



Parlaunt Park Primary Academy
 Kennett Road, Langley, Berkshire, SL3 8EQ.
 Head Teacher: Mrs .Polly Bennett

SCHOOL ENTRY FORM

PUPIL DETAILS

Legal Surname:	Legal Forename:
Middle Name(s):	Date of Birth:
Gender: Male/Female	
Preferred Surname:	Preferred Forename:

ADDRESS DETAILS

Number/Street: _____
Town: _____ Postcode: _____

PARENTS DETAILS

Mother's Surname:		Father's Surname:	
Title:	Forename:	Title:	Forename:
Date of birth		Date of birth	
National insurance number		National insurance number	
Address (if different from pupil)		Address (if different from pupil)	
Postcode:		Postcode:	
Home Tel:		Home Tel:	
Mobile Tel:		Mobile Tel:	
Email:		Email:	
Is the child resident with Foster Parent?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child a Looked After Child?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

DETAILS OF FOSTER PARENTS/CARERS

1st Carer Name:	2nd Carer Name:
Address (If different from the pupil)	Address (If different from the pupil)
Postcode:	Postcode:
Home Tel:	Home Tel:
Mobile Tel:	Mobile Tel:
email:	email:

EMERGENCY CONTACTS

Please give detail of any other person that may be contacted in case of sickness. We will try Parents/Carers first. Please list them in order of preference.

No:	Name and relationship to child	Address and Telephone Number
1		
2		
3		

MEDICAL INFORMATION

Doctors Name:	
Surgery Name & Address:	Telephone Number:

As part of our safeguarding procedures we are keen to ensure that we have accurate and up to date records of all children's medical conditions and needs. Please provide any information that you think we may need to know in the section below.

<input type="checkbox"/> Epilepsy <input type="checkbox"/> Arthritis	<input type="checkbox"/> Eczema <input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> A.D.H.D
---	--	--	----------------------------------

DIETARY NEEDS

CULTURAL

- Vegetarian No Pork
 No Beef Halal only
 Kosher foods only No Egg
 Other.....

MEDICAL

- No Nuts Seafood Allergy
 No Dairy Produce Artificial Colour Allergy
 Other.....

MEALS

- Entitled to FSM YR, Y1, Y2 FSM Paid school meal Packed Lunch

ETHNICITY

White

- British Irish
 Traveller of Irish Heritage
 Gypsy/Roma
 Eastern European
 Any other white background
 (please specify.....)

Mixed

- White & Black Caribbean
 White & Black African
 White & Asian
 Any other mixed background

Other

- Chinese
 Any other ethnic group

Asian or Asian British

- Indian Pakistani
 Bangladeshi
 Sri Lankan
 Any other Asian background
 (Please specify.....)

Black or Black British

- Caribbean
 African (please specify.....)
 Any other Black background
 (please specify.....)

Country of birth:

Date of entry into the UK:

Asylum Status:
Y/N

Refugee Status:
Y/N

Does your child hold a British passport? Y/N

Nationality: _____

RELIGION

- Anglican Church of England Methodist Roman Catholic Other(Please specify)
 Baptist Hindu Mormon Sikh
 Buddhist Jehovah's Witness Muslim United Reform Church
 Christian Jewish Quaker No Religion

FIRST LANGUAGE

- Albanian French Panjabi Shona
 Arabic German Pashto Somali
 Bengali Gujarati Persian/Farsi Swahili/Kiswahili
 Chinese Hindi Polish Tamil
 Czech Malay Portuguese Urdu
 English Marathi Russian Other (Please specify)_____

English as an additional
Language? Y/N

Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education authority and the Department for Education and Skills (DFES) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

ADDITIONAL INFORMATION

TRAVEL

(Please indicate your mode of transport to school)

- Walk
 Car/Van
 Cycle
 Train
 Bus
 Taxi

FARM ANIMALS

At Parlaunt Park Primary Academy we have farm animals on site. Please indicate below if you do not wish your child to have contact with the animals due to a medical reason or allergy.

I do/do not give my permission for my child to have contact with the animal.

Signed: _____

SPECIAL EDUCATION NEEDS

Does your child have an SEN requirement? Yes No

- | | | |
|--|---|---|
| <input type="checkbox"/> Behavioural & Social | <input type="checkbox"/> Deaf | <input type="checkbox"/> Epileptic |
| <input type="checkbox"/> Language Difficulties | <input type="checkbox"/> Speech | <input type="checkbox"/> Partial Hearing |
| <input type="checkbox"/> Specific Learning Diff. | <input type="checkbox"/> Moderate Learning Diff. | <input type="checkbox"/> Severe Learning Diff. |
| <input type="checkbox"/> Profound & Multiple Learning Diff. | <input type="checkbox"/> Autistic Spectrum Disorder | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Behaviour, Emotional & Social Diff. | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Multi Sensory Impairment |
| <input type="checkbox"/> Speech, Language & communication | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Other: _____ |

SCHOOL HISTORY

Please give details of your child's present school or Nursery

School Name:	School Address/Phone Number:	Reason for Leaving:
		<input type="checkbox"/> Family move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion <input type="checkbox"/> Other

Please give details of siblings attending this school or likely to join at a later date.

Name	Date of Birth

Signed: _____ Date: _____