

**School Admission Form  
*Sample Only***

SCHOOL ADMISSION FORM

Please complete this form, leaving any parts blank that are not relevant. If there are parts   
you cannot yet complete please tell the school about these when you hand in the form.

Details of the child to be admitted

Forename (as on Birth Certificate) Other names (also known as) Surname (Legal not preferred)

If appropriate, underline the forename by which your child is known Date of Birth

Current Home

Address

Sex (please )

post code M F

If the above is on a military camp, what is the name of the camp?

Details of the people who have legal parental responsibility for this child

The Education Act 1996 defines a parent to include the natural parents of the child as well as a person:

(a) who is not a parent but who has parental responsibility, or (b) who has care of the child.

Relationship Mr, Ms,

to your child Mrs etc

Forename Surname

Home address, if different from your child’s

Daytime Evening Mobile

e-mail:

Daytime Evening Mobile

e-mail:

Daytime Evening Mobile

e-mail:

The usual arrangements for your child if living with different parents on different days of the week

Additional Emergency Contacts

People other than the above who can be contacted in an emergency.

Relationship Mr, Ms

to the child etc

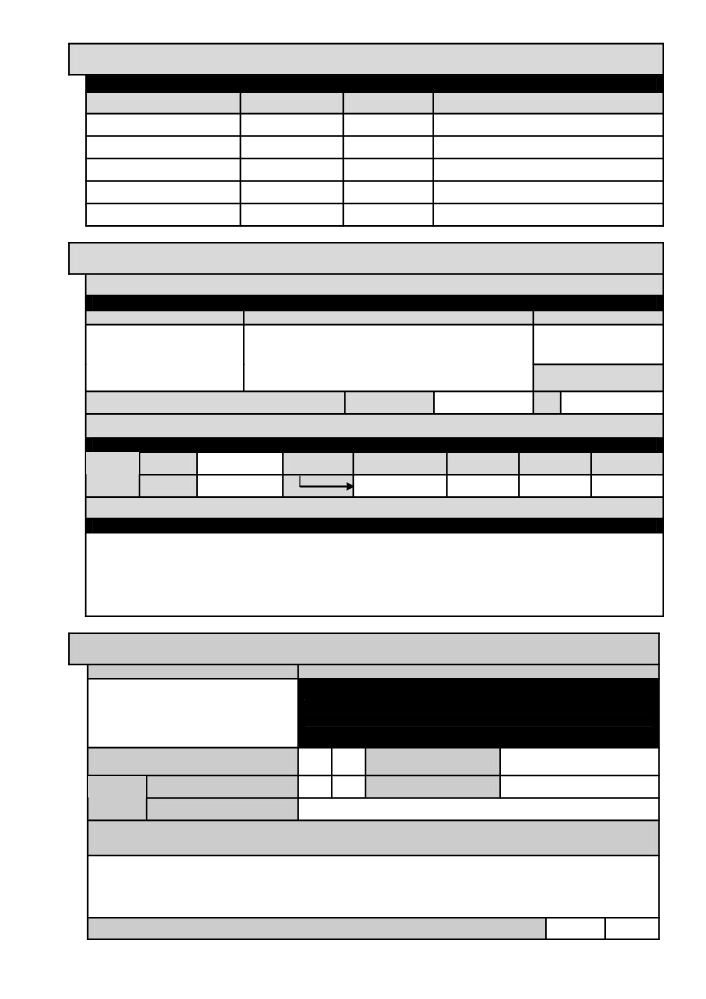
Forename Surname

Home address, if different from the child’s

Daytime Evening Mobile

Daytime Evening Mobile

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Other family details

Please give details of any other children currently living at your child’s home(s).

Children’s names Date of birth Sex: M or F School attending

Educational history

Last school attended

The new school will obtain earlier school records from the school named below

School name Address Telephone

Dates attended above school From To

Pre-school educational experience

This only needs to be completed for children aged 7 or younger

From Please tick Playgroup Nursery At home Other

Dates

To

If your child has had any gaps in his/her education please provide detail below

The start and end dates of the gap(s) and reason(s)are required.

Doctor, health care & other specific arrangements

Name of doctor & surgery Contact details of practice/health centre

The school has contact details of local doctors. If you are not

using a local doctor, please supply the contact details separately.

Has your child had a tetanus injection?

Yes No If yes, date

Does your child use one? Yes No If yes, frequency taken

INHALER

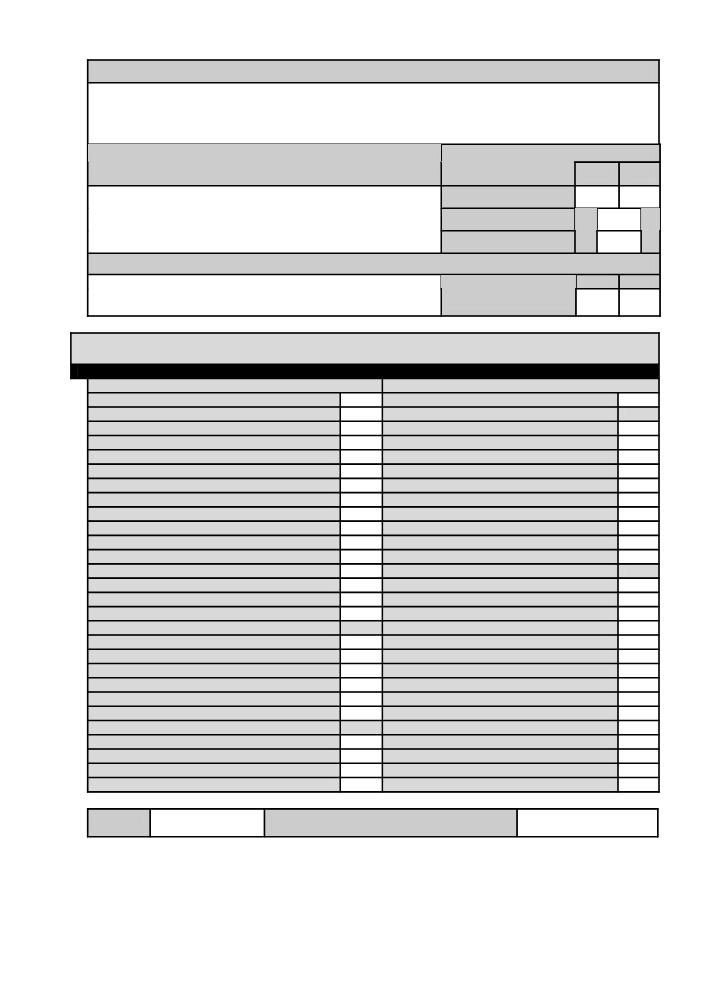
If yes, type of medication?

Other medical information relevant to your child’s development and school life e.g. hearing, sight, allergies, diabetes, epilepsy.

Does your child have a statement of special education needs? Yes No

This section is continued overleaf/

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If your child has other particular needs in relation to his/her education please describe them here:

Please give details of any special dietary requirements your child may have?

Lunch time arrangements (please   
one box) Paid Free

School meals

Packed Lunch   
 Home

How will your child normally get to and from school?

Is your child entitled to free transport?

Yes No

Ethnicity & faith

Please tick the box that you believe best describes your child’s ethnicity:

White Chinese

British Chinese

Irish Black or Black British

Gypsy / Roma Caribbean

Traveller of Irish heritage Angolan

Albanian Congolese

Boznian-Herzogovenian Ghanaian

Croation Nigerian

Greek/Greek Cypriot Sierra Leonian

Italian Somali

Kosovan Sudanese

Portuguese Other Black African

Serbian Any other black background

Turkish/Turkish Cypriot Other ethnic groups

Eastern European Afghan

Western European Arab other

White Other Egyptian

Mixed Filipino

White and Black Caribbean Iranian

White and Black African Iraqi

White and Pakistani Japanese

White and Indian Korean

White and any other Asian background Kurdish

Any other mixed background Malay

Asian and Asian British Moroccan

Indian Thai

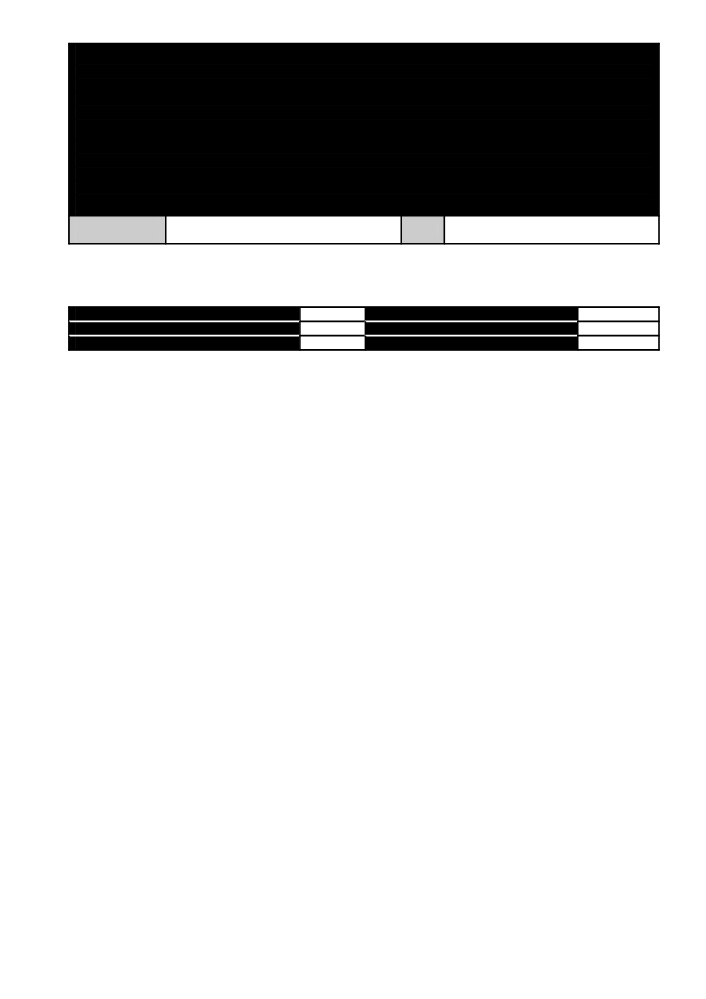
Pakistani Vietnamese

Bangladeshi An ethnic group not listed here

Any other Asian background I do not wish to have this recorded

Religion: What is the main language spoken at home?

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The information you have given on this form will be held by the school and Norfolk County Council Children’s   
Services. It will be shared with other departments within Norfolk County Council in order to provide and plan   
services e.g. School Transport. It will be used to administer health, social and welfare care and will be shared   
with healthcare advisors, practitioners and other relevant agencies. It will be forwarded to your child’s new   
school if and when s/he changes school. It will also be used for statutory returns and for research purposes.

All information given will be held in the strictest confidence under the requirements of the Data Protection Act 1998. For further details please see the Data Protection Act document included within the admission   
information given to you by the school.

I note the above statement and believe the information provided in this form to be correct as of this date. I will inform the school of any changes that may occur whilst my child attends the school.

Signed

(parent):

Date:

Thank you. When completed, please return this form to the school.

For School Office Use

Admission No Records sent for

Proof of birth certificate provided Phoenix updated

Correct UPN recorded Class allocated

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