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 ਤੁਸੀ ਇਸ ਦਸਤਾਵੇਸ਼ 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:……..

Relationship: ……..

Tel no: ……..

2) Name:……..

Relationship: ……..

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		ADHD		Colour Blindness	
Eczema		ASD		Eyesight problems	
Epilepsy		Dyslexia		Hearing Problems	
Hay Fever		Dyspraxia		Diabetes	

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	
Croation		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* ☑ *appropriate box*) YES ☐ NO ☐
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 full birth certificate and a proof of address (Council Tax or Utilities bill only) to: Admissions, Khalsa Primary School, Wexham Road, Slough, SL2 5QR