bangladeshi		Any other Black background	
Any other Asian background		Any other ethnic background	

I do not wish an ethnic background category to be recorded	
--	--

Information provided by	Parent/guardian		Student	
-------------------------	-----------------	--	---------	--

### First Language

<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 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>	
First Language	
Other language(s) spoken in order of importance	

### Religion

Buddhist		Christian		Hindu	
Jewish		Muslim		No Religion	
Other Religion		Refused		Sikh	

### Additional information

How does your child travel to school?

Cycle		Car/Van		Public Bus	
Dedicated School Bus		Taxi		Walk	

# PUPIL ADMISSION FORM

## Previous School or Pre-School Information

Name of School	
Dates from/to	
Reason for leaving	
Does your child have any brothers or sisters at this school. If yes please give details.	
Please use this space to give us any information about your child that you feel we should know about and which has not been covered by this form.	

**Parent/Guardian Name (please print)**

.....

**Parent/Guardian Signature**

.....

**Date**

.....

**Completed admission forms should be returned to the school office at the address below**

**Tugby C of E Primary School**

Main Street, Tugby, Leicestershire, LE7 9WD

An Academy within the **RISE CofE Academy Trust**

Tel: 0116 2598248

[office@tugby.leics.sch.uk](mailto:office@tugby.leics.sch.uk)

[www.tugby.leics.sch.uk](http://www.tugby.leics.sch.uk)

