

Admission form (Reception-Year 6)



1. Child's details

Forename:	Middle name:
Surname:	
D. O. B.:	
Address:	
	Postcode:
Gender: Female/Male	
Position of this child in family (e.g. Eldest of two):	
Country of birth:	Date of arrival in UK: (if applicable)
Is there a court order pertaining to your child?	Yes/no
Is your child in the care of a local authority, or have they ever been in care?	Yes/no
Does your child have a statement of special educational needs, or currently being assessed for special educational needs?	Yes/no
Does your child have a disability as defined by the equality act 2010?	Yes/no

2. Mother's/guardian's details

Mother/guardian	*title Miss [] Mrs [] Ms [] Dr [] Other [] *tick one box	
Surname		
First name + Middle Name		
Home telephone		Mobile:
Place of work		
Work telephone		
Address if different to child		
Email address		
Parent First Language		
Custody	Yes/no	

3. Father's/guardian's details

Father/guardian	*title Mr [] Dr [] Other [] *tick one box	
Surname		
First name + Middle Name		
Home telephone		Mobile:
Place of work		
Work telephone		
Address if different to child		
Email address		
Parent First Language		
Custody	Yes/no	

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਰ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਆਕਤੀ ਨੂੰ 01753 823501 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

4. Emergency contact details

Please give details of two people who live locally and may be reached in the event of an emergency to act on your behalf: *(eg aunt, uncle, grandparent, etc)*

1) Name:.....	2) Name:.....
Relationship:	Relationship:
Tel no:	Tel no:

5. Medical and Travel Information

Travel to school	Walk/Car/Bus/Other
Name of doctor	
Address	
Telephone number of doctor	

This information will be treated in the strictest confidence and in no way jeopardises the provision of a place for your child. However, failure on the part of the parent to disclose this information will mean that the borough council will not accept liability for your child if a severe reaction occurs whilst he/she is in school.

We need to know about any medical conditions your child may have. Please tick all the relevant boxes.

Asthma	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Colour Blindness	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	ASD	<input type="checkbox"/>	Eyesight problems	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>

Other (please specify)

Are there any other illnesses or conditions that we should be aware of? Yes No

If Yes, please specify here

(please continue on a separate sheet if necessary)

6. Siblings already attending Khalsa Primary School

Full name of brother/sister	Date of birth	Present class

7. Current/previous school

Name of school:	
Address of school:	
	Postcode:
Telephone number:	
Date attended from:	
Date of leaving:	

8. Ethnicity

White	Chinese
British	Chinese
Irish	Black or Black British
Gypsy / Roma	Caribbean
Traveller of Irish heritage	Angolan
Albanian	Congolese
Boznian-Herzogovenian	Ghanaian
Croatian	Nigerian
Italian	Somali
Kosovan	Sudanese
Portuguese	Other Black African
Serbian	Any other black background
Turkish/Turkish Cypriot	Other ethnic groups
Eastern European	Afghan
Western European	Arab other
White Other	Egyptian
Mixed	Filipino
White and Black Caribbean	Iranian
White and Black African	Iraqi
White and Pakistani	Japanese
White and Indian	Korean
White and any other Asian background	Kurdish
Any other mixed background	Malay
Asian and Asian British	Moroccan
Indian	Thai
Pakistani	Vietnamese
Bangladeshi	An ethnic group not listed here
Any other Asian background	I do not wish to have this recorded

This information was provided by:	
Parent	[]
Pupil	[]

I do not wish an ethnic background category to be recorded []

8. Languages spoken

What is your child's first language (the language spoken at home with the parents):
Is English an Additional Language: (please <input checked="" type="checkbox"/> appropriate box) YES <input type="checkbox"/> NO <input type="checkbox"/>
Other language(s) spoken by child:

9. Statement of religious commitment

What is the principle religious faith of the child and parents?:

10. Religious Questionnaire

As part of the admissions process for Khalsa Primary School, Parents need to complete the Religious Questionnaire or a Covering Letter as stated in the Admissions Policy. A place for the school will not be considered without the applicable form. It doesn't matter what faith you are or if you do not have a faith, all are welcome here.

Please notify the school immediately of any changes to this form

Signed by parent/guardian:..... **date**.....

Please print full name:.....

DATA PROTECTION ACT: Some of the above information may be stored on a computer and will be restricted for Governor's information only. Further details available from the clerk to the Governing Body.

Please send this form, along with a photocopy of your child's birth certificate and a proof of address (Council Tax or Utilities bill only) to: Admissions, Khalsa Primary School, Wexham Road, Slough, SL2 5QR

