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**Grove School Pupil Admission Form**

**Data Protection Act 1998**

This information is being collected to administer your child's progress through the education system. It may be shared with the Birmingham City Council Children's Services, the DCSF, Connexions, relevant health and welfare practitioners, Church or faith Authorities and other schools or educational establishments with whom your child becomes associated.

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| Personal Details & Contact Form |
| Child’s Surname: | Date of Birth: |
| Forenames: | Male/Female: |
| Main Home Address:Main Home Telephone No: Mobile No: | Length of time at this address: | Year Group: |
| Post Code: | Nationality:Home language: |
| Other Home Address:Other Home Telephone No:Mobile N: | Length of time at this address: | Religion:Ethnicity: |
| Post Code: |  |
| Who has Parental Responsibility for this child: | Is there any reason e.g. court order, which might prevent another individual having contact with your child, the school or from receiving information from the school?N/B School needs to see any court order. |
| Name of main parent/carer:Relationship to child:Date of birth: Password: | Name of main parent/carer:Relationship to child:Date of birth: Password: |
| Name of Previous School/s: |
| EMERGENCY CONTACT NUMBERSPlease give two emergency numbers  |
| 1. Parents/carer day time name/telephone number/place. | 2. Parents/carer daytime name/telephone number/place. |
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| Further emergency contact :name/number/address | Further emergency contact:name/number/address |
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| Relationship to child: (Grandmother, aunt etc.) | Relationship to child: (Grandmother, aunt etc.) |
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Parents/carers will be asked to provide their date of birth and password when contacting school to verify their identity. This is to ensure confidentiality and safeguard children.

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| Does he/she have any younger/older brothers or sisters or relatives in this school (please give names and ages) |
| Medical History |
| Does your child suffer with any medical conditions? (E.g. asthma, wear glasses etc.) |
| Does he/she have any allergies? If yes, please detail the medical requirements. |
| Name, address and telephone number of family doctor: |

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| NHS Number: (if available) |
| Meal Arrangements (please tick option)Applied for On line (www.link2ict.org/fsm) Y /NReference Number :OrNational Insurance Number:Date of Birth:Name of Person in Receipt of Benefit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and school will check on your behalf |
| Entitled to free meals but bring sandwiches: | Entitled to free meals and wishes to receive one: | Paid School Meals: | Sandwiches: |
| Any Special Dietary Requirements (vegetarian etc.): |

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| Special Educational Needs:Early Years ActionEarly Years Action PlusSchool ActionSchool Action PlusStatemented |
| Further Information about your child or their circumstances that you would like school to know. |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*For office use only:*

*Date entered on CMIS system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date filed in pupil file: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*