



# Hamstel Junior School

*Excellence in Everything*

## Admissions Form

Please answer all of the following questions:

Child's Details					
Name of child:		Class		Gender	Male / Female <i>(please circle)</i>
		Religion			
Date of birth		Parents' language (if not English)			
Child's first language		Nationality			
Country of birth		Young carer		<i>(please circle)</i> Yes / No	
Religion		Has your child ever been under LAC?		<i>(please circle)</i> Yes / No	
Child's home address		Home Phone Number			

Parent/Carer Contact Details			
Name		Name	
Mobile number		Mobile number	
Work Number		Work Number	
Email address		Email address	
Relationship to child		Relationship to child	
Address		Address Same address as the first named parent /carer <input type="checkbox"/> Different address to the first named parent /carer <input type="checkbox"/> <b>If different, please complete the box below for non-resident parents.</b>	

If one of the parents is <u>'non-resident'</u> please provide the information below <i>if</i> you would like to receive communication from the school.			
Name of non-resident parent		Address of non-resident parent	
I would like to receive emails from the school	Yes / No <i>(please circle)</i>	I would like to receive my child's end of year report	Yes / No <i>(please circle)</i>

Additional Information	
If you are receiving Universal Credit or Income Support then your child may be entitled to Free School Meals. It is in your interest, and the interest of the school, for you to take up this entitlement (the school receives an element of funding which is related to the number of children who are entitled to free school meals). <a href="#">More information can be found on the LA's website.</a>	
Is your child entitled to free school meals?	Yes or No <i>(please circle)</i>

Name/Address of previous school(s)
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<b>Medical Information</b>			
Name of doctor			
Address of surgery		Telephone number	
Medical condition/s			
Medical Form – please ensure you complete the <b>Hamstel Junior School Parental Agreement for Accepting Medicines in School</b> if your child requires medication, which must be in school (e.g. an asthma pump or epi-pen) for conditions such as asthma or anaphylaxis.			

Details of relevant information concerning your child (e.g. dietary requirements, adopted or foster child, background etc). Please enclose details in a sealed envelope marked 'confidential' if required.

<b>Emergency Contacts</b>			
It is <b>essential</b> to fill in the following details, especially when both parents are at work during school hours. Parents must also notify the school if any of this information changes. Please supply the name and address of two responsible people who can be contacted by the school should your child become ill / in the event of an emergency and parents are not available.			
Name		Name	
Telephone number		Telephone number	
Address		Address	
Relationship to child		Relationship to child	

<b>Family Details</b>	
Please give the name and date of birth of each child in the family:	
Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:

Signed.....Parent/Guardian    Date.....

*Please note that any personal data on this form may be held on computer files. Your own information may be checked at a mutually convenient time.*