

Admission to Main School

Howard Park Community School



Student Details

Legal Surname	_____	Preferred Surname	_____
First Name	_____	Known Name	_____
Middle Name(s)	_____	Date of Birth	__ / __ / ____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Home Telephone	_____
Home Address	_____ _____ _____	Mobile Telephone	_____
		Email Address	_____
		Nationality	_____
		Religion	_____
Postcode	_____	e.g. Catholic, Christian, Hindu, Jewish etc.	

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

Ethnicity (please tick)

<input type="checkbox"/>	White: British	<input type="checkbox"/>	Asian or Asian British: Pakistani
<input type="checkbox"/>	White: Irish	<input type="checkbox"/>	Asian or Asian British: Bangladeshi
<input type="checkbox"/>	White: Traveller of Irish Heritage	<input type="checkbox"/>	Asian or Asian British: Other
<input type="checkbox"/>	White: Other	<input type="checkbox"/>	Black or Black British: Caribbean
<input type="checkbox"/>	White: Gypsy/Roma	<input type="checkbox"/>	Black or Black British: African
<input type="checkbox"/>	Mixed: White and Black Caribbean	<input type="checkbox"/>	Black or Black British: Other
<input type="checkbox"/>	Mixed: White and Black African	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Mixed: White and Asian	<input type="checkbox"/>	Any other ethnic group
<input type="checkbox"/>	Mixed: Other	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Asian or Asian British: Indian	<input type="checkbox"/>	

First Language	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say
Language Spoken at home	<input type="checkbox"/> English	<input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Prefer not to say
Does the child have a parent currently serving in the UK Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say

What is your child's usual mode of travel to and from school? _____
(e.g. walk, cycle, car/van, car share, (with children from a different household), public bus, taxi, train etc.)

Medical Details

Doctor's Name	_____
Medical Practice Name	_____
Practice Address	_____ _____
Postcode	_____
Telephone Number	_____

Do you give permission for the school to call the doctor in an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give permission for the school to administer first aid in an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken. (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medicines etc.)

Contact Details

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
1						Yes / No
Address				Email Address		
Postcode						
Home Phone		Mobile		Work Place		Main Phone number

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
2						Yes / No
Address				Email Address		
Postcode						
Home Phone		Mobile		Work Place		Main Phone number

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
3						Yes / No
Address				Email Address		
Postcode						
Home Phone		Mobile		Work Place		Main Phone number

Priority	Title	First Name	Surname	Gender	Relationship to child	Parental Responsibility?
4						Yes / No
Address				Email Address		
Postcode						
Home Phone		Mobile		Work Place		Main Phone number

I confirm that the above information is correct:

Signed: _____

Dated: _____