

DENBIGH COMMUNITY PRIMARY SCHOOL
PRE-ADMISSION INFORMATION

DATE FORM COMPLETED/RECEIVED	
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1. CHILD'S DETAILS

CHILD'S *LEGAL* SURNAME _____
KNOWN AS (if appropriate) _____

CHILD'S FIRST NAME _____

DATE OF BIRTH _____ MALE / FEMALE _____

ADDRESS & POSTCODE _____

NATIONALITY _____

RELIGION/FAITH GROUP _____

FIRST LANGUAGE _____

2. PARENT/CARER DETAILS

a. PARENTS/CARERS NAME(S) _____

ADDRESS
IF DIFFERENT FROM ABOVE _____

CONTACT NUMBERS Home _____ Work _____
Mobile _____

b. PARENTS/CARERS NAME(S) _____

ADDRESS
IF DIFFERENT FROM ABOVE _____

CONTACT NUMBERS Home _____ Work _____
Mobile _____

3. ANY OTHERS WITH LEGAL RESPONSIBILITY

NAME _____

ADDRESS _____

CONTACT NUMBERS _____

4. IS THE CHILD CURRENTLY OR HAS EVER BEEN LOOKED AFTER ?
(IN CARE) YES NO

If yes when? _____

5. SIBLINGS

Name _____ Date of birth _____ Age _____

Name _____ Date of birth _____ Age _____

Name _____ Date of birth _____ Age _____

Name _____ Date of birth _____ Age _____

6. EMERGENCY CONTACTS (in addition to contacts above)

a. NAME _____

ADDRESS & POSTCODE _____

CONTACT NUMBERS Home _____ Work _____

Mobile _____

RELATIONSHIP TO CHILD _____

b. NAME _____

ADDRESS & POSTCODE _____

CONTACT NUMBERS Home _____ Work _____

Mobile _____

RELATIONSHIP TO CHILD _____

7. MEDICAL / SPECIAL NEEDS

a. Does your child have any known & current/past medical and/or special needs?

YES / NO If yes please give any relevant information that would enable school to appropriately meet these needs)

b. Do you consider your child to have any disabilities?

YES / NO If 'yes', please give details _____

c. Do you consider that you have a disability that school would need to be aware of? (Optional information) **YES / NO**

If 'yes', please give any information that may assist the school in meeting these needs _____

6. DOCTOR

NAME _____ PHONE No _____

ADDRESS _____

7. HEALTH VISITOR

NAME _____ PHONE No _____

8. DENTIST

NAME _____ PHONE No _____

ADDRESS _____

10. SOCIAL WORKER or other agencies involved

NAME _____ PHONE No _____

11. ARE YOU SEEKING ASYLUM? YES NO

12. PREVIOUS SCHOOLS/PLAYGROUPS/NURSERY

12. NURSERY SESSION PREFERRED (where appropriate)

MORNING / AFTERNOON

FOR OFFICE USE – ALL SECTIONS TO BE COMPLETED

1. ADMISSION DATE - PLANNED OR ACTUAL	
2. BIRTH CERTIFICATE and/or PASSPORT seen on or before admission	
3. ALL OTHER DOCUMENTATION GIVEN TO PARENT/CARER eg medical forms, prospectus, multi- permission forms	
STAFF NAME & SIGNATURE	
DATE	

Date