

Confidential Record of Admission of a Child



Liverpool
City Council

SCHOOL USE: DOA
UPN

Admission No.
Class

SCHOOL DATE

1. Full name of child: a. Legal Forename
b. Middle Name (s)
c. Legal Surname
Preferred Surname if different
Preferred Forename if different
Child's name at birth if different
Any other name changes

(to be confirmed by production of birth certificate)

2. Date of Birth: Day Month Year

3. Gender: Female Male

4. Child's home address:
 Postcode
Home tel:
Previous address if any:

5. Full name of parent (or guardian) :
Relationship to child: Mobile:
Work tel: Place of work:
Address if different from child:
 Postcode

6. Full name of parent (or guardian) :
Relationship to child: Mobile:
Work tel: Place of work:
Address if different from child:
 Postcode

7. Who has parental responsibility? :
(name of person)

8. Other contact person(s) in case of emergency:
(1) Name: Relationship:
Home tel: Mobile:
(2) Name: Relationship:
Home tel: Mobile:

9. Are there any Court Orders currently in force which relate to the child under the Children's Act 1989? Yes No

If YES, please give details:

10. Child's previous school (if applicable):

11. RECEPTION APPLICATION:

Did your child attend nursery? Yes No

Name of nursery attended:

Address:

Tel:

IN YEAR APPLICATIONS:

Name of child's previous school:

Address:

Tel:

12. SCHOOL MEALS

Is your child eligible for a free school meal? Yes No

School meal arrangements:

Free (number) Paid packed lunch Home

13. Is your child in the care of the local authority? Yes No

14. If yes, please state which local authority is responsible for your child:

15. TRAVEL ARRANGEMENTS:

Bicycle Bus Car/Van Taxi Train Walk School bus

16. Please list all children in the family under 18:

| Name | Date of birth | Present school | Previous school |
|------|---------------|----------------|-----------------|
|------|---------------|----------------|-----------------|

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17. Does your child have a caring role for any family member? Yes No

18. a. Does your child have a statement of Special Educational Needs? Yes No

b. Is your child undergoing assessment for Special Educational Needs? Yes No

c. Do you consider your child to have a disability or special need? Yes No

19. Name of baby clinic attended (Nursery or infant admissions only):

20. Name of health visitor: (Nursery or infant admissions only):

21. FAMILY DOCTOR:

Name:

Address:

Tel:

22. Has your child had any of the following illnesses:

Measles Age Meningitis Age Whooping Cough Age

Chicken Pox Age Mumps Age German Measles Age

Other illness/medical information (sight, hearing, asthma, fits/convulsions etc):

23. Has your child been inoculated against any of the following:

Tuberculosis Diphtheria Whooping Cough Tetanus

Poliomyelitis Measles/Mumps/Rubella (MMR) Meningitis C

24. Are you a member of H.M Armed Forces? Yes No

25. First Language spoken in the home:

26. Language(s) understood by the child:

27. Child's country of birth

28. Nationality of child:

29. RELIGION:

Baptist Buddhist Catholic Church of England

Hindu Jehovah's Witness Jewish Methodist

Muslim Sikh United Reform No religion

Other religion (please state):

30. Any special religious requirements (ie for prayer, diet or dress)

31. EQUAL OPPORTUNITIES MONITORING

Please complete the questions relating to ethnic origin, language, country of birth, nationality and religion. Providing this information will enable the school and the Local Authority to monitor the provision for individuals and groups of pupils ensuring equality of opportunity.

| | | | |
|------------------------------------|--------------------------|-----------------------------------|-----------------------------------|
| White - British | <input type="checkbox"/> | Any other mixed background | Any other Black background |
| White - Irish | <input type="checkbox"/> | Asian and any other ethnic group | Black European |
| Traveller of Irish heritage | <input type="checkbox"/> | Asian & Black | Black North American |
| | | Asian & Chinese | Other Black |
| Any other White background | | Black & any other ethnic group | Chinese |
| Albanian | <input type="checkbox"/> | Black & Chinese | Hong Kong Chinese |
| Bosnian - Herzegovinian | <input type="checkbox"/> | Chinese & any other ethnic group | Malaysian Chinese |
| Croatian | <input type="checkbox"/> | White & any other ethnic group | Singaporean Chinese |
| Greek Cypriot | <input type="checkbox"/> | White & Chinese | Taiwanese |
| Greek/Greek Cypriot | <input type="checkbox"/> | Other mixed background | Other Chinese |
| Greek | <input type="checkbox"/> | | Any other Ethnic group |
| Italian | <input type="checkbox"/> | Indian | Afghan |
| Kosovan | <input type="checkbox"/> | Pakistani | Arab other |
| Portuguese | <input type="checkbox"/> | Mirpuri Pakistani | Egyptian |
| Serbian | <input type="checkbox"/> | Kashmiri Pakistani | Filipino |
| Turkish Cypriot | <input type="checkbox"/> | Other Pakistani | Iranian |
| Turkish | <input type="checkbox"/> | Bangladeshi | Iraqi |
| Turkish/Turkish Cypriot | <input type="checkbox"/> | Any other Asian background | Japanese |
| White European | <input type="checkbox"/> | African Asian | Korean |
| White Eastern European | <input type="checkbox"/> | Kashmiri other | Kurdish |
| White Western European | <input type="checkbox"/> | Nepali | Latin/ South/ Central American |
| White other | <input type="checkbox"/> | Sri Lankan Sinhalese | Lebanese |
| Gypsy/Roma | | Sri Lankan Tamil | Libyan |
| Gypsy | <input type="checkbox"/> | Sri Lankan other | Malay |
| Roma | <input type="checkbox"/> | Other Asian | Moroccan |
| Other Gypsy/Roma | <input type="checkbox"/> | Black Caribbean | Polynesian |
| White & Black Caribbean | <input type="checkbox"/> | Black - African | Thai |
| White & Black African | <input type="checkbox"/> | Black - Angolan | Vietnamese |
| | | Black - Congolese | Yemeni |
| White & Asian | | Black - Ghanaian | Other Ethnic group |
| White & Pakistani | <input type="checkbox"/> | Black - Nigerian | Refused |
| White & Indian | <input type="checkbox"/> | Black - Sierra Leonean | |
| White & any other Asian background | <input type="checkbox"/> | Black - Somali | |
| | | Black - Sudanese | |
| | | Other Black African | |

Parents applying for FREE Early Years Education

I understand that I am entitled to ONE FREE PLACE for my child (this can be shared between two providers) and confirm that my child will only access one place.

Where this application relates to free Early Years Education, I have read and understood the guidance notes. **Yes** **No**

The information that you provide on this form will only be held and disclosed in accordance with the Data Protection Act 1998. All information collected is treated with the utmost care and strict guidelines are followed in relation to how we process and disclose information.

Parent/Guardian's Signature:

Date :