

Headteacher – Russell Plester

☎ 024 7771 0720

FOR COMPLETION BY THE SCHOOL

Date of Admission Admission Number Tutor Group Interviewed by

Surname	First Name	Middle Name(s)	Chosen Name	Boy/Girl	Date of Birth

Legal name if different to above

Emergency contacts: It is vital that the school has details of at least two people who can be called upon in the case of an emergency during school hours. At least one of these contacts must be the parent/guardian. Please enter this information in the order in which you would prefer us to call in the case of an emergency.

	1st Contact	2nd Contact	3rd Contact	4th Contact
Surname				
Forename(s)				
Title (Mr, Mrs, Miss, Ms etc)				
Address inc Postcode				
☎ Telephone No at home address				
☎ Day Phone No and Place (i.e. Work No and Name)				
☎ Fax No				
✉ E-mail Address				
☎ Mobile No				
Relationship to Pupil (i.e. Father, Mother, Grandparent, etc)				
Parental Responsibility for pupil?	YES/NO	YES/NO	YES/NO	YES/NO
Pupil resident at this address?	YES/NO	YES/NO	YES/NO	YES/NO

Name of person to whom all home correspondence should be addressed:			
Position of pupil in family (e.g. 1/4 means the first born out of four children)		Names of brothers/sisters at Finham Park 2 School	
Is there a Court Order in existence for this pupil? YES/NO			
<i>If yes, please give details in a separate letter addressed to the Headteacher, clearly stating full custodial details of the person(s) with responsibility for the pupil.</i>			
Name and address of Doctor		Does your child have any medical condition the school should be aware of? (i.e. Asthma)	
☎ Telephone No of Doctor			
Lunchtime arrangements: <i>Please delete as appropriate:</i> Home to lunch / sandwiches brought to school / school dinner – paying or free?			
Mode of Travel to school: <i>Please delete as appropriate:</i> Bus (type not known) / Car Share (with child/ren) / Car / Cycle / Dedicated School Bus / Public Bus Service / Taxi / Walk			
Please complete using codes listed below			
Ethnicity _____		Home Language _____	
First Language _____		Religion _____	
AAO	Any other Asian background	BEN	Bengali
ABA	Bangladeshi	CAN	Cantonese
AIN	Indian	CRP	Creole/Patois
APK	Pakistani	ENG	English
BLB	Black Caribbean	GRE	Greek
BLF	African	GUD	Gujurati
BLG	Any other Black background	HIN	Hindi
CHE	Chinese	ITA	Italian
MBA	White/Black African	OTH	Other
MOT	Any other mixed background	PAN	Punjabi
MWA	White/Asian	POR	Portuguese
MWB	White/Black Caribbean	SPA	Spanish
OEO	Any other Ethnic Group	TUR	Turkish
REF	Refused	URD	Urdu
WHA	Any other White background		
WHB	British		
WHR	Irish		
WHT	Traveller – Irish Heritage		
WRO	Gypsy/Roma		
Previous School Name		Address	
Start Date		Finish Date	
Parent/Legal Guardian			
Date			