



TRACKS Education Admission Information Form

FOR OFFICE USE ONLY

Start date:

Date SIMS updated: Updated by (staff initials):

Year Group:

PP Check

Child's details

First name/s (as on birth certificate):
.....

Last name:
.....

Chosen/Preferred name:
.....

Male Female

Date of birth:

Child's Home Address:
.....
.....

Post code:.....

Please study the list below and tick one box only to indicate the ethnic background of the child.

White

British <input type="checkbox"/>	Gypsy/Roma <input type="checkbox"/>
Irish <input type="checkbox"/>	Any other White background <input type="checkbox"/>
Traveller of Irish Heritage <input type="checkbox"/>	Eastern European <input type="checkbox"/>
	Western European <input type="checkbox"/>

Shared Heritage

White and Black Caribbean <input type="checkbox"/>	White and Asian <input type="checkbox"/>
White and Black African <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>

Asian or Asian British

Indian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Mirpuri Pakistani <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
Other Pakistani <input type="checkbox"/>	

Black or Black British

Caribbean <input type="checkbox"/>	Any other background <input type="checkbox"/>
African <input type="checkbox"/>	

Chinese **Refugee**

Any other ethnic background I do not wish to have this recorded

Contacts

1st Contact

2nd Contact

First name (Miss/Mrs/Ms/Mr):

.....

Last name:

.....

Home Telephone Number:

.....

Mobile Telephone Number:

.....

Work Telephone Number:

.....

Place of work:

.....

E-mail address:

.....

National Insurance No:

.....

Relationship to child:

.....

First name (Miss/Mrs/Ms/Mr):

.....

Last name:

.....

Home Telephone Number:

.....

Mobile Telephone Number:

.....

Work Telephone Number:

.....

Place of work:

.....

E-mail address:

.....

National Insurance No:

.....

Relationship to child:

.....

Who has parental responsibility?

Mother

Father

Both

Other (please state)

Please detail any Legal Orders relating to this child (e.g. Residence Orders) of which the school should be aware (the school must see documentation).

.....

It is **VERY IMPORTANT** that we have an extra point of contact in case of emergency.

First name: Last name:

Address:

Telephone No: Relationship to child:

Historical Information:

Was your child born outside of the United Kingdom?

Yes

No

If yes:

Country of birth: Date of arrival in the UK:

Nationality:

Previous school details:

Name of school:

Address:

Telephone No:

Usual meal arrangement (please tick one box only):

Free Paid Sandwiches Home

Name of Medical Centre/Doctor's surgery:

Address:

Telephone Number:

NHS Number:

Language spoken at home: English Other (please state)

Ability in English (if not first language): Speak Read Write

Religion:

I confirm that the above details are correct:

Signed: Parent/Carer

Dated:

Any other information from home or school:

Parental Consent

Parental consent for sharing information i.e. medical

* I agree to information about my child being shared by TRACKS Education with relevant organisations

YES NO

Parental consent for local school educational visits

* I agree to my child going out of school with TRACKS Education staff on educational visits in the local area

YES NO

Parental consent for borrowing books/equipment

* I agree to pay towards the cost of replacing lost or damaged books/equipment borrowed from TRACKS Education

YES NO

Parental consent for photographs (including school website and newsletter)

* I give permission for my child to be photographed or filmed for media purposes related to TRACKS Education and for their first name to be used where appropriate

YES NO

* I give my permission for photographs/film of my child to be used after my child has left TRACKS Education

YES NO

Parental consent for Internet use

* I give permission for my child to use the Internet at TRACKS Education

YES NO

Parental consent for Copyright (i.e. school brochure / photograph)

* I give permission I do not give permission

I understand I can change any of my consent preferences at any time and can do so by informing the office at TRACKS Education in writing of my changes or by completing a new consent form

YES NO

The Safeguarding of our children is paramount and overrides any permissions not given

Which benefits apply to you?

- Income support
- Working tax credit
- Child tax credit
- Job seekers allowance
- Housing benefit

Signed:Parent/Carer Dated:

Name:

PUPIL MEDICAL INFORMATION

Please complete and give adequate details to make sure your child is cared for appropriately at school.

CHILD'S NAME

DATE OF BIRTH

Does your child:

- 1. Wear glasses Yes (all the time/reading & close work)
- 2. Have a hearing problem Yes
If yes, is a hearing aid worn? Yes
- 3. Have a heart problem Yes
- 4. Have a kidney problem Yes
- 5. Have an allergy to sticking plasters Yes
- 6. Have serious allergies Yes

If yes, please give details:.....

- 7. Have eczema Yes
- 8. Suffer from asthma Yes
If yes, does your child have an inhaler? Yes
- 9. Have a speech defect Yes
- 10. Have epilepsy Yes
- 11. Have diabetes Yes
- 12. Have any physical problems. Yes

If yes, please give details:.....

- 13. Have any other medical problems/disabilities we may be unaware of Yes

If yes, please give brief details:.....
.....

- 14. I give consent for basic first aid to be administered to my child as necessary including the provision of pain relief (paracetamol or ibuprofen) and for the emergency services to be called in the event of an emergency Yes
(we will always try to contact a parent/carer before administering pain relief)

Signed: Parent / Guardian

Dated: