

Headteacher – Russell Plester

☎ 024 7771 0720

**FOR COMPLETION BY THE SCHOOL**

Date of Admission ..... Admission Number ..... Tutor Group ..... Interviewed by .....

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

**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.

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

**Name and address of Doctor**  
  
**☎ Telephone No of Doctor**

**Does your child have any medical condition the school should be aware of?**  
(i.e. Asthma)

**Lunchtime arrangements:** *Please delete as appropriate:* Home to lunch / sandwiches brought to school / school dinner – paying or free?

**Mode of Travel to school:** *Please delete as appropriate:* 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	BEN	Bengali	ANG	Anglican
ABA	Bangladeshi	CAN	Cantonese	CAN	Cantonese	CHR	Other Christian
AIN	Indian	CRP	Creole/Patois	CRP	Creole/Patois	COE	Church of England
APK	Pakistani	ENG	English	ENG	English	HIN	Hinduism
BLB	Black Caribbean	GRE	Greek	GRE	Greek	JEW	Judaism
BLF	African	GUD	Gujurati	GUD	Gujurati	MUS	Islam
BLG	Any other Black background	HIN	Hindi	HIN	Hindi	NON	No Religion
CHE	Chinese	ITA	Italian	ITA	Italian	OTH	Other
MBA	White/Black African	OTH	Other	OTH	Other	RAS	Rastafarianism
MOT	Any other mixed background	PAN	Punjabi	PAN	Punjabi	ROC	Roman Catholic
MWA	White/Asian	POR	Portuguese	POR	Portuguese	SIK	Sikh
MWB	White/Black Caribbean	SPA	Spanish	SPA	Spanish		
OEO	Any other Ethnic Group	TUR	Turkish	TUR	Turkish		
REF	Refused	URD	Urdu	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** .....