



BRIDPORT ST. MARY'S CE VC PRIMARY SCHOOL

ADMISSION FORM for Children Starting School

Will the person applying for the child's admission to school please complete this form and hand it to the Headteacher with the child's Birth Certificate or some other reliable evidence of age.

Surname of Child.....

Christian Names.....

Date of birth..... Birth Certificate checked.....

Ethnic Origin..... Languages spoken at home.....

Religion.....

Full name of Parent/Guardian (please delete)

.....

Full name, address of person/s with whom the child is now living

Name/s.....

Address.....

.....

Tel: No:.....

Father work..... Mother work.....

Mobile No:..... Fax:.....

E-mail address:.....

Name, address and telephone numbers of 2 persons with whom the Headteacher should communicate in case of emergency during school hours if parent is not available and also their relationship to your child (e.g. Grandparent, childminder etc.)

1.....

.....

2.....

.....

Name and address of family doctor.....



NHS NUMBER.....(needed for trips)

Last previous address of child

.....
.....

Name and address of school previously attended and date of last attendance:

.....
.....

Has the child ever been medically examined at school? If so, which school?

.....
.....

Child's Health

Dietary requirements or food allergies

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1. It would be helpful to know about any medical condition or serious illness suffered by your child at or since birth:

.....
.....

2. Is she/he taking any medication on a regular basis.....

3. Has your child ever experienced any difficulties with:

a) Hearing..... b) Speech..... c) Sight.....

4. Does your child wear glasses?.....

5. Do you have any concerns about your child's health, development or behaviour?.....

.....

6. Are there any points relating to your child's health, development or behaviour which would be helpful for the school to know?

.....
.....



7. FIRST AID

Does your child have any allergic re-actions to antiseptic wipes? YES/NO

Do you have any objection to us using antiseptic wipes on your child should they have a cut/graze etc? YES/NO

8. Does your child receive and additional help/support YES/NO
(Please see below)

Please circle your response. If your answer to any question is 'yes', it would be helpful if you could provide the name of any support professional.

NAME:

- Did your child ever receive any additional help in Playgroup/Nursery? Yes/No.....
- Has your child ever attended a Child Development Centre or a Children's Centre? Yes/No.....
- Has your child ever received specialist support from:
 - a) Health Visitor Yes/No.....
 - b) Community Paediatrician Yes/No.....
 - c) Speech Therapist Yes/No.....
 - d) Occupational Therapist Yes/No.....
 - e) Physiotherapist Yes/No.....
 - f) Other support professionals Yes/No.....
 - g) Child and Family Guidance Service Yes/No.....

If you consider that it would be helpful for us to contact any of the above professionals who know your child's needs, please sign below to give your permission.

Name..... Date.....



I hereby give my permission for the Headteacher, or member of staff to authorise any medical treatment necessary in the event of an emergency.

Signed.....