

# Cubbington C E Primary School

## NEW ADMISSIONS INFORMATION

Please provide the following information as soon as possible.

**Child's Full Name** ..... **Date of Birth** .....

Child's Address

.....  
..... Postcode .....

**Parent/Carer 1 Name**

.....  
Address .....

.....  
Telephone: Home..... Mobile .....

Email.....

Place of Work ..... Telephone No.....

**Do you have parental responsibility for this child?** Yes No *please circle*

**Parent/Carer 2 Name**

.....  
Address .....

.....  
Telephone: Home..... Mobile .....

Email.....

Place of Work ..... Telephone No.....

**Do you have parental responsibility for this child?** Yes No *please circle*

**It is very important that we can always make contact with a responsible adult in an emergency.**  
**Please list in priority order the names of any other relevant adults that we can contact.**

Name..... Telephone No.....

Relationship.....

Name..... Telephone No.....

Relationship.....

Name..... Telephone No.....

Relationship.....

Name..... Telephone No.....

Relationship.....

### **EMERGENCY MEDICAL CARE (IN CASES WHERE NONE OF THE ABOVE CAN BE CONTACTED)**

**If the case arises, I authorise members of staff to take my son/daughter to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.**

**Signed** ..... **Date** .....

**Medical Information & Allergies**

Name of Doctor ..... Telephone Number .....

**If you have any medical information or Special Educational Needs the school should know about. Please give details below**  
(please attach a separate sheet if necessary)

.....  
.....  
.....

**Dietary Requirements** (eg: vegetarian/vegan)

.....

**Ethnic/Cultural Information**

Ethnicity..... Home Language.....

First Language ..... Religion .....

**Travel Information** (please indicate how your child will be travelling to & from school)

Car  School Bus  Public Transport  Walk  Other

**Previous School/Nursery/Pre-School**

.....

**Permissions**

**Photographs in School**

**I give/do not give** permission for my child ..... (name) to have his/her photograph taken and used in school.

**I give/do not give** permission for photographs of my child to appear on the school website

Signed ..... (parent/guardian) Date .....

**Outings**

**I give/I do not give** permission for my child to be taken out during the day by a member of staff to take part in educational visits.

Signed ..... (parent/guardian) Date .....

**Can you please return to school as soon as possible together with a copy of your child's birth certificate.**

**Thank you for completing this form.**