

**Haxby Road Primary Academy**

**Admissions Form**

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| Child’s Surname |  |

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| --- | --- |
| Child’s Forenames |  |

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| --- | --- |
| Name by which your child is known |  |

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| --- | --- | --- | --- |
| Date of Birth |  | Gender |  |

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| --- | --- |
| Address |  |

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| --- | --- | --- | --- |
| Postcode |  | Home Telephone Number |  |

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| --- | --- |
| Email Address |  |

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| --- | --- | --- | --- | --- | --- |
| Is your child entitled to Free School Meals | YES | NO | Service Child (Does any parent serve in the Armed Forces?) | YES | NO |
| First Language |  | Language Spoken at Home |  |

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| Letters Sent HomeIn order that letters can be addressed correctly please complete the following |
| Title and Surname of parent/guardian 1(e.g Mrs Smith) |  |
| Address if different from child’s address above |  |
| Title and Surname of parent/guardian 2 |  |
| Address if different from child’s address above |  |
| Names of any brothers or sisters already at Haxby Road Primary Academy |  |

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| NURSERY CHILDRENIf you are applying for your child to enter the nursery do you intend that your child will continue into the reception class when they begin compulsory school? |
| YES |  | NO |  | If No which school will you be considering |  |
| Name, Address & Telephone Number of Previous Early Years Setting (If applicable) |  |

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| Emergency Contact DetailsIt is essential that we can contact someone by telephone in an emergency during school hours. Would you please complete ALL the relevant sections including the priority box e.g. 1st(contact), 2nd, 3rd etc. |
| Mother’s/Guardian’s Full Name  |  | Parental Responsibility? |

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| --- | --- | --- | --- |
| YES |  | NO |  |

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| Place of Work |  | Home Phone Number |  Priority |
| Mobile Number  |  | Work Number |  |
| Father’s/Guardian’sFull Name |  | Parental Responsibility? |

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |   |

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| Place of Work |  | Home Phone Number |  Priority |
| Mobile Number |  | Work Number |  |

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| If contacting someone at home or work is impossible during the day please give details of a friend or relative who can be reached (as many as possible please!). Again please put in priority order. |
| Full Name |  |
| Relationship to child |  | Telephone Number |  Priority  |
| Full Name |  |
| Relationship to child |  | Telephone Number |  Priority  |
| Full Name |  |
| Relationship to child |  | Telephone Number |  Priority  |

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| **Office use Only** |
| **Information Shared** | **Method** | **Date** |

*If you have a child under 5 we would like to share your contact details with your local children’s centre. Please inform us if you do not wish for this information to be shared.*

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| **Medical and Personal Details** |
| **Does your child suffer from asthma/epilepsy?****If the answer is yes you will be required to complete an asthma card and/or an On Going Illness Form when your child starts school/nursery.** |  Please ✓ appropriate box Yes ⃞ No ⃞ |
| If Yes please give details: |
| Is your child a diabetic?**If the answer is yes you will be required to complete an On Going Illness Form when your child starts school/nursery.** | Please ✓ appropriate box Yes ⃞ No ⃞ |
| If Yes please give details: |
| **Does your child have a sight problem necessitating special treatment** (e.g. needs to sit near front of the class)? | Please ✓ appropriate box Yes ⃞ No ⃞ |
| If Yes please give details: |
| **Does your child have a hearing problem necessitating special treatment** (e.g. needs to sit near front of the class)? | Please ✓ appropriate box Yes ⃞ No ⃞ |
| If Yes please give details: |
| **Does your child have any other medical condition that you would like school to be aware of?** | Please ✓ appropriate box Yes ⃞ No ⃞ |
| If Yes please give details: |
| **If required please continue on a separate sheet and secure to this form.** |
| Name and address of Family Doctor |  | Doctor’s Telephone Number |  |

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| Signed |  | Date |  |

**We do need to see your child’s birth certificate.** Please bring this along with you or supply a copy.

If there is any other information, which you think we should have, please attach a separate sheet.

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| **Notes on this Application (Office use only)** | **Office Use Only** |
|  | **Date Application Received** |  |
| **Birth Certificate seen** |  |
| **Place offered** |  |
| **Start Date** |  |

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| Please Note - This information is required for DfES statistical purposes. Please study the list below and ✓ the correct category for the pupil named on this form. Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry of family history. **Ethnic background is not the same as nationality or country of birth.**  |

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| **Nationality** |  |
| **Ethnic Origin** ✓ ✓ |
| **WHITE:**  | **ASIAN OR ASIAN BRITISH:** |
| **British** |  | **Indian** |  |
| **Irish** |  | **Pakistani** |  |
| **White European** |  | **Bangladeshi** |  |
| **White – Other (please state)** |  | **Any other Asian background (please state)** |  |
| **Gypsy/Roma** |  | **BLACK OR BLACK BRITISH:** |
| **Traveller of Irish Heritage** |  | **African** |  |
| **MIXED:** | **Caribbean** |  |
| **White and Black Caribbean** |  | **Any other Black background** |  |
| **White and Black African** |  | **Chinese** |  |
| **White and Asian** |  | **Any other ethnic background** |  |
| **Any other mixed background (please state)** |  | **I do not wish an ethnic background category to be recorded** |  |
| **Language**  ✓ ✓ |
| **Bengali** |  | **Hindi** |  |
| **Cantonese** |  | **Italian** |  |
| **English** |  | **Panjabi** |  |
| **Greek** |  | **Portuguese** |  |
| **Gujerati** |  | **French** |  |
| **Other (please state)** |  |  |  |
| **Religion** ✓ ✓ |
| **Christian** |  | **Islam** |  |
| **Hindu** |  | **Buddhist** |  |
| **Jewish** |  | **No religion** |  |
| **Muslim** |  |  |  |
| **Sikh** |  | **Other (please state)** |  |