

Easington Colliery Primary School



ADMISSION PACK

**PLEASE RETURN TO THE SCHOOL
OFFICE AS SOON AS POSSIBLE**

CHILD'S DETAILS

Child's Surname	
Child's Forename	
Child's other Names	
Child's Gender	
Child's Date of Birth	
Child's place of residence.	Postcode :

Is there a brother / sister at Easington Colliery Primary School?

Yes / No

If yes, please give details below

Name	D.O.B.	Year Group

Lunch Arrangements	
School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/>

Does your child have a Statement of Special Educational Need?

Yes / No

Is your child a Looked After Child?

Yes / No

Is your child a previously Looked After Child?

Yes / No

Is your child a member of a Service or Crown Servant family?

Yes / No

Is your child eligible for Free School Meals?

Yes / No

For office use only	Signed	Date
Birth certificate received		
Child's details verified		
Uploaded to SIMS record		

MEDICAL DETAILS

Doctors Name		Tel No	
Doctor's Address	Postcode :		
Does your child have any medical conditions / allergies that the school should know about?			
Is your child taking any regular medication?			
Does your child have any specific dietary needs?			

ADDITIONAL PUPIL DETAILS

Religion of Child (Please tick appropriate box)

Anglican		Baptist		Christian	
Hindu		Jewish		Methodist	
Muslim		Roman Catholic		Sikh	
No Religion		Other (please state)		Refused	

Ethnicity (Please tick appropriate box)

White British		White and Asian		Caribbean	
Any other White background		Any other mixed background		African	
Traveller of Irish heritage		Indian		Any other Black background	
Roma / Roma Gypsy		Pakistani		Chinese / Chinese British	
White / Black Caribbean		Bangladeshi		Any other ethnic group	
White / Black Caribbean		Any other Asian background		Refused	

Nationality of Child (Please tick appropriate box)

British		Welsh		English	
Irish		Scottish		Refused	
Other (please state)					

PREVIOUS SCHOOL DETAILS

Most recent first

Previous School			
Address			
Tel No		Date Leaving	

Previous School			
Address			
Tel No		Date Leaving	

Previous School			
Address			
Tel No		Date Leaving	

Pre School experience (Reception children only)

Name of Nursery _____

Dates attended _____

PARENT 1 DETAILS

Surname			
Forename			
Other Names			
Gender			
Address			
	Postcode :		
Contact numbers	Home	Mobile	Work
Email address			
Relationship to the child			
Do you have parental responsibility for this child?	Yes / No		

PARENT 2 DETAILS

Surname			
Forename			
Other Names			
Gender			
Address			
	Postcode :		
Contact numbers	Home	Mobile	Work
Email address			
Relationship to the child			
Do you have parental responsibility for this child?	Yes / No		

EMERGENCY CONTACT DETAILS

Emergency Contact 1

Mr / Mrs / Miss / Ms			
Address			
	Post Code		
Email address			
Telephone Numbers	(H)	(M)	(W)
Relation to Pupil			

Emergency Contact 2

Mr / Mrs / Miss / Ms			
Address			
	Post Code		
Email address			
Telephone Numbers	(H)	(M)	(W)
Relation to Pupil			

Emergency Contact 3

Mr / Mrs / Miss / Ms			
Address			
	Post Code		
Email address			
Telephone Numbers	(H)	(M)	(W)
Relation to Pupil			

Emergency Contact 4

Mr / Mrs / Miss / Ms			
Address			
	Post Code		
Email address			
Telephone Numbers	(H)	(M)	(W)
Relation to Pupil			

I hereby consent that if in an emergency my daughter/son (print child's name)should be in need of surgery, or other medical treatment (including anaesthetic, x-rays etc) and if it is not possible to consult you first, the Head Teacher of Easington Colliery Primary School (or a nominated representative) shall have authority "in loco parentis" to give consent on my behalf for such treatment as is absolutely necessary. (It is understood that the school will always attempt to obtain parental consent first, where it is possible to do so).

I further give my permission for:

Please circle one answer per question		
My son/daughter to be given first aid during any on-site or off-site activity	Yes	No
My son/daughter to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity	Yes	No
My son/daughter's information to be shared with the NHS and other relevant health professionals	Yes	No
A member of school staff to sign on my behalf any medical consent forms, if my son/daughter should require emergency treatment and I cannot be contacted	Yes	No
Plasters to be applied to my son/daughter	Yes	No
My son/daughter to use anti-bacterial hand gel	Yes	No
My son/daughter to be assisted in applying sunscreen if necessary	Yes	No

You can withdraw your consent at any time, by informing the office in writing.

DECLARATION

Parent 1

Print name _____ Date _____

Signed _____

Parent 2

Print name _____ Date _____

Signed _____