



Blenheim Primary School

LOFTHOUSE PLACE, LEEDS. LS2 9EX. Tel: 0113 2930808. Fax: 0113 2937666. Email: office@blenheimprimaryschool.com
 Head Teacher: Mrs M.Duffy

BLENHEIM PRIMARY SCHOOL ADMISSION APPLICATION FORM

1. Student Details

First Name (full given name)			Surname (full legal surname)	
Middle Name(s)			Date of Birth (DD/MM/YYYY)	
Preferred First Name (Preferred first name of this child to be used in school)			Preferred Surname (Preferred surname of this child to be used in school)	
Gender	Male	Female	Ethnicity	
Nationality			Country of Origin	
First Language A first language is the language that this child was exposed to during early development (before the age of 5) and continues to be exposed to in your home or the community. This child must regularly be spoken to in this language and speak and understand it themselves.				
Additional Language An additional language is a language that this child has been exposed to later in their development and that they use in the home, community or at school.				
Home Language A home language is a language regularly spoken in the home, whether or not this child speaks or understands it.				

2. Student Address

House Number/Name		Street	
City/Town		Postcode	

3. Family Details and Living Situation (please circle as appropriate)

Family Situation	2 adults	Single parent	Foster parents	In residential care	Don't want to disclose	
In Care Status (Is this child in care?)	Yes	No	Traveller Status (Is this child a traveller?)		Yes	No
Refugee Status (Is this child a refugee?)	Yes	No	Armed Forces (Does this child have a parent in the armed forces?)		Yes	No
Date first arrived in UK				From which country		
Brothers and sisters in the school (The names of this child's family members in the school if any)						

This part to be completed by School

Date of Admission			Entered on Scholarpack	Date	Initials
Passport Viewed	Yes	No	Birth Certificate Viewed	Yes	No
Copy of Passport (attached)	Yes	No	Copy of Birth Certificate (attached)	Yes	No

4. Religion

Buddhist	Christian	Hindu	Jewish
Muslim	Sikh	Other Religion	No religion

Religious Faith (please circle one)

Baptist	Buddhist	Church of England	Christian	Congregational
Christian (Ecumenical)	Christian (Ecumenical)	Free Church	Greek Orthodox	Hindu
Jewish	Jehovah's Witness	Methodist	Muslim	Quaker
Roman Catholic	Russian Orthodox	Salvation Army	Seventh Day Adventist	Sikh
United Reform Church	Other Faith			

5. Transport Arrangements

How will this child normally get to school? (Please circle only one)

Walk	Cycle	Car	Bus	Train
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6. Contact Details

1st Contact (this contact will be contacted first in case of an emergency)

Please circle yes or no to indicate how school can communicate with this contact.

By Text	Yes	No	By Phone	Yes	No	By Email	Yes	No	By Letter	Yes	No
Surname			Forename			Title			Mr/Mrs/Miss Other:		
Responsibility (e.g. parent/carer/guardian)			Relationship to Pupil								
Mobile Phone			Work Phone								
Home Phone			Email address								
Languages spoken (If not an English Speaker)			Are you a student at a Leeds University			Yes		No			

Contact Address (if different from pupil)

House Number/Name		Street	
Town/City		Postcode	

2nd Contact (this contact will be contacted second in case of an emergency)

Please circle yes or no to indicate how school can communicate with this contact.

By Text	Yes	No	By Phone	Yes	No	By Email	Yes	No	By Letter	Yes	No
Surname			Forename			Title			Mr/Mrs/Miss Other:		
Responsibility (e.g. parent/carer/guardian)			Relationship to Pupil								
Mobile Phone			Work Phone								
Home Phone			Email address								
Languages spoken (If not an English Speaker)			Are you a student at a Leeds University			Yes		No			

Contact Address (if different from pupil)

House Number/Name		Street	
Town/City		Postcode	

3rd Contact (this contact will be contacted third in case of an emergency)

Please circle yes or no to indicate how school can communicate with this contact.

By Text	Yes	No	By Phone	Yes	No	By Email	Yes	No	By Letter	Yes	No
Surname			Forename			Title	Mr/Mrs/Miss Other:				
Responsibility (e.g. parent/carer/guardian)			Relationship to Pupil								
Mobile Phone			Work Phone								
Home Phone			Email address								
Languages spoken (If not an English Speaker)			Are you a student at a Leeds University	Yes	No						

Contact Address (if different from pupil)

House Number/Name		Street	
Town/City		Postcode	

7. Dietary Information (please circle yes or no)

Is your child a vegetarian?	Yes	No
Is your child allergic to dairy products?	Yes	No
Is your child allergic to artificial colourings?	Yes	No
Does your child require halal food?	Yes	No
Does your child require pork free food?	Yes	No
Does your child have a nut allergy?	Yes	No
Is your child a vegan?	Yes	No
Is your child gluten intolerant?	Yes	No
Does your child require kosher food?	Yes	No
Does your child have any other dietary requirements? (if yes, please add details underneath)	Yes	No

Dinner Arrangements (please tick appropriate box)

School Dinner		Packed Lunch		Goes home for lunch	
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Free School Meal Eligibility – Is this child eligible for free school meals? (do you receive certain UK benefits)	Yes	No
Free School Meal Claimant – If you think you are eligible, would you like help to claim free school meals for this child?	Yes	No

8. Medical information

Does your child have any disabilities? (If yes, please add details)	Yes	No
Does your child have any medical conditions or allergies? (If yes, please add details) (e.g. wears glasses, uses an inhaler)	Yes	No
Paramedical needs – does your child need a care plan? Do they need medicine in school? (e.g. for allergies)(If yes, please add details underneath)	Yes	No
I give permission for the school to seek emergency medical advice or treatment if necessary	Yes	No

Doctor's Contact Details

Primary Doctor's Name	
Surgery/Practice Name	
Address	
Postcode	
Telephone Number	

9. Previous School History

Name of School/Nursery			
Start Date		End Date	
Address			
Country		Postcode	

10. Permissions

(Please choose whether your child has permission to do the following in school by circling yes or no)

Is this child allowed to go on local walks such as the library?	Yes	No
Is this child allowed to use the internet in school for educational purposes?	Yes	No
Is this child allowed to be photographed for use within school?	Yes	No
Is this child allowed to be photographed for use in a newspaper/magazine?	Yes	No
Is this child allowed to be photographed for use on a website?	Yes	No
Is this child allowed to be photographed for use on TV?	Yes	No

11. Additional Information

(Please add any additional information you feel is relevant)

Data Protection Act 1988: The school is registered under the data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The information collected on this form will be used to administer your child’s progress through Blenheim Primary School. The personal data we hold may be shared with:

- The Department for Education and other relevant organisations whom they nominate.
- Local Education Service and any other Local Education Authorities with whom the child becomes associated.
- Recognised health care and social work establishments with whom the child may become associated.

I have read this data and understand clearly all aspects of this form. The information I have given is accurate and up to date. I agree to the use of this data in the methods outlined in this document.

Name	
Signed	
Date	