

# Linaker Primary School & Children's Centre

## Admission & Data Collection Form



Linaker Primary School  
and Children's Centre

Basic Details ....			
Legal Surname			
Preferred Surname			
Legal Forename(s)			
Preferred Forename			
Date of Birth (DD-MM-YYYY)			
Gender	Male		Female
Is He / She Currently In Care ?	Yes (Please Give Details Of Which Authority)		
	No		
Do They Currently Have A Statement of Special Educational Needs ?	Yes (Please Give Details Of What For and Which Authority)		
	No		
Were They Ever Known By Another Surname ?	Yes – Please Tell Us What It Was And When Changed		
	No		
If NURSERY Application	AM Session		PM Session

Current Home Address ....	
House Number	
Road / Street	
Town	
Postcode	
Telephone Number (Landline)	
Telephone Number (Mobile)	
E-mail Address	

Contact Details ....			
Parent 1 (Mother / Father)			
Relationship To Child			
Full Name		Title e.g. Mr, Mrs	
Address			
Postcode			
Telephone Number (Landline)			
Telephone Number (Mobile)			
E-mail Address			
Work Address			
Work Contact Telephone Number			
Do They Have Parental Responsibility ?	Yes		No – If Not, Attach Copy Of Court Order As Confirmation
Are They Still Involved With The Child ?	Yes		No

<b>Parent 2 (Mother / Father)</b>			
Relationship To Child			
Full Name		Title e.g. Mr, Mrs	
Address			
Postcode			
Telephone Number (Landline)			
Telephone Number (Mobile)			
E-mail Address			
Work Address			
Work Contact Telephone Number			
Do They Have Parental Responsibility ?	Yes		No – If Not, Attach Copy Of Court Order As Confirmation
Are They Still Involved With The Child ?	Yes		No

<b>Other Contact ....</b>			
Relationship To Child			
Full Name		Title e.g. Mr, Mrs	
Address			
Postcode			
Telephone Number (Landline)			
Telephone Number (Mobile)			
E-mail Address			
Work Address			
Work Contact Telephone Number			
Do They Have Parental Responsibility ?	Yes		No

<b>Details of Siblings (Brothers &amp; Sisters)....</b>			
Full Name	Date of Birth	Relationship	School / Nursery Attended Currently

<b>School History</b>	
Previous School / Nursery Name	
Address	
Telephone Number	
Date of Leaving	
Reason for Leaving	

Medical Information	
Doctors Name	
Address & Telephone Number of Surgery	
Does Your Child Have Any Known Allergies or Medical Conditions e.g. asthma, diabetes, heart, anaphylaxis ? If Yes, Please Detail.	

Ethnic Group			
<i>We are required by the Department for Children, Schools and Families to seek to determine the ethnic group of each of your pupils. You are not obliged to provide this information in respect of your child, but we hope that you feel able to do so.</i>			
British		White / Asian	
Bangladeshi		White / Black Caribbean	
Indian		Irish	
Pakistani		Traveller / Irish Heritage	
Black Caribbean		Gypsy / Roma	
African		Any Other Asian Background	
Any Other Black Background		Any Other Ethnic Group	
Chinese		Any Other White Background	
White / Black African		Refuse To Provide	
Any Other Mixed Background			

Additional Information				
National Identity				
Religion				
Home Language				
Are You Asylum Seekers ?	Yes		No	
Are You Travellers ?	Yes		No	

Travel Arrangements To School (Please Tick)			
Bicycle		Train	
Car / Van		Walk	
Taxi		School Bus	
Car Share		Public Bus Service	
Other			

**Data Protection Act 1998 :** The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Local Authority and the Department for Children, Schools and Families.

**I confirm that the information I have provided is accurate to the best of my knowledge and I will endeavour to keep the school informed of any changes.**

**Full Name :**

**Relationship :**

**Signed :**

**Date :**