

Great Coates Primary School Admission Form



Please complete the enclosed booklet and return to Great Coates Primary School office, before or on the day your child is enrolled at the school.



School Office Use Only:

NAME OF CHILD _____ DOB _____			
Class	Year	Admission Date	UPN
Records Requested From	CTF Requested From	Admission Number	Medical Info
SEN	CP/CAF	Permissions	
Any other information:			

ADMISSION FORM

If any details change please notify the School Office so a new form can be completed.

PUPIL'S DETAILS

SURNAME	FORENAME	DATE OF BIRTH		
OTHER NAME	PREFERRED NAME	GENDER		
Birth Certificate seen by				
PREVIOUS SCHOOL			SPECIAL NEEDS	
Are there any access/ disability issues for the child?			Yes (please state)	No

PARENT / GUARDIAN DETAILS

MOTHER – SURNAME	FORENAME	DATE OF BIRTH		
ADDRESS	HOME TELEPHONE NO.	MOBILE NO.		
POSTCODE	WORK PLACE AND NUMBER			
Do you (mother) have any access / disability issues?	Yes (please state)		No	
EMAIL ADDRESS				

FATHER – SURNAME	FORENAME	DATE OF BIRTH		
ADDRESS	HOME TELEPHONE NO.	MOBILE NO.		
POSTCODE	WORK PLACE AND NUMBER			
Do you (father) have any access / disability issues?	Yes (please state)		No	
EMAIL ADDRESS				

OTHER TWO CONTACTS TO ACT ON YOUR BEHALF IN THE EVENT OF AN EMERGENCY.

NAME	RELATIONSHIP TO CHILD	ADDRESS	TEL NO.
NAME	RELATIONSHIP TO CHILD	ADDRESS	TEL NO.

OTHER CHILDREN IN THE FAMILY

NAME	D.O.B	SCHOOL

NAME OF ANY OTHER PERSON WITH PARENTAL RESPONSIBILITY		
IS THERE A COURT OR RESIDENCY ORDER ON THE CHILD?	Yes / No	DETAILS
HAS THE CHILD EVER BEEN LOOKED AFTER BY THE LOCAL AUTHORITY?	Yes / No	DETAILS
ARE THERE ANY OTHER AGENCY'S INVOLVED WITH EITHER THE CHILD OR PARENT/CARER	Yes / No	DETAILS

The school is legally obliged to send reports to all persons with parental responsibility even those who do not reside with the child.

ETHNIC ORIGIN
HOME LANGUAGE
RELIGION
COUNTRY OF BIRTH

MEDICAL INFORMATION

CHILD'S NAME

DOCTOR'S NAME

MEDICAL SURGERY NAME

ADDRESS & TEL

MEDICAL HISTORY

Has your child had an eye test / are there any sight problems?

Has your child had a hearing test / are there any hearing problems?

Does your child have any allergies (Including food as we often taste different foods in school)?

Any other medical information or medical conditions that school needs to be aware of

PERMISSION SLIPS:

THESE WILL LAST THROUGHOUT YOUR CHILD'S SCHOOL LIFE AT GREAT COATES PRIMARY SCHOOL

Please read the following statements carefully. Please delete any that do not apply. It is important that you sign once you have made your wishes clear.

I give permission for the above named child's photograph (**not named**) to appear on the school website.

I give permission for the name and photograph of the above named child to appear in the Grimsby Evening Telegraph.

I give permission for a photograph (**not named**) of the above named child to appear in the Grimsby Evening Telegraph.

I give permission for the above named child to take part in '**Forest Schools Sessions**'.

I give permission for the above named child to walk around the local environment as part of the curriculum, it will be supervised by members of staff and weather conditions will be taken into account on the day

I am aware that it is school policy to allow parents to take videos and photographs of children at concerts, assemblies and other school events.

I understand that if I take photographs at any school events they may not be used for any purpose other than as a family record and must not be published or distributed without the consent of the school.

Signed _____

Name _____

Date _____

(Parent / Carer)

Updating your child's information

Any change in circumstances (particularly changes to emergency contact details should be notified to the class teacher / school office immediately to enable your child's details to be kept as up to date as possible.

Previous School / Nursery –

only to be completed if your child has attended a previous school or nursery.

Name of previous school or nursery _____

Reason for change of school _____

Name of previous school or nursery _____

Reason for change of school _____

Name of previous school or nursery _____

Reason for change of school _____

Does your child receive any special educational needs _____

Does your child have any behaviour difficulties _____

HOME SCHOOL AGREEMENT

Name of Child _____

The School's Commitment

- ✚ to care for your child's safety and happiness
- ✚ to ensure that your child achieves his/her full potential as a valued member of the school community
- ✚ to provide a balanced curriculum and meet the individual needs of your child
- ✚ to achieve high standards of work and behaviour through building good relationships and developing a sense of responsibility
- ✚ to keep you informed about general school matters and about your child's progress in particular
- ✚ to be open and welcoming at all times and offer opportunities for you to become involved in the daily life of the school

The Parent's/Guardian's Commitment

- ✚ to see that my child goes to school regularly, on time, properly dressed and equipped
- ✚ to make the school aware of any concerns or problems that might affect my child's work or behaviour
- ✚ to support the school's policies and guidelines for behaviour
- ✚ to support my child in homework and other opportunities
- ✚ to attend parents' evenings and discussions about my child's progress
- ✚ to get to know about my child's life at the school

Signature(s) _____ Date _____

Signature (s) _____ Date _____