



Northenden Community School

Pupil Information / Admissions Form

Please complete this form using
BLACK/BLUE pen and
in BLOCK CAPITALS

All information provided on this form will be held in confidence and processed in accordance with Data Protection Regulations (2018) and the school's Privacy Notice

ABOUT THE CHILD

Surname		Date of Birth	
First Name		Gender	
Middle Names		Ethnicity	
Preferred Name		Home Language	
Home Address including Post Code			

PARENTS and those with PARENTAL RESPONSIBILITY

Please provide the details of those adults who are **parents** or have **parental responsibility**, that is persons who have a right to receive information about the child's education and duties regarding the child's upbringing and education. This may include a guardian or carer, or a parent who does not live with the child.

Name		Name	
Relationship to child		Relationship to child	
Contact Priority	<small>Please give a number 1 – 4 to indicate the order in which we should make contact</small>	Contact Priority	<small>Please give a number 1 – 4 to indicate the order in which we should make contact</small>
Address incl Post Code		Address incl Post Code	
<small>*leave blank if same as child</small>		<small>*leave blank if same as child</small>	
Home Tel No		Home Tel No	
Work Tel No		Work Tel No	
Mobile Tel No		Mobile Tel No	
E-Mail Address		E-Mail Address	

LIVING ARRANGEMENTS : Who does the child normally live with? (Please tick all boxes that apply)

<input type="checkbox"/> Mother	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Shared Care
<input type="checkbox"/> Father	<input type="checkbox"/> Step Father	<input type="checkbox"/> Foster Carer(s)	<input type="checkbox"/> Private Fostering

Shared Care Arrangements

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EMERGENCY / OTHER CONTACTS

Please provide contact details for other adults whom we should contact in the event of your child being ill or needing support from a relative or family friend, including collecting the child from school.

Name	
Relationship to child	
Contact Priority	Please give a number 1 – 4 to indicate the order in which we should make contact
Address incl Post Code	
*leave blank if same as child	
Home Tel No	
Work Tel No	
Mobile Tel No	

Name	
Relationship to child	
Contact Priority	Please give a number 1 – 4 to indicate the order in which we should make contact
Address incl Post Code	
*leave blank if same as child	
Home Tel No	
Work Tel No	
Mobile Tel No	

PREVIOUS SCHOOL OR EDUCATION/CHILD CARE SETTING

Setting Name		Leaving Date	
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MEDICAL INFORMATION

Doctor's Name		Surgery Telephone	
Surgery Address			

MEDICAL CONDITIONS / ALLERGIES / DIETARY RESTRICTIONS

Please give details of all medical conditions (e.g. asthma), allergies (food and otherwise) and dietary restrictions (e.g. for religious reasons). For medical conditions, we may ask you to complete a separate medication form.

Please Note anything you feel may be relevant for the school to know so we can support your child's health, social and wellbeing (e.g social worker, speech and language, any other agencies)

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DECLARATION

I declare that the information I have provided to the school is accurate and that I will contact the school to make changes to this information as necessary (e.g., contacts, mobile telephone numbers)

Signature _____ **Date** _____



Northenden Community School

Agreement and Consent Form

Please complete this form using
BLACK/BLUE pen and
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All information provided on this form will be held in confidence and in accordance with Data Protection Regulations (2018) and the school's Privacy Notice which is published on the school's website

Child's Name		
Date of Birth		

AGREEMENT

In accepting a place at Northenden Community School, I accept and agree that ...

- I / we as parents play an important part my / our child's education
- I / we as parents will be expected to engage with the school in matters relating to my / our child
- I / we as parents will engage with the school regarding my / our child's learning needs or behaviour
- I / we as parents will support my / our children with homework and other home learning
- my / our child will attend school every day unless there are exceptional reasons not to do so
- my / our child will wear the school's uniform, including appropriate footwear
- support the school's policies, including behaviour

CONSENT

I give my consent for

- my / our child's photographic image to be used for curriculum purposes, including classroom displays
- my / our child's photographic image to be published on the school website (without identification)
- the information I have shared with the school to be used in accordance with the school's privacy notice

CONSENT / SIGNATURE

Signature _____

Date _____

Signature _____

Date _____