BURTON SALMON COMMUNITY PRIMARY SCHOOL

We aim to provide a rich, stimulating and enjoyable curriculum where children are encouraged to work both independently and together in a happy, secure and caring environment. We respect and value each other, show responsibility and celebrate our achievements

ADMISSIONS APPLICATION

1. Child's Details		
Child's Forenames:	Child's Surname:	
Known as:	Date of Birth:	Gender: M☐ F☐
Country of Birth:	Child's Nationality:	
Home address:		
Postcode:	Home Telephone Number:	

2. Parent/Carer's Details 1	Title: Miss./Ms./Mrs./Mr./Other:	
First Name:	Surname:	Parental Responsibility: Yes ☐ No☐
Address (if different from above):		
Postcode:	Home Telephone Number:	
Work Telephone Number:	Mobile:	
Email address: (this email address will be added to our database once your child starts school and will be used from time to time to send newsletters, visits information and other communication)		
Parent/Carer's Details 2	Title: Miss./Ms./Mrs./Mr./Other:	
First Name:	Surname:	Parental Responsibility: Yes ☐ No☐
Address (if different from above):		
Postcode:	Home Telephone Number:	
Work Telephone Number:	Mobile:	
Email address: (this email address will be added to our database once your child starts school and will be used from time to time to send newsletters, visits information and other communication)		

3. Siblings:	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

4. In case of emergency: Please supply the name and telephone number of a friend or relative whom the school may contact if you are unavailable:	
Name:	Relationship to child:
Home address:	
	Home Telephone Number:
Work Telephone Number:	Mobile Telephone Number:

5. Medical Details

Specific health conditions:	Yes/No	Details (if "yes" please give details)
Heart condition		
Asthma		
Epilepsy		
Allergies		
Does your child wear glasses?		
Does your child wear a hearing aid?		
Has your child had speech therapy?		

Name of child's doctor:	Surgery:
Surgery Address:	
	Telephone Number:
Permission to call doctor in case of emergency Yes☐ No☐	Permission to administer first aid Yes☐ No☐
Any other information:	

6. Other information
Previous School/Pre-School:
How do you come to school? Walk ☐ Car ☐ Bus ☐ Other:
Other information (Please supply any other information that will help us to get to know and understand your child e.g. one-parent family, lives on isolated farm etc.

Signed: _____ Print: _____ Date: _____