



Admission Form and Contact Details

For office use only	
Admission number	
Birth certificate seen	

Child's Details			
Child's First Name		Child's Surname	
Name by which child is known (if different)			
Class			
Date of Birth		Male/Female	
Country of birth			

Child's Home Address			
Post Code		Home Telephone Number	

Additional information			
Main language spoken at home		If English is your second language, will you need an interpreter?	Yes/No
Childs country of birth		Childs Nationality	
Childs Religion		Siblings in school	
Dietary requirements: (Please tick) Not applicable for Nursery children	Packed lunch School meal Free school meal (FSM) Universal FSM (Reception, Year 1, Year 2)	How do you normally travel to school? (Please tick)	Walk Car Bike Bus Train

Please provide full name, date of birth and national Insurance numbers for both parents. The school requires this data for the purpose of maximising Government funding and checking eligibility for your child to receive additional support whilst at Wodensfield. We therefore ask permission to securely record, process and share data with third parties, such as the City of Wolverhampton Council. By completing this section, you agree to these terms. If you require any further information on how your data is used or your data rights, then please refer to our Privacy Policy: <https://www.wodensfield.org/gdpr>

Family Details			
Mother's Full Name		Mobile	
Date of birth		National Insurance Number	
Email Address		Work Number	
Work Address		Profession	
Fathers Full Name		Mobile	
Date of birth		National Insurance Number	
Email Address		Work Number	
Work Address		Profession	
First person to call/text in case of illness or emergency			Mother/Father

Parents live together (If no, please complete section below)	Yes/No
Who has responsibility	Mother/Father
Is there a court order in place	Yes/No
School has copy	Yes/No
Address of any parent if not living in the family home	

Emergency Contact Details – who can we call if we cannot reach you

Contact 1 – must over 18. Can you please make this contact aware that they have been named?

Full Name		Contact number	
Relationship to Child			

Contact 2 – must over 18. Can you please make this contact aware that they have been named?

Full Name		Contact number	
Relationship to Child			

Immigration Status – For information only. This does not affect your child’s right to a school place

Are you an asylum seeker?	Yes/No
Does your family have refugee status?	Yes/No

Ethnicity

Please tick one category. Please do not add your own categories. You have the option instead to state that you refuse to classify your child on the basis of the categories given.

White		Mixed	
British		White and Black Caribbean	
Irish		White and Black African	
Traveller of Irish Heritage		White Asian	
Gypsy/Roma		Any other mixed background	
Any other White background			

Asian or Asian British		Black or Black British	
Indian		Caribbean	
Pakistan		African	
Bangladeshi		Any other Black background	
Any other Asian background			

Chinese	
Any other ethnic background	
I do not wish an ethnic background category to be recorded	

Health and Wellbeing - We always do our best to ensure your child’s safety whilst at school and by completing this section, you are helping us to do this.

GP Name		Address	
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Phone number	
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Does your child have any medical conditions that we need to be made aware of?	Asthma: Eczema: Food allergies:
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Other conditions/concerns	
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Are there any foods your child is <u>not allowed</u> to eat for medical reason?	
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Does your child have any medication such as an asthma pump or epi-pen? *In the event of an emergency I give permission for my child to receive the emergency inhaler/adrenaline pen*	Yes/No Please state: If Yes we will need to keep one in school Yes/No Please state:
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Does your child have a medical care plan?	Yes/No If Yes please provide a copy
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I give consent for:	Please tick
My child to participate in all School visits – Either full day/offsite/walk to church/shops etc and be escorted in a member of staffs vehicle if necessary	
The school to administer Waspeze if necessary	
The school to administer Piriton if necessary	
The school to administer suntan lotion if necessary	
My child to receive first aid/emergency treatment and for the school to contact an ambulance if needed	
My child's photograph to be used in the media (newspaper), press, school website and within school for display purposes	
My child to participate in videos – Assemblies, plays, concerts etc	
My child to use the internet (for educational based activities)	
The school to transfer data regarding my child if necessary e.g. Secondary Schools, School Services (i.e. Nurses)	
PLEASE NOTE: This is an important process in the transition from Primary to Secondary School	
Has your child seen a professional, such as a paediatrician or a speech and language therapist?	Yes/No
Is your child or family involved in any outside agencies?	Yes/No

Please note that consent is retained and used for the duration of your child's time at school. Should your preferences change, please notify the school immediately. You have the right to withdraw consent at any time.

I declare that the information I have given on this form is correct and complete.

Print name..... Signature.....

Date.....

For the attention of Nursery parents only

For the safety of your child, please ensure that they are escorted to school and collected at the end of the session, at the stated times, by yourself or your nominee.

It is school policy to only hand children to a named contact. Children will not be allowed to leave with anyone whose name is not on this form; unless prior agreement has been made with the school.

Please complete the relevant sections below:

I will be the main contact who shall collect my child	Yes/No
If I am unable to collect my child, he/she will be collected by	Name: Relationship to child:
	Name: Relationship to child:
	Name: Relationship to child:
My child will be collected regularly by a childminder	Name:

If these arrangements are to change then please inform the school office.

Please note that Wodensfield School operates a 15 hours per week (5 x 3 hours per day) childcare setting. By signing this form you agree to not accessing a free place with any other childcare provider.