

**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.

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| **Child’s full name:** |

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

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

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| **D.O.B.** | **Boy Girl**  (Please circle) |

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| **Father’s name:**  Address:  Post code: Home telephone:  Mobile:  E-mail address:  (Please ensure email addresses are current and up to date, as these will be used for all correspondence and school app logins)  Occupation:  Parental responsibility - Yes/No | **Mother’s name:**  Address:  Post code:  Home telephone:  Mobile:  E-mail address:  (Please ensure email addresses are current and up to date, as these will be used for all correspondence and school app logins)  Occupation:  Parental responsibility - Yes/No |

* Who will be the primary contact? **Mother Father Other**
* Do you think your child may be entitled to free school meals (please circle) **Yes / No**

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| **Emergency Telephone contacts: (Parents/Carers will be made 1st and 2nd Emergency contacts)**    Name Telephone number Relationship to child Permission to take home  (Yes/No)  3…………………………………………………………………………………………………………………..  4…………………………………………………………………………………………………………………..  5………………………………………………………………………………………………………………….    **Please keep the school up to date with any change in contacts and telephone numbers.** |

**Ethnicity and religion: (Please circle)**

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| **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 | Roman Catholic | Greek |
| Bangladesh | Jehovas Witness | Chinese |
| Pakistani | No religion | Iranian |
| Chinese |  | Urdu |
| Cantonese |  | Spanish |
| Asian |  | Other please state |
| Indian |  |  |
| Other please state: |  |  |

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| **Family Doctor:**  Please give details of your family doctor  Name:  Address:  Telephone number: **NHS Number:** |
| **Any Dietary requirement?** (Special medical or religious dietary requirement).  Vegetarian - can eat fish  Vegetarian – No meat at all  No beef  No Pork  Diary Free  Any other requirements including the foods they cannot eat, please detail below: |

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| **Medical, Physical, or educational needs that your child has that we need to be aware of.** |

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

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| 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 |

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| Why do you want your child to move to Mornington Primary School?  **Please note we will contact your child’s current school for due diligence.** |

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

Please give details of any schools, pre schools or nursery your child is attending / has attended.

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| Name of School | Date of leaving | Reason for leaving |
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**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.**

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| **By signing this form, I/We agree to abide by the Mornington Primary Parent Code of Conduct**.  **I/We 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 understand that if I am late collecting my child/children from school, they will be taken to Skylarks after school club, where a charge will then be applied. * **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**