

Oswald Road Primary School Student Admission Form

Headteacher: Mrs D Howard | Tel: 0161 881 4266 | Email: admin@oswaldroad.manchester.sch.uk

Please complete all sections of this form. Please write in capital letters using a black pen.

Student Information

Surname		Address Street No. and Name	
Forename		Town	
Middle name(s)		County	
Preferred Name		Postcode	
Date of Birth		Home Tel. No.	
Gender		Identity Documents	

Parental/Carer Information (living at same address as child)

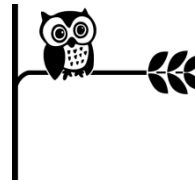
Title (please tick)	Mr	Mrs	Miss	Ms	Dr.	Rev.		Title (please tick)	Mr	Mrs	Miss	Ms	Dr.	Rev.	
Forename								Forename							
Surname								Surname							
Relationship (please tick)								Relationship (please tick)							
Contact numbers	Mobile							Contact numbers	Mobile						
	Home								Home						
	Work								Work						
	Email								Email						
Parental Responsibility				Yes/No			Parental Responsibility				Yes/No				

If parents are not living together we are required to send school reports etc. to both parents who have Parental Responsibility.

Mother's Name	Father's Name
Mothers address (if different from above)	Father's address (if different from above)
Telephone No.	Telephone No.
Mobile No.	Mobile No.

Please give details of any siblings and the School/Nursery they attend:		
Name:	Date of Birth:	School/Nursery Attending:

If the child does not live with both his/her parents, please advise if there is a court order concerning the child. Court Order (please tick).	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
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Emergency Contacts

Should an emergency occur, **IT IS VITAL**, that we are able to contact you. Please provide alternative emergency contacts.

Emergency Contact Name (relationship to child) Family Friend		Emergency Contact Name (relationship to child)	
Contact numbers		Contact numbers	

Lunch Arrangements/Travel Arrangements

Is your child entitled to Free School Meals		Do you think that your child may be entitled to Free School Meals	
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Do you wish your child to have a school meal Yes No Please circle

Medical Information

Doctors Name	
Surgery Name	
Surgery Address	
Surgery Tel. No.	

Medical Details

Does your child suffer from any of the following? (please tick)

Allergies Asthma * Colour Blindness Hayfever Migraines
 Eczema Other (please specify) _____ * Inhaler prescribed Yes/No

Does your child require medical treatment, including medication?

Does your child have problems with any of the following? (please tick)

Sight [] Hearing [] Speech [] Physical Impairments [] Emotional Difficulties []

If you have ticked any of the above, or if you have any other medical information you think we should know, please comment below:

Does your child have any food allergies and special dietary requirements?

When did your son/daughter have a last tetanus injection:



Cultural Information

Ethnicity

White:	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other (<i>please specify</i>)			
Black or Black British:	African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other (<i>please specify</i>)			
White Other	Greek/Greek Cypriot	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	Turkish/Cypriot	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
	Irish Traveller	<input type="checkbox"/>	Other (<i>please specify</i>)				Gypsy/Roma	<input type="checkbox"/>
Asian or Asian British	East African Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>
						<input type="checkbox"/>	Other	
Do not wish to divulge <input type="checkbox"/>								

Language

Main Language Child Speaks At Home (**Home**):First Language Child was exposed to (heard) (**First**):

Any Additional Languages Spoken By the Child:

Additional Information

Is either parent with parental responsibility and providing parental care currently serving in the Armed Forces?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Mode of Transport: Public Transport ☐ Bicycle ☐ Walk ☐ Car ☐ Car Share (with other children) ☐

Welfare

Has your child ever been in LA Care	Y/N	Is your child an adopted child	Y/N
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Education Details

Previous School		School Address	
Telephone No.		Town	

Strictly Confidential

Oswald Road Primary School Student Admission Form



Name of Headteacher		Postcode	
Dates From		Dates To	

Previous School		School Address	
Telephone No.		Town	
Name of Headteacher		Postcode	
Dates From		Dates To	

Special Educational Needs

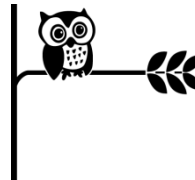
Does your child have any special educational needs?

No

If Yes, please specify below:

Please provide any additional information that we may need to know about your child, for example involvement with outside agencies including Health, Social Care etc:

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**Parental Permissions**

School Visits: The children are sometimes taken on educational visits within the local community and we need to have your permission for this. Please note that you have the right to refuse permission on specific occasions, should you wish. I give permission for my child to be taken on school trips.	
Celebrations and Assemblies: I give permission for my child to participate in celebrations and assemblies (e.g. Birthdays, Festivals, etc).	
Email Communication: I am happy to receive correspondence via email/text (e.g. newsletters, letters, etc.). Email address:	

Signed: _____ Parent/Carer

Date: _____

Please Print Name: _____

For Office Use Only

Admission Date		Entered on SIMS By	
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