



Saddleworth School

Please complete the form and return to the School Office.

For Office use:

Admission Number:

Date of Admission:

Birth Certificate Yes No

Personal Details:

Previous School:

Year Group:

Surname:

Forename:

Other Names:

Date of Birth:

Gender:

Home Address:

Postcode:

Home Telephone Number:

Medical Details:

Name of Family Doctor:

Surgery Address:

Telephone No:

If your child has a medical condition of which the school should be aware, please give details, e.g diabetes, epilepsy, allergies that require emergency treatment:

Medication taken:

Parental Responsibility:

Please give details of all persons with parental responsibility, and in the case of an emergency, please provide daytime telephone numbers, where they can be contacted.

1.Relation: (first contact)

Title:

Forename:

Surname:

Home Address:

Home Telephone Number:

Mobile Number:

Work Telephone Number:

Email Address: (please state clearly)

2.Relation: (second contact)

Title:

Forename:

Surname:

Home Address:

Home Telephone Number:

Mobile Number:

Work Telephone Number:

Email Address: (please state clearly)

Biometric Permission:

I give permission for my child to be registered on the school biometric system.

Signed:

Date:

Emergency Contacts:

If contact with the parents during the day is difficult, please provide details of person(s) who may be contacted in an emergency.

1. Relationship to student: (first contact)

Title:

Forename:

Surname:

Home Address:

Home Telephone Number:

Mobile Number:

Work Telephone Number:

2. Relationship to student: (second contact)

Title:

Forename:

Surname:

Home Address:

Home Telephone Number:

Mobile Number:

Work Telephone Number:

Photographic Permission:

I give permission for my child to be photographed during his/her time at Saddleworth School.

I **DO NOT** give permission for my child to be photographed during his/her time at Saddleworth School.

Signed:

Date:

Lunch Arrangements:Home: School Meal: Packed Lunch: Entitled to a Free School Meal: **Travel Arrangements:**Car: Walk: Bicycle: Bus: **Ethnic Origin:**White – British White – Irish White Traveller White: any other white background Mixed – White and Black African Mixed – White and Asian Asian or Asian British – Pakistani/Kashmiri Pakistani Pakistani – Other Asian or Asian British – Bangladeshi Asian or Asian British – Other Black or Black British – Caribbean Black or Black British – Other Chinese

Other Ethnic Background:

Please state Religion:

Has your child ever been under:Public Care A Child Looked After

Have they ever been subject to any of the following orders:

Special Guardianship Residence Orders Adoption Orders

Date of any Orders made:

Please sign the form below:

Signature of mother/carer

Signature of father/carer

If any of the above details change, please inform the school in writing as soon as possible, or email info@saddleworth-school.org