



The Littletons School

Pupils Confidential Information Sheet and Admission Form

1. Basic Details:

Legal surname..... Legal forename.....

Preferred surname..... Chosen forename.....

Middle name(s) Date of birth..... Gender: Male/Female

Address..... Post code.....

Home telephone no. Home email address.....

Mother's surname..... First name..... Title: Mrs/Miss/Ms/Dr.....

Father's surname..... First name Title Mr/Rev/Dr.....

Mother's address (if different from pupil's)

.....

Father's address (if different from pupil's)

.....

Siblings: If there are older brothers or sisters in the school, please give their names and year groups

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2. Medical Information:

Dietary needs: If your child has an allergy to anything *especially nuts* please indicate below

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Child's doctor.....**Surgery**.....**Tel No:**

Dentist.....**Practice Name**.....**Tel No:**.....

It is very important that the school are aware of any conditions that your child may have or medications that your child may need. Does your child suffer from any illness or disability you feel we should know about? If so, will you please give brief details including medication prescribed for a chronic condition (e.g. epilepsy, asthma, hay fever).

Please list the medications etc. that apply.

Inhaler

Medications

Food allergies

Animal allergies

Hayfever

Medical conditions

Any other important issues

Does your child need paramedical support (e.g. occupational therapy/physiotherapy/speech and language therapy?) If so, please describe on separate sheet

Does your child have special educational needs support? Yes / No

If so, please describe on separate sheet

3. Contact Information: (Please read)

IN CASE OF EMERGENCY WHEN PARENTS NEED TO BE CONTACTED DURING THE SCHOOL DAY IT IS **ESSENTIAL** THAT WE HAVE UP TO DATE TELEPHONE NUMBERS OF MOTHER AND FATHER AND IF POSSIBLE A RELATIVE OR NEIGHBOUR WHO WOULD BE WILLING TO PASS ON A MESSAGE OR IF NEEDED, COLLECT YOUR CHILD FROM SCHOOL.

Please list contacts in order of preference including the pupil's home telephone number if either mother or father are likely to be at home.

Parental Responsibility: Please indicate all persons who have any **Legal Responsibility** for this pupil. Under the terms of the Children Act 1989 the married parents or the unmarried mother of a child have parental responsibilities automatically. Other people including unmarried fathers, step parents, cohabitees, grandparents and other relations or foster carers, may acquire it in a variety of ways such as being granted a residence order, which automatically confers parental responsibility on the applicant(s).

	In an emergency - Contact 1	In an emergency - Contact 2
Surname, forename, (Mr, Mrs, Miss, other please indicate)		
Daytime tel. No. (Where you can be reached during the day)		
Place of work:		
Mobile No.		
Relationship with pupil e.g. mother/father/other relative/neighbour		
Legal Parental Responsibility?	Yes/No (If not ticked will presume No)	Yes/No (If not ticked will presume No)
	In an emergency - Contact 3	In an emergency - Contact 4
Surname, initial, (Mr, Mrs, Miss please indicate)		
Daytime tel. No. (where you can be reached during the day)		
Place of work:		
Mobile No.		
Relationship with pupil e.g. mother/father/other relative/neighbour		
Legal Parental Responsibility?	Yes/No (If not ticked will presume No)	Yes/No (If not ticked will presume No)

4. Ethnic Background:

Ethnic background is not the same as nationality or country of birth. Our ethnic background describes how we think of ourselves. Please indicate below.

White Background

- [] British
- [] Irish
- [] Traveller of Irish Heritage
- [] Gypsy/Roma

Any other White background

Please indicate:

Black or Black British Background

Please indicate:

Mixed Background

Please indicate

Asian Background

Please indicate

Any other ethnic background

Please indicate:

I do not wish any ethnic background to be recorded []

Language spoken in the home and first language: (Will presume English if not stated)

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National Identity: British/English/Welsh/Scottish/Irish/Other - **(Please circle one only-optional)**

5. Religion: (Will presume none if none stated)

- Christian Muslim Hindu Sikh Jewish No Religion Other

6. Educational History:

Previous school.....Tel No:

7. Additional Information:

Lunchtime arrangements - (Please circle one only)

- Sandwiches School Meal Free School Meal

Travel arrangements - (Please circle one only)

- Walk Car Contract Bus Car Share (with child/children) Other:.....

Service Children in Education – Yes/No (Please indicate which)

The information that you enter on this form is required for the efficient organisation of the school and the children’s educational needs. It will be kept on the office computer under restricted access and is subject to the provisions of the Data Protection Act 1998. The information will be disclosed only to the Education Authority, the Health and Welfare agencies or where a law or an emergency necessitates a disclosure.

If you wish to provide information or more contacts, or any other information you feel the school should know about, please write the details on a separate sheet and attach it to this form, or contact the Headteacher in confidence.

Parent/Guardian

Date:.....