

Beaver Road Primary School
ADMISSION FORM

Please complete this Form using BLOCK CAPITALS

Child's Information	
Last Name:	
First Name(s):	
Date of Birth:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/> <i>(please <input checked="" type="checkbox"/> appropriate box)</i>
Address:	Postcode:
Home Telephone No:	

Have you any other children at this School? If yes, please give their names and classes:

Education History - Was your child previously at Beaver Road YES / NO <i>(please delete)</i>
Name and Address of last school attended:
Type of School: Local Education Authority <input type="checkbox"/> Private <input type="checkbox"/> <i>(please <input checked="" type="checkbox"/> appropriate box)</i>
Reason for Leaving:
Date of Leaving:
Please give details of previous schools attended:

<u>FOR OFFICE USE ONLY</u>		
Date of Admission _____	Year Group _____	Class _____
Admission Number _____	Unique Pupil Number _____	
Birth Certificate/Passport Seen <input type="checkbox"/>	UPN to be assigned <input type="checkbox"/>	Details on Computer <input type="checkbox"/>
Address Checked <input type="checkbox"/>	Nursery Waiting List <input type="checkbox"/>	Reception Waiting List <input type="checkbox"/>

Beaver Road Primary School
ADMISSION FORM

Please complete this Form using BLOCK CAPITALS

Dietary Requirements
Will your child require a: <i>(please <input checked="" type="checkbox"/> appropriate box)</i>
Paid School Meal <input type="checkbox"/> Free School Meal <i>(if entitled)</i> <input type="checkbox"/> Packed Lunch <input type="checkbox"/>
Any special dietary needs (e.g. halal, vegetarian etc)

Medical Information
Name of Medical Practice:
Address:
Name of Health Visitor:
Any Medical Condition/Information:

Does your child have Special Educational Needs (i.e. Statemented, Speech Therapy etc.)? If yes please give details below:

Ethnicity and Religious Information <i>(we are required by the Department for Children, Schools and Families (DCSF) to maintain records of ethnic information of our pupils)</i>
Child's Ethnic Origin - Please see Page 5 - Ethnicity Code Admission Form

Languages
Home Language:
First Language:
English as an Additional Language: <i>(please <input checked="" type="checkbox"/> appropriate box)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
Religion:

Travel
Could you please indicate <input checked="" type="checkbox"/> how your child usually travels to school:
Car Share (with child/children) <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> Public Bus Service <input type="checkbox"/>
Train <input type="checkbox"/> Cycle <input type="checkbox"/> Walk <input type="checkbox"/> Metro/Tram/Light Rail <input type="checkbox"/> Other <input type="checkbox"/>

Beaver Road Primary School
ADMISSION FORM

Please complete this Form using BLOCK CAPITALS

Parental Information	
Mother's Name: <i>(Title, First Name, Surname)</i>	
Address: <i>(if different from child's)</i>	
Postcode:	
Home Telephone Number:	
Daytime Contact Place and Telephone number: <i>(if different to home)</i>	
Please indicate if you are in the Armed Forces: <i>(please <input checked="" type="checkbox"/> appropriate box)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile Telephone Number:	
Email Address:	
Father's Name: <i>(Title, First Name, Surname)</i>	
Address: <i>(if different from child's)</i>	
Postcode:	
Home Telephone Number:	
Daytime Contact Place and Telephone number: <i>(if different to home)</i>	
Please indicate if you are in the Armed Forces: <i>(please <input checked="" type="checkbox"/> appropriate box)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile Telephone Number:	
Email Address	

In Order of Preference

Additional Emergency Contact Information
Name:
Address:
Telephone Numbers:
Relationship to child:

Additional Emergency Contact Information
Name:
Address:
Telephone Numbers:
Relationship to child:

Beaver Road Primary School
ADMISSION FORM

Please complete this Form using BLOCK CAPITALS

Parental Consent: Please indicate in the appropriate boxes below:

Internet Access: Yes No

(Consent for child to use the internet as part of the school curriculum. All internet access in school is strictly monitored and supervised. Filters prevent access to inappropriate sites.)

Photograph: Yes No

(Consent for photograph to be taken and used by school staff in school work displays and on school website. The school website will not identify individual children.)

Sex Education: Yes No

(Consent for child to be present during sex education lessons normally organised by the School Nurse for Years 5 and 6.)

School Locality Visits: Yes No

(Consent for child to go off school premises for short periods of time during the school day in small groups. Appropriately supervised by school staff to study local shops, architecture, local parks, use of maps etc.)

Data Exchange: Yes No

(Consent for pupil data to be exchanged with Department for Children, Schools and Families (DCSF), Local Authority, and other Schools.)

Beaver Road Primary School
ADMISSION FORM

Please complete this Form using BLOCK CAPITALS

Pupil's Name _____ Class _____

*Our ethnic background describes how we think of ourselves. This may be based on many things, for example, our language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.***

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below and **tick one box only** to indicate the ethnic background of the pupil or child named above. It is not possible to list all ethnic groups because the list would be too long. The groups listed below reflect the main ethnic groups in Manchester. You are asked to choose the ethnic group which is closest to how you see your child/yourself.

Please also tick whether a parent or the pupil filled in the form.

White	
• British	[]
• Irish	[]
• Traveller of Irish Heritage	[]
• Gypsy/Roma	[]
• Any other white background	
○ White European	[]
○ White Western European	[]

Mixed/Dual Background	
• White and Black Caribbean	[]
• White and Black African	[]
• White and Asian	[]
• Any Other Mixed Background	[]

Black or Black British	
• Caribbean	[]
• African	
○ Nigerian	[]
○ Somali	[]
○ Other Black African	[]
• Any Other Black Background	[]

Asian or Asian British	
• Indian	[]
• Pakistani	
○ Mirpuri Pakistani	[]
○ Other Pakistani	[]
• Bangladeshi	[]
• Any Other Asian Background	
○ African Asian	[]
○ Other Asian	[]

Chinese	
• Chinese	[]

Any Other Ethnic Group	
○ Afghan	[]
○ Arab	[]
○ Iranian	[]
○ Vietnamese	[]
○ Any other ethnic group	[]

This information was provided by:	
Parent	[]
Pupil	[]

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