

Chandos Primary School

Vaughton Street South, Highgate, Birmingham, B12 0YN

Tel: 0121 464 3881 Fax: 0121 464 3882

Head Teacher: Mr J Allan

Foundation Stage Application Form

Admission no:	Year:	Class:
UPN No.		
Dinner Arrangements: Home () School Dinner () Free () Packed Lunch () Eligible for FSM YES or NO		
First Name(s):	Surname:	
Home Address:	Date Of Birth:	
Post Code:	Gender:	Male/Female
How long have you been at this address: Temporary [] Permanent []	Home number:	
First Language:	Mobile number:	
Other Languages spoken at home:	Date of arrival in U.K.	
Country of Birth:	Ethnic Group:	Religion:

Mother's Name	Languages:	
Country of Birth	Ethnic Origin	Date arrived in U.K.
Address (if different from pupil)		
Home Phone:	Mobile :	

Father's Name	Languages:	
Country of Birth	Ethnic Origin	Date arrived in U.K.
Address (if different from pupil)		
Home Phone:	Mobile :	

Details of Guardian(s) if child not living with Parent:	
First Name:	Surname:
Home Phone No:	Mobile No:

Reason why pupil is not with parent(s):	
Is the pupil in Local Authority care: Yes/No	Name of Social Worker:
Phone No:	Social Services Office:
Are there legal proceedings which affect the pupil e.g. access Yes/No	
Details:	

Details of siblings(IMPORTANT - If your child already has siblings in school this can increase your chances of gaining a place)			
Name	D.O.B	Name	D.O.B

Emergency Contacts (Other than Parents)	
1. Name:	Relation to Pupil:
Home No:	Mobile No:
Address:	
	Postcode

2. Name:	Relation to Pupil:
Home No:	Mobile No:
Address:	
	Postcode

Relevant Medical Information	
Name of Doctor:	Phone No.
Address:	
Name of Health Visitor:	Phone No:
Address:	
Immunisations up to date? Yes/No	
Red book seen by:	Date:
Does the pupil have any medical conditions:	
Asthma Yes/No Epilepsy Yes/No Diabetes Yes/No Allergies Yes/No Other Yes/No	
Please give details:	
Does the pupil require any regular medication during the school day? (Including inhaler)	
Please give details:	
Does the pupil wear: Glasses Yes/No	Hearing Aid: Yes/No
Has the pupil ever been referred to hospital? Yes/No	
Please give details:	
Has the pupil ever been referred to a Speech and Language Therapist? Yes/No	
Please detail:	

Other Nurseries Attended:	
Address:	Post Code:
Telephone Number:	

Is there any other information you would like us to know about your child: (diet, behaviour,etc)

(Must be read to Parents/Guardian) Please tick after every statement to indicate permission:

- I give consent for my child's photo or video to be used in school only, for teaching and learning purposes, such as rewarding, recording, etc. []
- I give consent for my child's, photo, video footage or any work being used on the School website. []
- I give consent for my child to be face painted. []
- I am happy for my child to be taken on local walks, (park, shop, etc.) []
- I give consent for a teacher to apply sun cream when appropriate []

(Must be read to Parents/Guardian)

At Chandos School our first priority is your child's welfare and therefore there may be occasions when our concern about your child means that we have to consult other agencies even before we contact you. The procedures that we follow have been laid down by the Birmingham Safeguarding Children Board.

If you want to know more about this procedure, please speak to one of the following;

- Mr J Allan, Head Teacher
- Mrs A Ashfield, Deputy Head Teacher
- Ms A Healy, Inclusion Manager

(Must be read to Parents/Guardian)

I understand that sharing accurate information will help the school to meet the needs of my child,

Signed:

Parent/Guardian

Date:

(In the presence of the person conducting the School Admission Interview)

PARENTS – DO NOT COMPLETE ANY BOXES BELOW, FOR STAFF USE ONLY

I have read all three statements to the Parents/Guardian.

All parts of the Admission Form have been completed.

Signed:

Date:

Pupil admitted: Yes/No

If No, reasons:

Birth Certificate Copied; Yes/No Home Office Paperwork Copied; Yes/No

Free School Dinner Paperwork Copied; Yes/No

Previous Nursery or School contacted prior to admission; Yes/ No/ N/A

Outstanding information to be gathered:

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Signed:

Date: