



Pupil Admission Form: Mornington Primary School

This form should be completed by the child's parent/carer with parental responsibility for an admission application or consideration of a change of school. All information given concerning individual children and families remains confidential.

Child's full name:

Sight of your child's **full birth certificate** is required to confirm name and date of birth

If parents are separated, who has custody of the child? (Please circle) **Mother** **Father**

D.O.B.	Boy (Please circle)	Girl
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Notes:

Father's name: Address: Post code: Home telephone: Mobile: E-mail address: Occupation: Parental responsibility - Yes/No	Mother's name: Address: Post code: Home telephone: Mobile: E-mail address: Occupation: Parental responsibility - Yes/No
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- How does your child get to school? Please circle: **Car** **Walk** **Public transport** **Bike**
- Do you think you may be entitled to free school meals (please circle) **Yes / No**

Emergency Telephone contacts:

Name: Telephone number Relationship to child

3.

4.

5.

Please keep the school up to date with any change in contacts and telephone numbers.

Ethnicity and religion: (Please circle)

Ethnicity	Religion	Home Language
White-British	Christian	English
White Asian	Sikh	Punjabi
White-Black Caribbean	Muslim	Punjabi Miripuri
White-Black African	Jewish	Hindi
Black African	Hindu	Gujarati
Black Caribbean	No religion	Greek
Bangladesh		Chinese
Pakistani		Iranian
Chinese		Urdu
Cantonese		Other please state
Other please state:		

Nationality: (more than one can be recorded) 1) 2) 3)	Country of Birth:
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Has your child attended any other School:

Name of School	Date of leaving	Reason for leaving

Family Doctor: Please give details of your family doctor Name: Address: Telephone number:	NHS Number:
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Any Dietary requirement? If your child has special medical or religious dietary requirements a photo of your child/ren will be required. Please attach this to the form and we will return it after taking a photocopy. Thank you.
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Medical, Physical or educational needs that your child has that we need to be aware of.

Are you aware of any disability you or your child may have that the school should be aware of?

Local Walks: Pupils at Mornington are occasionally taken out of school on local walks, we need your permission to take your child out of school.

I give/do not give permission for my **child**.....to leave the school on routine and local walks (please delete as appropriate).

To help us make sure your application is dealt with quickly please complete the following:

Does your child have a Statement of special education needs or an Education, Health and Care Plan?	Yes / No
Does your child have any mobility/physical disabilities? If 'Yes', please give details:	Yes / No
Is your child 'looked after' by the Local Authority? If 'Yes' please give the name of the Local Authority responsible for the care of your child.	Yes / No
Has your child ever been permanently excluded from school? If 'Yes' please give the name of the school: Date of permanent exclusion -	Yes / No

Why do you want your child to move to another school?

If your request for a change of school is NOT as a result of a change of address, please complete the following:

Please give details of the school staff you have worked with to try to resolve your child's present difficulties.

Teacher	Date of contact:
Deputy Head/ Head Teacher	Date of contact:
Other (please specify including dates)	

If you have not discussed your concerns or tried to resolve your child's difficulties with the present school, we will refer you back to the school before taking any action on your request.

Is your child currently attending school?	Yes / No
If 'No' is your child being home-educated?	Yes / No

Your child must continue to attend their present school until a change of school takes place as failure to do so may result in Court action.

By signing this form I/We agree to abide by the Mornington Primary Parent Code of Conduct.
 Note: All information provided will remain with your child, unless you change it.

Signed..... Status.....

Please return the completed ***Pupil Admission form*** to school.

I confirm that:

- I wish to make an application for the **Mornington Primary School**.
- I certify that I am the person with parental responsibility for the child named on Page 1 of this form and that all the information given on this form is correct.
- I understand that my child's place may be withdrawn if it is proven to have been obtained on the basis of fraudulent or misleading information.
- **I enclose proof of permanent residency for the home address given on the application.**

Signed(parent/carer) Date.....

Print name

**Please return this application to:
 Mornington Primary School, Mornington Crescent, Nuthall, Nottingham NG16 1RF**