



St Ives Infant School

Trenwith Burrows · St Ives

Cornwall TR26 1DH

Tel: 01736 796628 · Fax: 01736 797496

Email: secretary@st-ives-inf.cornwall.sch.uk

Headteacher: Miss J Dean

SCHOOL/NURSERY ADMISSION FORM

Confidentiality: *The information given below will be maintained on the school's data base to which no unauthorised person shall have access and will be subject to strict control under the Data Protection Act.*

Legal Surname **First Name**

Middle Names

Chosen Forename

Previous Surnames

Date of Birth **Gender - Male/Female**

Address

.....

..... **Post Code**

Parents Full Names

.....

Siblings at St Ives Infant School

Name & Address of previous school/pre-school

.....

..... **Post Code**

Telephone Number of previous school

Dates Attended

Parents/Guardians/Contacts. The school often needs to contact someone if a child is ill or in any other emergency. We also need to know who legally has parental responsibility for a child. Please provide parental contact information and the details of other adults who can be contacted and asked to collect your child if he/she is ill. Please complete in the order in which you wish them to be contacted in the event of an emergency.

Contact 1

Mr/Mrs/Miss/Ms (Full Name)

Home Address

..... Post Code

Home Telephone Number Mobile number

Daytime Contact Place Phone

Relationship (Parent) (Grandparent) (Relative) (Neighbour) (Other)

Parental Responsibility (Yes) / (No) Court Order (Yes) / (No)

Pupil lives at this address (Yes) / (No)

Contact 2

Mr/Mrs/Miss/Ms (Full Name)

Home Address

..... Post Code

Home Telephone Number Mobile number

Daytime Contact Place Phone

Relationship (Parent) (Grandparent) (Relative) (Neighbour) (Other)

Parental Responsibility (Yes) / (No) Court Order (Yes) / (No)

Pupil lives at this address (Yes) / (No)

Contact 3

Mr/Mrs/Miss/Ms (Full Name)

Home Address

..... Post Code

Home Telephone Number Mobile number

Daytime Contact Place Phone

Relationship (Parent) (Grandparent) (Relative) (Neighbour) (Other)

Parental Responsibility (Yes) / (No) Court Order (Yes) / (No)

Pupil lives at this address (Yes) / (No)

Contact 4

Mr/Mrs/Miss/Ms (Full Name)

Home Address

..... Post Code

Home Telephone Number Mobile number

Daytime Contact Place Phone

Relationship (Parent) (Grandparent) (Relative) (Neighbour) (Other)

Parental Responsibility (Yes) / (No) Court Order (Yes) / (No)

Pupil lives at this address (Yes) / (No)

MEDICAL INFORMATION

Doctor's Name Telephone Numer

Surgery Address

..... Post Code

Medical Conditions/Information. Please include details of any allergies/medical conditions eg asthma and medications regularly taken. Also any special dietary requirements. If none, please state NONE.

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SPECIAL EDUCATIONAL NEEDS

Please include details of any identified special educational needs, eg speech and language needs

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DINNER ARRANGEMENTS (Choose one and tick)

Free Meals [] Paid Meals [] Sandwiches []

TRAVEL (Choose one and tick)

Bus [] Car [] Walks [] Taxi [] Other [] LEA Transport []

CULTURAL INFORMATION

Ethnicity – please tick one box

- | | | |
|--|---------------------------------|---------------------|
| White Cornish [] | Other White British [] | Chinese [] |
| Black African [] | Any Other Asian Background [] | Black Caribbean [] |
| Gypsy/Roma [] | Any Other Black Background [] | Bangladeshi [] |
| White Irish [] | Traveller of Irish Heritage [] | White & Asian [] |
| White & Black African [] | White & Black Caribbean [] | Pakistani [] |
| Indian [] | Any Other Ethnic Group [] | |
| Any Other Mixed Background [] Any Other White Background [] Do not wish to state [] | | |

Nationality – please tick one box

- | | | |
|-------------|-------------|--------------|
| English [] | British [] | Scottish [] |
| Welsh [] | Irish [] | Other [] |

Religion – please tick one box

- | | | |
|--------------|-----------------|--------------------|
| Buddhist [] | Christian [] | |
| Hindu [] | Jewish [] | Muslim [] |
| Sikh [] | No Religion [] | Other Religion [] |

I confirm that the information contained in this form is true and accurate. I undertake to inform the school if any of the above details change. I understand that this form does not constitute an offer of admission by the school.

Signed Parent/Guardian Date

Please return this form to the headteacher as soon as possible.