

ADMISSION FORM - SCHOOL NAME: _____

Section 1 - Child's Name / Address / etc

Surname	Forename	Initials (of middle names only)	Known As (Forename)
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Full Address	<input style="width:100%; height:100%;" type="text"/>		Date of Birth <input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/> / <input style="width:50px;" type="text"/>
Post Code			Gender <input type="checkbox"/> M <input type="checkbox"/> F
Tel. Number (HOME)			Previous Schools
			<input style="width:100%;" type="text"/>
			<input style="width:100%;" type="text"/>

Section 2 - Adults the Child Lives With

<p>1 Surname <input style="width:100%;" type="text"/> Forename <input style="width:100%;" type="text"/></p> <p>Occupation <input style="width:100%;" type="text"/> Employer <input style="width:100%;" type="text"/></p> <p>Tel. No. WORK <input style="width:100%;" type="text"/> Tel. No. MOBILE <input style="width:100%;" type="text"/></p> <p>E-MAIL <input style="width:100%;" type="text"/></p> <p>Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Adult the child lives with <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Step-Father <input type="checkbox"/> Other</p>	<p>2 Surname <input style="width:100%;" type="text"/> Forename <input style="width:100%;" type="text"/></p> <p>Occupation <input style="width:100%;" type="text"/> Employer <input style="width:100%;" type="text"/></p> <p>Tel. No. WORK <input style="width:100%;" type="text"/> Tel. No. MOBILE <input style="width:100%;" type="text"/></p> <p>E-MAIL <input style="width:100%;" type="text"/></p> <p>Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Adult the child lives with <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Step-Father <input type="checkbox"/> Other</p>
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Section 3 - Brothers and Sisters

Is this child you are enrolling the eldest of your children at this school? Yes No

Is this child you are enrolling the only one of your children at this school? Yes No

	Private/Voluntary Provider	Pre-School Class	In Primary School	In Secondary School
Brothers and Sisters Names	1 <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	2 <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	3 <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

Section 4 - Emergency Contacts and the Action to be taken in the event of an Emergency Closure

<p>1 Name <input style="width:100%;" type="text"/></p> <p>Address <input style="width:100%; height:40px;" type="text"/></p> <p>Post Code <input style="width:100%;" type="text"/></p> <p>Tel. Number HOME <input style="width:100%;" type="text"/></p> <p>Relationship <input style="width:100%;" type="text"/></p>	<p>2 Name <input style="width:100%;" type="text"/></p> <p>Address <input style="width:100%; height:40px;" type="text"/></p> <p>Post Code <input style="width:100%;" type="text"/></p> <p>Tel. Number HOME <input style="width:100%;" type="text"/></p> <p>Relationship <input style="width:100%;" type="text"/></p>
<p>3 Name <input style="width:100%;" type="text"/></p> <p>Address <input style="width:100%; height:40px;" type="text"/></p> <p>Post Code <input style="width:100%;" type="text"/></p> <p>Tel. Number HOME <input style="width:100%;" type="text"/></p> <p>Relationship <input style="width:100%;" type="text"/></p>	<p>4 Name <input style="width:100%;" type="text"/></p> <p>Address <input style="width:100%; height:40px;" type="text"/></p> <p>Post Code <input style="width:100%;" type="text"/></p> <p>Tel. Number HOME <input style="width:100%;" type="text"/></p> <p>Relationship <input style="width:100%;" type="text"/></p>

In the event of an emergency closure, the child should: Walk home Go by school bus Wait in School

Special Instructions in the event of an emergency:

Section 5 - National Identity, Ethnic Background and Native Language(s)

National Identity: Scottish English Northern Irish Other _____
 Welsh Refugee Asylum Seeker Do not wish to provide this information

Ethnic Background: White UK Asian Bangladeshi Occupational Traveller
 White Other Asian Chinese Gypsy Traveller
 Black African Asian Indian Other Traveller Do not wish to provide this information
 Black Caribbean Asian Pakistani Mixed
 Black Other Asian Other Other

The 1st and 2nd Languages should only be entered if the child's native language is NOT English:
 1st Language 2nd Language

Section 6 - Medical Information and Doctor

Indicate any health problems by putting a cross in the appropriate boxes:

Asthma Epilepsy Migraine Hearing Impairment
 Anaphylactic/Sting Allergy Gastric Problems Nut Allergy Vision Impairment
 Bladder Problems Heart Problems Skin Complaint Speech Impairment
 Chest Problems Hay Fever Walking Problems Pills/Medicines Carried
 Diabetic Kidney Complaint

Other Health Problems: (Describe any additional medical data, medications, actions)

Special Dietary Needs

Doctor's Name Surgery Telephone
 Surgery Name and Address

Section 7 - Legal Guardian (Complete ONLY if different from Adults the Child Lives With in Section 2)

Surname Occupation Address
 Forename Relationship
 Telephone No. Postcode

Section 8 - Additional Information

If there is any other information which you feel we should know of, for example, if you think your child may need additional support in school, please give a brief summary here:

NOTE: On presenting this form at the school, you should also provide the pupil's Birth Certificate

The information you have provided on this form [and from supporting evidence - where applicable] will be used by Angus Council (the "data controller" for the purposes of the Data Protection Act 1998) in order to process the admission of your child into school. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed. The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law. In order to improve service delivery, we routinely exchange information with eg. NHS Tayside.

Declaration
 I confirm that the information that I have provided is correct to the best of my knowledge and authorise Angus Council to use my information for the above purposes.

Signed Date

For Official Use ONLY

Birth Certificate Produced Transport Category Free Meals Start
 Scottish Candidate Number Contractor Free Meals End