

## 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

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

### 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.
<b>Forename</b>								<b>Forename</b>						
<b>Surname</b>								<b>Surname</b>						
<b>Relationship</b> <small>(please tick)</small>								<b>Relationship</b> <small>(please tick)</small>						
<b>Contact numbers</b>							Mobile							Mobile
							Home							Home
							Work							Work
							Email							Email
<b>Parental Responsibility</b>						Yes/No	<b>Parental Responsibility</b>						Yes/No	

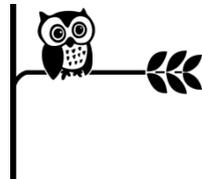
If parents are not living together we are required to send school reports etc. to both parents who have Parental Responsibility.

<b>Mother's Name</b>	<b>Father's Name</b>
<b>Mothers address</b> <small>(if different from above)</small>	<b>Father's address</b> <small>(if different from above)</small>
<b>Telephone No.</b>	<b>Telephone No.</b>
<b>Mobile No.</b>	<b>Mobile No.</b>

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 [ ] No [ ]
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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.

<b>Emergency Contact Name</b> (relationship to child) Family Friend		<b>Emergency Contact Name</b> (relationship to child)	
<b>Contact numbers</b>		<b>Contact numbers</b>	

### 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

<b>Doctors Name</b>	
<b>Surgery Name</b>	
<b>Surgery Address</b>	
<b>Surgery Tel. No.</b>	

### 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?

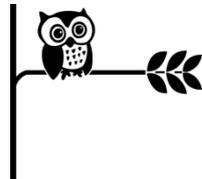
Does your child have problems with any of the following? *(please tick)*

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**

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

**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 [ ]
	No [ ]

**Mode of Transport:** Public Transport [ ]    Bicycle [ ]    Walk    Car [ ]    Car Share (with other children) [ ]

**Welfare**

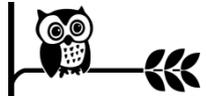
Has your child ever been in LA Care	Y/N	Is your child an adopted child	Y/N
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**Education Details**

<b>Previous School</b>		<b>School Address</b>	
<b>Telephone No.</b>		<b>Town</b>	

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

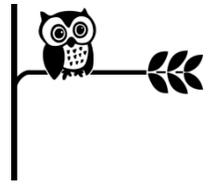
Does your child have any special educational needs?

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**

<p><b>School Visits:</b> 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. <b>I give permission for my child to be taken on school trips.</b></p>	
<p><b>Celebrations and Assemblies:</b> I give permission for my child to participate in celebrations and assemblies (e.g. Birthdays, Festivals, etc).</p>	
<p><b>Email Communication:</b> I am happy to receive correspondence via email/text (e.g. newsletters, letters, etc.).  Email address:</p>	

Signed: \_\_\_\_\_ Parent/Carer

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

For Office Use Only

Admission Date		Entered on SIMS By	
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