Confidential Record of Admission of a Child



SCHOOL USE:	DOA	Admission No.
U	JPN	Class
SCHOOL		DATE
	ild: a. Legal Forename	
	b. Middle Name (s)	
	c. Legal Surname	
	Preferred Surname if diffe	erent
	Preferred Forename if diff	
	Child's name at birth if dif	
	Any other name changes	
	(to be confirmed by production of bin	th certificate)
2. Date of Birth:	Day	Month Year
3. Gender:	Female Ma	le
4. Child's home ad		
4. Office ac	dui 033.	Postcode
Home tel:		1 00:0000
Previous addres	ss if anv	
	rent (or guardian) :	
Relationship to		Mobile:
Work tel:	Place of wo	
Address if differ		JI K.
Addiess ii diliei	ione nom oma.	Postcode
6 Full name of par	rent (or guardian) :	1 00:0000
Relationship to		Mobile:
Work tel:	Place of wo	
Address if differ		JI K.
Address if differ	Tent nom cima.	Postcode
7 14/15 2 15 25 25 25 25 25 25 25 25 25 25 25 25 25	hal waa waa ih ilih o	rostode
_	tal responsibility? :	
(name of person)	⁾ person(s) in case of emergenc	N.
(1) Name:	berson(s) in case of emergenc	Relationship:
Home tel:	Mobile:	Tiolationionip.
(2) Name:	WOONE	Relationship:
Home tel:	Mobile:	

9. Are there any Court Order	s currently in force v	which relate to the c	nild under
the Children's Act 1989?	Yes No	Y	
If YES, please give details	s:		
10. Child's previous school (if	applicable):		
11. RECEPTION APPLICATIO	N:	/	
Did your child attend nurs	ery? Yes No		
Name of nursery attended	l:		
Address:			
Tel:			
IN YEAR APPLICATIONS:	-		
Name of child's previous	school:		
Address:			
Tel:			
12. SCHOOL MEALS			
Is your child eligible for a	free school meal?	Yes No	
School meal arrangement	s:		
Free (number)	Paid	packed lunch	Home
13. Is your child in the care of	the local authority?	Yes No	
14. If yes, please state which	local authority is res	sponsible for your c	hild:
15. TRAVEL ARRANGEMENT	s.		
	Car/Van Taxi	Train V	Valk School bus
16. Please list all children in t		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name	Date of birth	Present school	Previous school
Name	Date of birtin	Present school	Previous scrioor
2			
		1	
17. Does your child have a ca	ring role for any fan	nily member?	Yes No
18. a. Does your child have a	statement of Specia	al Educational Needs	s? Yes No
b. Is your child undergoin	•		
c. Do you consider your c	•		
19. Name of baby clinic atten			
italiio of baby cliffic atteri	aca (Harsery or IIIIa	adminosions only)	

20.	Name of health visitor: (Nursery or infant admissions only):
21.	FAMILY DOCTOR:
	Name:
	Address:
	Tel:
22	Has your child had any of the following illnesses:
	Measles Age Meningitis Age Whooping Cough Age
	Chicken Pox Age Mumps Age German Measles Age
	Other illness/medical information (sight, hearing, asthma, fits/convulsions etc):
	Other limess/medical information (signt, nearing, astima, nts/convulsions etc).
23.	Has your child been inoculated against any of the following:
	Tuberculosis Diphtheria Whooping Cough Tetanus
	Poliomyelitis Measles/Mumps/Rubella (MMR) Meningitis C
24.	Are you a member of H.M Armed Forces? Yes No
25.	First Language spoken in the home:
26.	Language(s) understood by the child:
	500 5 00 6 00 7 00 1
27	Child's country of birth
21.	
28.	Nationality of child:
29.	RELIGION:
	Baptist Buddhist Catholic Church of England
	Hindu Jehovah's Witness Jewish Methodist
	Muslim Sikh United Reform No religion
	Other religion (please state):
30.	Any special religious requirements (ie for prayer, diet or dress)

31. EQUAL OPPORTUNITIES MONITORING

Please complete the questions relating to ethnic origin, language, country of birth, nationality and religion. Providing this information will enable the school and the Local Authority to monitor the provision for individuals and groups of pupils ensuring equality of opportunity.

White - British		Any other mixed backgrou	nd	Any other Black background	nd
White - Irish		Asian and any other ethnic	_	Black European	
Traveller of Irish heritage	ī	group		Black North American	
navener of man heritage		Asian & Black		Other Black	
Any other White backgroun	ıd	Asian & Chinese			
Albanian		Black & any other ethnic	-	Chinese	8-
Bosnian - Herzegovinian		group	_	Hong Kong Chinese	_
Croatian		Black & Chinese	ш	Malaysian Chinese	_
Greek Cypriot		Chinese & any other ethnic		Singaporean Chinese	_
Greek/Greek Cypriot		group		Taiwanese	
Greek		White & any other ethnic group		Other Chinese	
Italian		White & Chinese		A	
Kosovan		Other mixed background		Any other Ethnic group	-
Portuguese		Other mixed background		Afghan	-
Serbian		Indian		Arab other	-
Turkish Cypriot				Egyptian	-
Turkish		Pakistani		Filipino	-
Turkish/Turkish Cypriot		Mirpuri Pakistani		Iranian 	-
White European		Kashmiri Pakistani		Iraqi	H
White Eastern European		Other Pakistani		Japanese	H
White Western European				Korean	-
White other		Bangladeshi		Kurdish	-
		Any other Asian backgroup	. d	Latin/ South/	-
Gypsy/Roma		Any other Asian backgrour African Asian	lu	Central American	ļ-
Gypsy		Kashmiri other		Lebanese	-
Roma				Libyan	<u>}</u>
Other Gypsy/Roma		Nepali	Н	Malay	-
		Sri Lankan Sinhalese		Moroccan	-
White & Black Caribbean		Sri Lankan Tamil		Polynesian	1-
White & Black African		Sri Lankan other		Thai	-
NAME: 1 - 0 A - 1		Other Asian		Vietnamese	-
White & Asian		Black Caribbean	П	Yemeni	-
White & Pakistani		Black Galloscall		Other Ethnic group	ļ=-
White & Indian		Black - African		Refused	-
White & any other Asian background		Black - Angolan			
background		Black - Congolese			
		Black - Ghanaian			
		Black - Nigerian			
		Black - Sierra Leonean			
		Black - Somali			
		Black - Sudanese			
		Other Black African			

As your child is admitted to school, it is necessary for the details on this admission form to be completed. The school needs to have complete records of information relating to your child. Please complete all sections of this form.

The information will enable the school and Local Authority to monitor provision for individuals and groups of pupils, ensuring equality of opportunity. It will also support a child's learning, enable us to monitor and report on their progress, enable appropriate pastoral care to be provided and also assess the quality of our services.

The information provided on this form will be processed in accordance with the requirements of the Data Protection Regulations 2018.

Further information can be obtained from the Service Area Privacy Notices on our Liverpool.Gov pages.

In the unlikely event of a personal emergency, the school should be able to contact you as quickly as possible. Therefore, it is necessary to inform the school immediately if any of these details change, for example address or telephone number.

Liverpool City Council appreciates the time you have given to complete the admission form and thanks you for your co-operation.

including names of other agencies involved with the welfare of your child:

32. FURTHER INFORMATION

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Parents applying for FREE Early Years Education			
I understand that I am entitled to ONE FREE PLACE for my child (this can be shared between two providers) and confirm that my child will only access one place.			
Where this application relates to free Early Years Education, I have read and understood the			
guidance notes. Yes No			
The information that you provide on this form will only be held and disclosed in accordance with the Data Protection Act 1998. All information collected is treated with the utmost care and strict guidelines are followed in relation to how we process and disclose information.			
Parent/Guardian's Signature:			
Date :			