



## Admission Forms 2023

### Personal Information

Pupil's legal forename \_\_\_\_\_ Middle Name \_\_\_\_\_

Legal Surname \_\_\_\_\_

Chosen/Preferred Forename \_\_\_\_\_

Chosen/Preferred Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Language \_\_\_\_\_ Country of Birth \_\_\_\_\_

Ethnicity \_\_\_\_\_ Nationality \_\_\_\_\_

Religion \_\_\_\_\_

Names of siblings that currently attend SLBS \_\_\_\_\_

\_\_\_\_\_

## Contacts

### 1<sup>st</sup> Contact

Dr/Mr/Mrs/Miss/Ms/Other, please state \_\_\_\_\_

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Home address (if different from the child's address) \_\_\_\_\_

\_\_\_\_\_

Home telephone no. \_\_\_\_\_ Work telephone no. \_\_\_\_\_

Mobile telephone no. \_\_\_\_\_

Parental email ***please print in block capitals*** \_\_\_\_\_

Relationship to pupil parent/step parent/guardian/other (please give details) \_\_\_\_\_

Primary guardian (parental responsibility)? Yes  No

Legal guardian? Yes  No

Authorised to collect student? Yes  No

Wish to receive email correspondence? Yes  No

### 2<sup>nd</sup> Contact

Dr/Mr/Mrs/Miss/Ms/Other, please state \_\_\_\_\_

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Home address (if different from the child's address) \_\_\_\_\_

\_\_\_\_\_

Home telephone no. \_\_\_\_\_ Work telephone no. \_\_\_\_\_

Mobile telephone no. \_\_\_\_\_

Parental email ***please print in block capitals*** \_\_\_\_\_

Relationship to pupil parent/step parent/guardian/other (please give details) \_\_\_\_\_

Primary guardian (parental responsibility) Yes  No

Legal guardian Yes  No

Authorised to collect student Yes  No

Wish to receive email correspondence Yes  No

## Emergency Contacts

Please list below any other persons you wish to be contacted in an emergency **if parents are not available** (please list in the order you wish them to be contacted)

Dr/Mr/Mrs/Miss/Ms/Other Surname \_\_\_\_\_ Forename \_\_\_\_\_

Contact no. \_\_\_\_\_ Relationship to pupil \_\_\_\_\_ Authorised to collect

Dr/Mr/Mrs/Miss/Ms/Other Surname \_\_\_\_\_ Forename \_\_\_\_\_

Contact no. \_\_\_\_\_ Relationship to pupil \_\_\_\_\_ Authorised to collect

Dr/Mr/Mrs/Miss/Ms/Other Surname \_\_\_\_\_ Forename \_\_\_\_\_

Contact no. \_\_\_\_\_ Relationship to pupil \_\_\_\_\_ Authorised to collect

## Legal

Court Order Yes  No

If yes, please supply a copy and return with this form

## Background

**Please tick when appropriate**

Free School Meals

Looked after (in care)

Service child status

Traveller status

Young carer

Pupil Premium

Please note how the pupil will travel to school:

bus incl. number if known \_\_\_\_\_ /car /taxi /bike /walk /train /car share

**Medical**

Name of Medical Practice \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary requirements \_\_\_\_\_

\_\_\_\_\_

**Parental Declaration:**

**I confirm that the information on this form is accurate and that I will inform the school as soon as possible if anything changes at any time. *In the event of my child requiring emergency treatment and the Headteacher (or his representative) being unable to contact me, I give consent for a member of staff accompanying my child to approve the application of any emergency treatment, including anaesthetic, advised by the medical authorities for the well-being of my child.***

Signed \_\_\_\_\_ Date \_\_\_\_\_