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| **CONFIDENTIAL ADMISSION FORM**  The information given here will be recorded and maintained on the school’s information management systems, this data will be accessible only to authorised personnel and subject to control under the data protection act.  Please complete the form and return it via the school email [secretary@torpoint-inf.cornwall.sch.uk](mailto:secretary@torpoint-inf.cornwall.sch.uk) . At the current time, while you are unable to sign the form, receiving this from your email will act as your confirmation that the details are correct.  **Please note –** **Filling out this form does not constitute an offer of admission.** |
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| **PUPIL DETAILS** | | | | | | |
| Legal Forename: | | | | | Preferred Forename: | |
| Legal Surname: | | | | | Preferred Surname: | |
| Middle Names: | |  | | | | |
| Previous Surname/s if relevant: | | | | | | |
| Date of Birth: | | | | | Gender: **(please delete as applicable)**  Male Female | |
| **PASTORAL / REGISTRATION INFORMATION: FOR OFFICE USE ONLY** | | | | | | |
| Registration Group: | | | House: | | | |
| Admission Date: | | | Enrolment Status: | | | |
| Admission Number: | | | UPN: | | | |
| Pupil Premium: 🞏  SEN: 🞏  Birth Certificate Seen: 🞏  Birth Certificate Number: | | | | | | |
| CTF 🞏 Paper File 🞏 Documents 🞏 Assessment Data 🞏 Options 🞏 Timetable 🞏 | | | | | | |
| **PUPIL ADDRESS** The address at which the child lives the majority of the time in a typical week. | | | | | | |
| Post Code: | | House Name/Number: | | | | |
| Street/District | | | | | County: | |

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| **CONTACTS** | | | | | |
| **Contact/Priority 1** | | | | | |
| Title: | | Forename: | Surname: | | |
| Relationship to Pupil: | | | **(please indicate yes or no to each statement)**  Parental responsibility - yes/ no  Pupil Report yes/no  Correspondence yes/ no | | |
| Court Order 🞏 Please give details | | | | | |
| **Phone Numbers (in order of priority)** | | | **Type ( please delete as applicable)** | **Notes (eg days worked)** | |
| 1 |  | | Home Mobile Work |  | |
| 2 |  | | Home Mobile Work |
| 3 |  | | Home Mobile Work |
| Email Address: | | | | | |
| **Address Details** | | | | | |
| Post Code: | | | House Name/Number: | | |
| Street/District: | | | Town/City | | |
| Additional Information: | | | | | |
| **Contact/Priority 2** | | | | |
| Title: | | Forename: | Surname: | |
| Relationship to Pupil: | | | **(please indicate yes or no to each statement)**  Parental responsibility - yes/ no  Pupil Report yes/no  Correspondence yes/ no | |
| Court Order yes/ no Please give details | | | | |
| **Phone Numbers (in order of priority)** | | | **Type ( please delete as applicable)** | **Notes (e.g. days worked)** |
| 1 |  | | Home Mobile Work |  |
| 2 |  | | Home Mobile Work |
| 3 |  | | Home Mobile Work |
| Email Address: | | | | |
| **Address Details** | | | | |
| Post Code: | | | House Name/Number: | |
| Street/District: | | | Town/City | |
| Additional Information: | | | | |

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| **Contact/Priority 3** | | | | |
| Title: | | Forename: | Surname: | |
| Relationship to Pupil: | | | **please indicate yes or no to each statement)**  Parental responsibility - yes/ no  Pupil Report yes/no  Correspondence yes/ no | |
| Court Order 🞏 Please give details | | | | |
| **Phone Numbers (in order of priority)** | | | **Type ( please delete as applicable)** | **Notes (eg days worked)** |
| 1 |  | | Home Mobile Work |  |
| 2 |  | | Home Mobile Work |
| 3 |  | | Home Mobile Work |
| Email Address: | | | | |
| **Address Details (if same as applicant just tick here)** 🞏 | | | | |
| Post Code: | | | House Name/Number: | |
| Street/District: | | | Town/City | |
| Additional Information: | | | | |

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| **Contact/Priority 4** | | | | | |
| Title: | | Forename: | Surname: | | |
| Relationship to Pupil: | | | **please indicate yes or no to each statement)**  Parental responsibility - yes/ no  Pupil Report yes/no  Correspondence yes/ no | | |
| Court Order 🞏 Please give details | | | | | |
| **Phone Numbers (in order of priority)** | | | **Type (please delete as applicable)** | | **Notes (eg days worked)** |
| 1 |  | | Home Mobile Work | |  |
| 2 |  | | Home Mobile Work | |
| 3 |  | | Home Mobile Work | |
| Email Address: | | | | | |
| **Address Details (if same as applicant just tick here)** 🞏 | | | | | |
| Post Code: | | | | House Name/Number: | |
| Street/District: | | | | Town/City | |
| Additional Information: | | | | | |

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| **FAMILY LINKS** Please list brothers and sisters (including half/step family) currently at this school | | | | |
| **Surname** | **Forename** | **Gender**  **(please delete as applicable)** | **Date of Birth** | **Same Address?**  **(please delete as applicable)** |
|  |  | M / F |  | Y / N |
|  |  | M / F |  | Y / N |
|  |  | M / F |  | Y / N |

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| **DIETARY INFORMATION** |
| What meal arrangement will the child typically have? (Please highlight one only)  Packed Lunch  Go home |
| Please indicate any relevant food allergies or dietary needs: |

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| **MEDICAL INFORMATION** | | | | | |
| Emergency Medical Consent | | *(please indicate to confirm that you authorise the school to initiate appropriate medical treatment in the event of an emergency).* | | | |
| Medical Practice: | | | | | Practice Address: |
| Doctor’s Name: | | | | |
| Practice Telephone: | | | | |
| **Please highlight any known medical conditions** | | | | |
| **□ No Medical Conditions**  □ Epilepsy  □ Diabetes  □ Asthma  □ Eczema | □ Myalgic Encephalopathy  □ Tuberculosis  □ Chronic Fatigue Syndrome  □ Osteoporosis  **□ Other – Please specify below** | | | | □ Post Viral Fatigue Syndrome  □ Arthritis  □ Multiple Sclerosis  □ ADHD  **□ Allergies – Please specify below** |
| **PRE SCHOOL HISTORY** | | | | | |
| Previous School Name: | | | | Previous School Address: | |
| Previous School Tel Number | | | |
| Dates Attended : From (dd/mm/yy):  To: (dd/mm/yy): | | | |
| **ETHNIC / CULTURAL INFOMATION** | | | | | | | |
| Ethnicity: | | | | Religion: | | | |
| First Language: | | | | Home Language: | | | |
| Additional Information: | | | | | | | |
| Traveller Status:  **(please delete as applicable)**  **Y / N**  If Yes, please highlight the appropriate section following:  Traveller Status: 🞏 Gypsy/Roma (Housed) 🞏 Gypsy/Roma (Travelling) 🞏 Occupational (Traveller) 🞏 Traveller (Other)  From (Date):. | | | | | | | |

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| **ADDITIONAL INFOMATION** | | | |
| Mode of Transport - Please state the mode your child will use most regularly to travel to and from school.  **(please highlight as applicable)** | | | |
| Public Bus Service  Car Share (with child/children) | Car/Van  Dedicated School Bus | Taxi  Cycle | Walks |

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| **PUPIL PREMIUMS will the pupil be entitled to Pupil Premium Funding?** | | |
|  | | **(please delete as applicable)** |
| Has either of the applicant’s parents been in a Service Profession in the last four years? | | **Y / N** |
| Is the applicant currently In Care, or has he/she ever been In Care (this includes adopted from care)? | | **Y / N** |
| If you have answered Yes, please give full details below. You will also need to provide us with documentary evidence. Please attach a copy or bring in an original document so we can copy it for our files. | | |
|  | Documentation included | |

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| **PARENTAL / CARER CONSENTS: For your information, the following permissions are assumed unless you specifically**  **tell us otherwise, and enable your child to integrate in all school activities and to be fully supported by our team.** | | | | | |
|  | |  | | | **(please delete as applicable** |
| Copyright Permission: | | This enables us to display, share and promote good work. | | | **Y / N** |
| Internet Access: | | Required for much schoolwork and homework. Our Internet Policy applies. | | | **Y / N** |
| Photograph Pupil / Media Consent | | This enables us to share and promote achievement, eg: with local media. | | | **Y / N** |
| Relationships Education | | This is part of the Curriculum and is delivered sensitively. | | | **Y / N** |
| Data Exchange | | This enables us to share data with other Agencies and schools where relevant. | | | **Y / N** |
| School Trips and Visits | | All trips will be notified in advance and consent obtained where relevant. | | | **Y / N** |
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| **SIGNATURES** | | |  | **PRINT NAME** | **DATE** |
| **Parent/Carer 1:** |  | |  |  |  |
| **Parent/Carer 2:** |  | |  |  |  |

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| **Thank you for completing this form. Please return your form to the email address below:**  [**secretary@torpoint-inf.cornwall.sch.uk**](mailto:secretary@torpoint-inf.cornwall.sch.uk) |

Albion Road,

Torpoint,

Cornwall

PL11 2LU

Tel: 01752 812245

Email: [secretary@torpoint-inf.cornwall.sch.uk](mailto:secretary@torpoint-inf.cornwall.sch.uk)

Web: [www.torpoint-inf.cornwall.sch.uk](http://www.torpoint-inf.cornwall.sch.uk)