

**PENYGARN COMMUNITY PRIMARY SCHOOL**

**ADMISSION FORM**

**SURNAME:** ..... **PREVIOUS SURNAME:** .....

**FORENAME:** ..... **OTHER NAMES:** .....

**CHOSEN NAME:** ..... **MALE/FEMALE:** .....

**DATE OF BIRTH:** ..... (Birth Certificate to be shown to the school)

**HOME ADDRESS:** .....

..... **POST CODE:** .....

**TELEPHONE NUMBER:** .....

**E-MAIL ADDRESS FOR ALL CORRESPONDANCE TO BE SENT TO INCLUDING LETTERS AND NEWSLETTERS (please print clearly):** .....

**Parental and Emergency Contact Details**

**1st Contact**

Full Name: ..... Relationship: ..... Parental Responsibility Yes/No

Home Address: ..... Post Code: .....

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

Work Telephone: .....

**2nd Contact**

Full Name: ..... Relationship: ..... Parental Responsibility Yes/No

Home Address: ..... Post Code: .....

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

Work Telephone: .....

**3rd Contact**

Full Name: ..... Relationship: ..... Parental Responsibility Yes/No

Home Address: ..... Post Code: .....

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

Work Telephone: .....

**PLEASE COMPLETE ALL SECTIONS**

**Cultural Information**

<b>Ethnic Background</b>	
White	British
	Traveller of Irish Heritage
	Gypsy/Roma
	Other white background
Mixed	White/Black Caribbean
	White/Black African
	White and Asian
	Other mixed background
Asian	Indian
	Pakistani
	Bangladeshi
	Other Asian background
Black	Caribbean
	African
	Other black background
Chinese	Chinese or Chinese British
Other ethnic background	
Do not wish ethnic recorded	

<b>National Identity</b>	
Welsh	
English	
Scottish	
Irish	
British	
Other (please specify)	
Do not wish National identity recorded	

<b>Home Language</b>	
English	
Bengali	
Cantonese	
Greek	
Gudjurati	
Hindi	
Italian	
Punjabi	
Portuguese	
Spanish	
Turkish	
Urdu	
Other	

<b>Religion</b>	
Christian	
Anglican	
Baptist	
Hindu	
Jewish	
Methodist	
Muslim	
Roman Catholic	
Sikh	
United Reform	
No religion	
Other	

<b>First Language</b>	
English	
Welsh	
Other (please specify)	

<b>Welsh Speaking</b>	
Can your child speak Welsh	Y/N
Does your child speak Welsh in the home	Y/N
Speaks Welsh fluently	Y/N
Speaks Welsh but not fluently	Y/N

**Previous School(s) Attended**

- 1. Name and Address of School:** .....

**From:** ..... **To:** .....
- 2. Name and Address of School:** .....

**From:** ..... **To:** .....

**MEDICAL INFORMATION**

*Please note that this also covers medical information for visits and trips*

**Medical Practice Name:** ..... **Telephone Number:** .....

**Name of Health Visitor:** .....

a) Does your child suffer from any conditions requiring medical treatment, including medication? YES/NO

If YES please give details .....

b) Is your child allergic to any medication? YES/NO

If YES please specify: .....

c) Is your child allergic to plasters or anything else? YES/NO

If YES please specify: .....

d) Does your child have any dietary needs? YES/NO

If YES please tick or specify which:

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

Artificial colouring allergy	
No diary produce	
Gluten free	
Kosher foods only	
No nuts of any type/quantity	
No pork	
Ramadan	
Seafood allergy	
Vegetarian	

e) Has your child received a tetanus injection in the last 5 years? YES/NO

I undertake to inform my child's teacher/Headteacher as soon as possible of any change in the medical circumstances concerning my child.

I agree to my child ..... receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

SIGNED: ..... Parent/Guardian

DATE: .....

**Insurance Cover for Visits:**

*The Authority carries a public liability insurance for claims where negligence can be proved. The school takes an insurance via the LEA to cover all off-site activities. Details of the insurance are available from the school on request*