Carlton Primary School

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Head teacher Mrs Jacqueline Phelan
Chair of Governors Ms Jessica Wren



Only the items marked with an asterisk are compulsory, other items can be filled in when offered a place. PUPIL DETAILS

Family Surname*	Address*
First Name*	
Known Name*	Post code*
Date of birth*	Telephone*
Gender* BOY() GIRL()	E-mail Address*
Birth Certificate seen YES () NO ()	
Mother Tongue Country of origin	Nationality
Country of birth Arrival date in UK (it	f not UK born)
Does your child have a Statement of Special Educa	ational Needs? YES () NO () If YES, please attach a copy.
Date of Admission to school	
EDUCATION HISTORY	
Previous School Name*	
Telephone Number*	
Dates*	

PARENTS/CARERS DETAILS Parents or legal guardian with whom child lives: Mothers Full Name* Country of Origin Date of entry to UK Number..... Mobile Telephone Mother's Occupation and Contact Number Fathers Full Name* Country of Origin Date of entry to UK Number..... Telephone Mobile Father's Occupation and Contact Number Do you need an interpreter or translator? YES () NO () If Yes, in which language: Do you have any family or friend who can translate for you? YES () NO () If Yes, please give details: Name/Address of any Parent NOT living with child: Details of siblings* Date of Birth Name School attending EMERGENCY CONTACT DETAILS Please provide your work or mobile telephone numbers of Family, Friends or Neighbours whom we can contact in case of an emergency (Over 16 years old). WE MUST HAVE AT LEAST 2 OTHER CONTACT NUMBER

Relationship

Title

First Name

Surname

Telephone No

HEALTH INFORMATION Name of GP Name of Practice Address and Telephone Number Permission to call Health Service (S&L/MOSAIC/OT/Health Visitor): YES (Permission to administer First Aid: YES () NO () Please tell us of any health needs your child has. Please give us details of any medication your child takes on a regular basis or in an Emergency. A MEDICAL CONSENT FORM MUST BE COMPLETED IF MEDICATION IS REQUIRED. Does your child wear Glasses? YES () Does your child have any special diet needs (Vegetarian, Food Allergies?)

EDUCATION BENEFITS

Free School Meals

Families receiving income support or income based job seekers allowances are eligible to apply.

Please tick whether you are applying for free school meals or packed lunch.

YES () NO () Packed Lunch ()

Contact with outside Health Professionals will only be made with your consent and input as and when the need arises or if they are already working with your family.

We would like to thank you for taking your time to complete our form.

BACKGROUND INFORMATION

This information is needed so that the school can provide for the needs of all pupils and reflect their background in the life of the school. Please tick the box opposite the appropriate category.

Ethnic Origin (This relates to ethnic and cultural background it does not refer to nationality)

Albanian	Kosovo		
Bangladeshi	Kurdish		
Asian British Indian	Turkish Cypriot	Turkish Cypriot	
Asian British Pakistani	Mixed White Asian		
Asian British other background	Mixed White Black African		
Black African	Mixed White Black Caribbean		
Black Caribbean	Nigerian		
Chinese	Somali		
Congolese	White Irish		
French	White British		
Greek	White Other		
Cypriot	Other Ethnic Group	Other Ethnic Group	
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Mother Tongue (This is the language you speak at home)

Momen Tongue (This is the language you speak at home)			
Albanian	Guajarati	Somali	
Arabic	Hindi	Spanish	
Bengali	Kurdish	Turkish	
Cantonese	Mandarin	Urdu	
Chinese	Pashto	Vietnamese	
Croatian	Polish	Yoruba	
English	Portuguese	Other	
Farsi	Punjabi		
French	Romani		
Greek	Serbian		

Religion

Buddhist	Jewish	No Religion
Christian	Muslim	Other
Hindi	Sikh	

Does your family have refugee status or is your family seeking asylum? YES () $\,$ NO ()

START DATE:
Year:
Class:
Teacher
Records requested: YES () NO ()