



# Buckinghamshire County Council



## ADMISSION FORM [CONFIDENTIAL]

School: Overstone Combined School

All schools are required by law to keep on record details of children admitted. We should therefore be grateful if you would complete this form in **BLOCK CAPITALS** and hand it into the school office when your child is admitted.  
Your child's birth certificate/passport should be presented for copying and placing on file at the time of your child's admission to primary education.

### PUPIL DETAILS

Start date: .....

Legal Forename:

As shown on Birth Certificate/Passport

Legal Surname:

As shown on Birth Certificate/Passport

Middle name(s):

Preferred Surname:

Date of birth:

Preferred Forename:

Gender: Male / Female (delete as applicable)

### ADDRESS DETAILS

Home		Other - Term Time / Overseas / Other	
Apartment:	_____	Apartment:	_____
House Name:	_____	House Name:	_____
House Number:	_____	House Number:	_____
Street:	_____	Street:	_____
District:	_____	District:	_____
Town/City:	_____	Town/City:	_____
Postcode:	_____	Postcode:	_____

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name and address of the person with whom the child normally resides:

Reason:	_____	Dates Applicable:	_____
Forename:	_____	Surname:	_____
Address:	_____ _____		

It would be very helpful to have available the names and dates of birth of any older or younger siblings who are currently attending or have attended this school, or are likely to join this school at a later date.

Forename	Surname	Date of Birth

## CONTACTS

<b>Parent/Carer 1: Mr / Mrs / Miss / Ms / Other _____</b> <b>Forename: _____ Surname: _____</b> <b>Relationship to child:</b> Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Address (if different to pupil):</b> Apartment: _____ House Name: _____ House Number: _____ Street: _____ District: _____ Town/City: _____ Postcode: _____ Please tick the box against your main telephone number <table style="width: 100%;"> <tr> <td rowspan="3" style="width: 10%;"><b>Tel Nos:</b></td> <td style="width: 40%;">Home: _____</td> <td style="width: 5%;"><input type="checkbox"/></td> </tr> <tr> <td>Mobile: _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Work: _____</td> <td><input type="checkbox"/></td> </tr> </table> e-mail: _____	<b>Tel Nos:</b>	Home: _____	<input type="checkbox"/>	Mobile: _____	<input type="checkbox"/>	Work: _____	<input type="checkbox"/>	<b>Parent/Carer 2: Mr / Mrs / Miss / Ms / Other _____</b> <b>Forename: _____ Surname: _____</b> <b>Relationship to child:</b> Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Address (if different to pupil):</b> Apartment: _____ House Name: _____ House Number: _____ Street: _____ District: _____ Town/City: _____ Postcode: _____ Please tick the box against your main telephone number <table style="width: 100%;"> <tr> <td rowspan="3" style="width: 10%;"><b>Tel Nos:</b></td> <td style="width: 40%;">Home: _____</td> <td style="width: 5%;"><input type="checkbox"/></td> </tr> <tr> <td>Mobile: _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Work: _____</td> <td><input type="checkbox"/></td> </tr> </table> e-mail: _____	<b>Tel Nos:</b>	Home: _____	<input type="checkbox"/>	Mobile: _____	<input type="checkbox"/>	Work: _____	<input type="checkbox"/>
<b>Tel Nos:</b>		Home: _____	<input type="checkbox"/>												
		Mobile: _____	<input type="checkbox"/>												
	Work: _____	<input type="checkbox"/>													
<b>Tel Nos:</b>	Home: _____	<input type="checkbox"/>													
	Mobile: _____	<input type="checkbox"/>													
	Work: _____	<input type="checkbox"/>													

Please attach a copy of any court orders relating to your child. Please tick if attached ☐

### OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents, for example those with a Parental Responsibility Order. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details below.

Mr / Mrs / Miss / Ms / Other _____	Forename: _____	Surname: _____
Relationship to child: _____		
Address: _____		Street: _____
Apartment: _____		District: _____
House Name: _____		Town/City: _____
House Number: _____		Postcode: _____
<b>Tel Nos:</b>	Home: _____	Work: _____
	Mobile: _____	e-mail: _____

Is the child resident with foster parents: \_\_\_\_\_

Yes ☐

No ☐

If 'yes'; which Authority is financially responsible for maintenance? \_\_\_\_\_

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below (in order of preference) the details of any person(s), including parents, who we can contact on such an occasion.

No.	Name	Relationship to the child <small>(Parent, Grandparent, relative, neighbour etc)</small>	Known to the child as? <small>e.g. Gramps, Nana</small>	Daytime telephone number
1	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			
2	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			
3	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			
4	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			



## MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them to achieve their potential educationally. Would you please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the School Nurse.

### DIETARY NEEDS

- |   |                                      |   |   |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Artificial colour allergy    | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Kosher food only             | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork     | <input type="checkbox"/> Ramadan                      | <input type="checkbox"/> Seafood allergy  |
| <input type="checkbox"/> Vegetarian                   | <input type="checkbox"/> Halal       | <input type="checkbox"/> Other (please specify) _____ |   |

### MEDICAL PRACTICE including postcode

Surgery Name:

Surgery Telephone Number:

### MEDICAL INFORMATION

- Does your child suffer from? ☐ Asthma ☐ Epilepsy ☐ Diabetes
- ☐ Bowel or bladder problems ☐ Eczema ☐ Any other medical condition \_\_\_\_\_

Do you consider your child to have a disability? Yes / No *If Yes, please select all that apply from the list below.*

Does your child have an EHCP? Yes/No

A child is considered to have a disability if their parent indicates substantial and/or long term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Mobility      | <input type="checkbox"/> Hand Function         | <input type="checkbox"/> Personal Care                         | <input type="checkbox"/> Eating and drinking         |
| <input type="checkbox"/> Medication    | <input type="checkbox"/> Incontinence          | <input type="checkbox"/> Communication                         | <input type="checkbox"/> Learning                    |
| <input type="checkbox"/> Hearing       | <input type="checkbox"/> Vision                | <input type="checkbox"/> Behaviour                             | <input type="checkbox"/> Consciousness e.g. seizures |
| <input type="checkbox"/> ASD/Aspergers | <input type="checkbox"/> Palliative care needs | <input type="checkbox"/> Other Disability/Health problem _____ |  |

Does your child attend any medical clinics? - Yes / No

*If Yes, please give details in the box below*

If you have ticked any of the above boxes, please give further details below:-

If your child is on regular medication, does it need to be given during school hours? – Yes / No

If Yes please discuss with the Headteacher.

## ETHNIC/CULTURAL INFORMATION

The Department for Education (DfE) has asked for the collection of the following information for all pupils.

### ETHNICITY

- |  |   |  |
|--|---|--|
| <b>White</b><br><input type="checkbox"/> British<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Traveller of Irish Heritage<br><input type="checkbox"/> Gypsy/Roma<br><input type="checkbox"/> Any other white background | <b>Mixed</b><br><input type="checkbox"/> White & Black Caribbean<br><input type="checkbox"/> White & Black African<br><input type="checkbox"/> White & Asian<br><input type="checkbox"/> Any other mixed background | <b>Other</b><br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Any other ethnic group<br><input type="checkbox"/> I do not wish an ethnic background category to be recorded |
| <b>Asian or Asian British</b><br><input type="checkbox"/> Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Any other Asian background                                    | <b>Black or Black British</b><br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> African<br><input type="checkbox"/> Any other Black background  |  |

Child's Country of Birth \_\_\_\_\_ Child's Nationality \_\_\_\_\_

**FIRST LANGUAGE** – The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.

- |  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Bengali          | <input type="checkbox"/> Chinese Cantonese            | <input type="checkbox"/> Chinese Mandarin   | <input type="checkbox"/> Dutch             |
| <input type="checkbox"/> English                                       | <input type="checkbox"/> French           | <input type="checkbox"/> German                       | <input type="checkbox"/> Greek              | <input type="checkbox"/> Gujarati          |
| <input type="checkbox"/> Hindi   | <input type="checkbox"/> Italian          | <input type="checkbox"/> Japanese                     | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Panjabi (Mirpuri) |
| <input type="checkbox"/> Pashto  | <input type="checkbox"/> Polish           | <input type="checkbox"/> Portuguese                   | <input type="checkbox"/> Shona              | <input type="checkbox"/> Spanish           |
| <input type="checkbox"/> Swahili                                       | <input type="checkbox"/> Tagalog/Filipino | <input type="checkbox"/> Tamil                        | <input type="checkbox"/> Thai               | <input type="checkbox"/> Turkish           |
| <input type="checkbox"/> Urdu  | <input type="checkbox"/> Vietnamese       | <input type="checkbox"/> Other (Please specify) _____ |   |  |
| <input type="checkbox"/> I do not wish a first language to be recorded |   |   |   |  |



**RELIGION**

- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> Anglican             | <input type="checkbox"/> Baptist           | <input type="checkbox"/> Buddhist                                | <input type="checkbox"/> Christian                    | <input type="checkbox"/> Church of England |
| <input type="checkbox"/> Hindu                | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Jewish                                  | <input type="checkbox"/> Methodist                    | <input type="checkbox"/> Mormon            |
| <input type="checkbox"/> Muslim               | <input type="checkbox"/> Plymouth Brethren | <input type="checkbox"/> Quaker                                  | <input type="checkbox"/> Roman Catholic               | <input type="checkbox"/> Sikh              |
| <input type="checkbox"/> United Reform Church | <input type="checkbox"/> No Religion       | <input type="checkbox"/> I do not wish a religion to be recorded | <input type="checkbox"/> Other (Please specify) _____ |  |

**ADDITIONAL INFORMATION****MEALS**

- |   |                                    |                                     |  |
|---|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Entitled to Free Meals | <input type="checkbox"/> Goes Home | <input type="checkbox"/> Sandwiches | <input type="checkbox"/> Paid School Meals |
|---|------------------------------------|-------------------------------------|--|

**TRAVEL TO SCHOOL** - Please tick your child's usual main mode of travel. If the journey to school involves more than one mode of travel tick the mode used for the greatest part, by distance, of the journey.

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Walk               | <input type="checkbox"/> Cycle                      | <input type="checkbox"/> Car/Van               | <input type="checkbox"/> Car Share (with a child/children from a different household) |
| <input type="checkbox"/> Public service bus | <input type="checkbox"/> Dedicated school bus/coach | <input type="checkbox"/> Bus (type not known)  | <input type="checkbox"/> Taxi   |
| <input type="checkbox"/> Train              | <input type="checkbox"/> London Underground         | <input type="checkbox"/> Metro/Tram/Light Rail | <input type="checkbox"/> Other  |

**FOR SCHOOL USE ONLY**☐ LA provided transport

Route

**Service Children in Education Indicator** – are one or both parents Service personnel, serving in regular military units of any of the HM Forces, or in the Armed Forces of another nation and stationed in England and exercising parental care and responsibility?

- ☐ Yes    ☐ No    ☐ I do not wish to answer this question

**PREVIOUS SCHOOL HISTORY**

School, Pre-School or Nursery Name	Town/City	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason for Leaving

For pupils being admitted into **the Reception Year only**, please include the number of terms spent in pre-school education, where known:- \_\_\_\_\_ terms.

**PARENTAL DECLARATION**

**DATA PROTECTION STATEMENT:** The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the School's database.

Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data.

**DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:**

I declare the above information to be correct to the best of my knowledge at the time of completion.

I agree to notify the school of any change in my child's circumstances.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Registration Group: _____	House: _____
* NC Year Group: _____	* Year Taught in: _____
* Enrolment Status: _____	Boarder Status: _____
* Admission Date: _____	Admission No: _____
UPN: _____	Attendance mode: _____