



HOLY CROSS RC PRIMARY SCHOOL ADMISSION FORM

Please complete the following essential confidential information:

| Pupil Details | | | | | |
|--|------|------------------------|--|----------------------|--|
| Legal forename | | Middle name (s) | | Legal surname | |
| | | | | | |
| Preferred forename (if different to above) | | | Preferred surname (if different to above) | | |
| | | | | | |
| Gender | MALE | FEMALE | Date of Birth | | |
| Home address including postcode | | | Home telephone number | | |
| | | | Main contact number(first point of contact) | | |
| | | | | | |
| | | | Main e-mail address | | |
| | | | | | |
| Copy of Birth Certificate seen? | | YES | NO | DATE: | |
| Passport Number | | | | | |
| Expiry Date | | | | | |
| Contact Information | | | | | |
| <p>The Children Act 1989 - School Admissions Register - Please read the following guidance notes before completing.</p> <p>The school is required by law to maintain a list of all pupils at the school, together with certain information about each pupil.</p> <p>This is to include the name and address of every person known to the school to be a "parent" of the pupil. The term "parent" has a special meaning for this purpose and includes any person who is not actually the parent but who has "parental responsibility" for the pupil or has care of him or her.</p> <p>As a guide, any of the following would need to be recorded as a parent :</p> <ul style="list-style-type: none"> • The mother • The father (if married to the mother at the time of the child's birth, or if he has made a written "parental responsibility agreement" with the mother which has been recorded with a Court.) • A divorced or separated parent of the pupil • A guardian of the pupil • A person in whose favour a Court has made a "Residence Order" or "Parental Responsibility Order" regarding the pupil • The Social Services Department if a Court has made a "Care Order" in respect of the pupil • Any person who has care of the pupil. If you need any help with completing the form please contact the School or the Area Education Welfare Service on 0117 3533686/7 | | | | | |

Contact information – please complete information below

Mother

| | | | |
|-----------------------|--|---|--|
| Title | | Address including postcode (if different from child) | |
| Forename | | | |
| Surname | | | |
| Home telephone | | Mobile | |
| Work telephone | | E-mail | |

Father

| | | | |
|-----------------------|--|---|--|
| Title | | Address including postcode (if different from child) | |
| Forename | | | |
| Surname | | | |
| Home telephone | | Mobile | |
| Work telephone | | E-mail | |

Other LOCAL Adult Contacts: for use if parents cannot be contacted

| Name and Address and Relationship | Telephone Numbers | |
|--|--------------------------|--|
| | Home | |
| | Work | |
| | Mobile | |
| Name and Address and Relationship | Telephone Numbers | |
| | Home | |
| | Work | |
| | Mobile | |



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Please complete the following essential confidential information:

| Dietary Details | |
|--|--|
| Dietary Needs: Does your child have any special dietary requirements? If so, please indicate below and provide details if necessary. Note that these questions are intended for children with genuine allergies/intolerances, not 'fussy eaters'! | |
| Gluten free | |
| Halal | |
| Kosher | |
| No dairy produce | |
| No nuts of any type/quantity (please specify name of nut) | |
| Seafood allergy | |
| Vegetarian or vegan | |
| Wheat free | |
| Other (please specify) | |

| Medical Details | |
|--|---------------|
| Do you consent to your child receiving any necessary medical treatment for any injury or illness during the school day? | YES NO |
| Family doctor's name and address (including postcode) | |
| Family doctor's telephone number | |

General Health

If you answer yes to any of the questions, please provide details in the box below.

| | |
|--|--------|
| Does your child suffer from allergies? This includes drugs, pollen. Dust, insect stings etc (Please give specific allergies in the space overleaf) | YES NO |
| Does your child suffer from epilepsy? If they are on medication please provide details below. | YES NO |
| Does your child have a heart problem? | YES NO |
| Does your child suffer from travel sickness? | YES NO |
| Is your child recognised as having Special Educational Needs at their current school? E.g. dyslexia, Aspergers, etc. | YES NO |
| Does your child have sight problems? | YES NO |
| Does your child need to wear glasses in school? | YES NO |
| Does your child have a hearing problem? | YES NO |
| Does your child have any other disability/specific access need that the school should be award of? | YES NO |
| Does your child take any medicines on a regular basis, e.g. inhaler? If so, please indicate below. If your child will (or may) need this administered during the school day, you will need to fill out a medical consent form, which the school office will provide. | YES NO |

Medicines required on a regular basis:

Other information about your child: please indicate any illness, medical, educational or social information not mentioned above that you think might affect attendance or be relevant to the child's school work. This could include behaviour problems or family circumstances (e.g. divorce, step-parents, custody or rights of access.) Where necessary or requested, such information will be treated as strictly confidential.



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Please complete the following essential confidential information:

| Pupil Premium Additional Funding | | | |
|--|--------|--|--------|
| Pupil Premium is additional funding given to publicly funded schools in England to raise the attainment of disadvantage pupils and close the gap between them and their peers. There are three categories. Please could you consider whether your child is eligible under any of the following criteria? | | | |
| Has your child been eligible for free school meals in the last 6 years with the exception of Universal FSM's for children in Reception, Y1 & Y2? | | | YES NO |
| If you are currently in receipt of any of the following, you are eligible. | | | |
| Income support | YES NO | Income based Job Seekers Allowance | YES NO |
| Child Tax Credit but are not entitled to working tax credit and your annual income (As assessed by the Inland Revenue) does not exceed £16,190 | YES NO | Income Related Employment & Support Allowance benefit (any element of contribution based paid free school meals not available) | YES NO |
| The Guarantee element of Pension Credit | YES NO | Working Tax Credit run on paid for four weeks after you stop qualifying for Working Tax Credit | YES NO |
| Universal Credit | YES NO | Support under part VI of the immigration & Asylum Act 1999 | YES NO |
| Has your child been looked after for 1 day or more? | | | YES NO |
| Has your child been adopted from care? | | | YES NO |
| Has your child left care under a special guardianship in order or a residence order? | | | YES NO |

| Ethnicity/Language/Religion | | | |
|--|---|---|--|
| Bristol Education Authority has asked schools to collect data on the Ethnic Origin, Home Language, First Language and Religion of students. This information will be used by the authority to assess the effectiveness of Equal Opportunities policies. The information about individual children will not be disclosed to third parties and will be used for statistical purposes only. | | | |
| Ethnic Origin | | | |
| Please tick ONE box for each section below. You may leave any section blank if you wish. | | | |
| White-British <input type="checkbox"/> | White- Irish <input type="checkbox"/> | White Western European <input type="checkbox"/> | White Eastern European <input type="checkbox"/> |
| White – traveller or Irish Heritage <input type="checkbox"/> | White Gypsy/Roma <input type="checkbox"/> | Any other white background <input type="checkbox"/> | White & Black Caribbean <input type="checkbox"/> |
| White & Black African <input type="checkbox"/> | White & Asian <input type="checkbox"/> | Any other mixed background <input type="checkbox"/> | Indian <input type="checkbox"/> |
| Pakistani <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> | Any other Asian background <input type="checkbox"/> | Black - Caribbean <input type="checkbox"/> |
| Black - Somali <input type="checkbox"/> | Any other Black background <input type="checkbox"/> | Chinese <input type="checkbox"/> | Other black African <input type="checkbox"/> |
| Any other Ethnic Group <input type="checkbox"/> | | | |

| Language- What is the main language spoken by your child? | | | | | | | |
|---|--------------------------|---------|--------------------------|---------|--------------------------|------------|--------------------------|
| English | <input type="checkbox"/> | Bengali | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Danish | <input type="checkbox"/> |
| Dutch | <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"/> |
| Korean | <input type="checkbox"/> | Punjabi | <input type="checkbox"/> | Polish | <input type="checkbox"/> | Portuguese | <input type="checkbox"/> |
| Somali | <input type="checkbox"/> | Spanish | <input type="checkbox"/> | Turkish | <input type="checkbox"/> | Urdu | <input type="checkbox"/> |
| Other (please specify) | | | | | | | |
| Is English an additional language for your child? | | | | YES | NO | | |
| Is your child bilingual? | | | | YES | NO | | |
| What additional languages does your child speak? | | | | | | | |
| What is your child's Nationality? | | | | | | | |
| What is your child's country of birth? | | | | | | | |

| Religion | | | |
|---------------------------|-----------|----------------|-------|
| Buddhist | Christian | Greek Orthodox | Hindu |
| Jewish | Muslim | Roman Catholic | Sikh |
| No Religion | | | |
| Other (please specify) | | | |
| Baptism Certificate seen? | YES | NO | DATE: |

| Travel Arrangements: please indicate ONE showing how your child travels to school the MAJORITY of the time. If a mixture, choose the one that covers the greatest distance. | | | | | | | |
|--|--------------------------|-------------|--------------------------|------------|--------------------------|--------------------|--------------------------|
| Bicycle | <input type="checkbox"/> | Train | <input type="checkbox"/> | Car or Van | <input type="checkbox"/> | Walk | <input type="checkbox"/> |
| Taxi | <input type="checkbox"/> | Walking bus | <input type="checkbox"/> | Car share | <input type="checkbox"/> | Public bus service | <input type="checkbox"/> |

| School History | |
|------------------------------------|--|
| Previous school's name and address | |
| Previous school's telephone number | |
| Previous school's e-mail | |

| Declaration All parents/guardians to sign declaration | | | |
|---|--|------|--|
| I confirm that the details provided in this form are correct and agree to keep the school informed if there are any changes in these details. | | | |
| Signed | | Date | |