



Admission form

1. Child's details

Forename:		Middle name:	
Surname:			
D. O. B:			
Address:			
Postcode:			
Gender: Female/Male		Faith:	Ethnicity:
Is your child a twin or triplet, etc (one of a multiple birth)?			Yes/No
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
Has your child ever had speech & language and/or occupational therapy?			Yes/no

2. Mother's/Guardian's details

Title Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> *tick one box	
Full Name:	
Address if different to child:	
Email address:	
Home telephone:	Mobile No.:
Work telephone:	Name of workplace:
National Insurance No:	DOB:
Do you have parental responsibility for this child?	Yes/No

3. Father's/Guardian's details

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> *tick one box	
Full Name:	
Address if different to child:	
Email address:	
Home telephone:	Mobile No.:
Work telephone:	Name of workplace:
National Insurance No:	DOB:
Do you have parental responsibility for this child?	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।



Khalsa Primary School

Faith Inspired Education



4. Siblings already attending Khalsa Primary School

Full name of brother/sister	Date of Birth	Present class

5. Nursery session preference (If Applicable)

Morning 08.15 - 11.15am	<input type="checkbox"/>	Afternoon 12.05 - 3.05pm	<input type="checkbox"/>
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6. Current/previous school

Name of School:	
Address of School:	
Postcode:	
Date attended from:	Date of leaving:

7. 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:

8. Emergency contact details (excluding parents)

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:

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।



9. Medical Information

Name of doctor:	
Address:	
Telephone number of surgery:	
Failure on the part of the parent to disclose this information will mean that the school 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

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।



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10. Supplementary Information Form (SIF)

Applicants for Nursery & Non Sikh Faith – You are not required to complete the SIF form.

Applicants of Sikh faith - Parents need to complete the Supplementary Information Form (SIF). A place for the school will not be considered without the form.

11. Use of Digital Media

In order to protect all children in our care, it is the school policy to require your consent before we can photograph or make visual recordings of your child. Please confirm and sign as acceptance of your consent, you are at liberty to withdraw this consent at any time in writing.

Consent to photography and videos to be used by Khalsa Primary School for promotional purposes including but not limited to the school prospectus, the school website, school social media and printed publications distributed within the school community.

Please note, when your child leaves Khalsa Primary School your child's record will follow to their new school but your child's photos may continue to be used for Khalsa Primary School publications.

Yes

12. General Data Protection Regulations

Khalsa Primary School is generally oversubscribed. If there are no places available at the time of applying, I wish to be added to the Khalsa Primary School waiting list

The School will notify you when a space becomes available.

Application details will be removed from the waiting list once the applicant passes the maximum age to attend the school.

13. Consent

I understand it is my responsibility to inform the school of any changes in the circumstances detailed in this form.

I give permission for my child to receive medical treatment in an emergency.

Signed by parent/guardian..... Date.....

Please print full name.....

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.

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