



CONFIDENTIAL ADMISSION FORM

The information given here will be recorded and maintained on the school's information management systems, this data will be accessible only to authorised personnel and subject to control under the data protection act.

Please note – Filling out this form does not constitute an offer of admission.

NAME OF PARENT(S): _____ (Full individual details to be included in the contact area below)

PUPIL DETAILS	
Legal Forename:	Preferred Forename:
Middle Name(s):	
Legal Surname:	Preferred Surname:
Previous surname(s) if relevant:	Date of Birth: / /
Age at Admission: Yrs ____ Mths ____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

PASTORAL / REGISTRATION INFORMATION: FOR OFFICE USE ONLY				
Class:	House:			
Year Group:	Year Taught In:			
Enrolment Status:	Boarder Status:			
Admission Date:	Admission Number:			
UPN:	Attendance Mode: AM / PM / ALL DAY			
Part Time Details:	Start Date	/	/	End Date
Pupil Premium: <input type="checkbox"/>	SEN: <input type="checkbox"/>	Birth Certificate Seen: <input type="checkbox"/>		
Early Years Attendance Patterns:				
MON: AM / PM / All day	TUES: AM / PM / All day	WED: AM / PM / All day	THURS: AM / PM / All day	FRI: AM / PM / All day
Notes:				
CTF <input type="checkbox"/> Paper File <input type="checkbox"/> Documents <input type="checkbox"/> Assessment Data <input type="checkbox"/>				

PUPIL ADDRESS The address at which the child lives the majority of the time in a typical week.	
Post Code:	House Name/Number:
Street/District:	Town/City:
Tel (Home):	

FAMILY/HOME		
Contact - Priority 1		
Title:	Forename:	Surname:
Contact Type:	Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>	
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (e.g. days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:	House Name/Number:	
Street/District:	Town/City:	
Additional Information:		
Contact - Priority 2		
Title:	Forename:	Surname:
Relationship to Pupil:	Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>	
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (e.g. days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:	House Name/Number:	
Street/District:	Town/City:	
Additional Information:		
Contact - Priority 3		
Title:	Forename:	Surname:
Relationship to Pupil:	Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>	
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (e.g. days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:	House Name/Number:	
Street/District:	Town/City:	
Additional Information:		

Contact - Priority 4		
Title:	Forename:	Surname:
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (e.g. days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:		House Name/Number:
Street/District:		Town/City:
Additional Information:		

FAMILY LINKS Please list brothers and sisters (including half/step family) currently at this school				
Surname	Forename	Gender	Date of Birth	Same Address?
		M / F		Y / N
		M / F		Y / N
		M / F		Y / N

DIETARY INFORMATION	
What meal arrangement will the child typically have? (Please tick one only) <input type="checkbox"/> School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Go home	
<p>If the child is Year 2 or below: The government provides a free meal for all children in year 2 or below. Do you believe the child would be eligible for a free meal if the government was not doing this?</p> <p>If you have answered yes, please complete separate FSM & PP Application Form available from office.</p>	Y / N
Please indicate any relevant food allergies or dietary needs:	

MEDICAL INFORMATION	
<input type="checkbox"/> Emergency Medical Consent	<i>(Ticking this box confirms that you authorise the school to initiate appropriate medical treatment in the event of an emergency).</i>
Medical Practice:	Practice Address:
Doctor's Name:	
Practice Telephone:	
I give consent for plasters to be applied to my child YES or NO	
Please indicate any known medical conditions below: *If your child has ASTHMA please complete asthma form available from the school office	

SCHOOL HISTORY	
Previous School Name:	Previous School Address:
Previous School Tel Number:	
Dates Attended: From (dd/mm/yy): To: (dd/mm/yy):	

ETHNIC / CULTURAL INFORMATION	
Ethnicity:	Religion:
First Language:	Home Language:
Country of Birth:	Nationality:
Additional Information:	
Traveller Status: Y / N If Yes, please provide the following: Traveller Status: <input type="checkbox"/> Gypsy/Roma (Housed) <input type="checkbox"/> Gypsy/Roma (Travelling) <input type="checkbox"/> Occupational (Traveller) <input type="checkbox"/> Traveller (Other) From (Date):	

ADDITIONAL INFORMATION
Mode of Transport - Please state the mode your child will use most regularly to travel to and from school. <input type="checkbox"/> Public Bus Service <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> Walks <input type="checkbox"/> Car Share (with child/children) <input type="checkbox"/> Dedicated School Bus <input type="checkbox"/> Cycle

PUPIL PREMIUM Is the pupil entitled to Pupil Premium Funding?	
Is either of the applicant's parents in a Service Profession?	Y / N
Is the applicant currently in Care, or has he/she ever been in Care (this includes adopted from care)?	Y / N
Is the applicant currently eligible for Free School Meals?	Y / N
Has the applicant been eligible for Free School Meals within the last 6 years?	Y / N
If you have answered Yes, please give full details below. You will also need to provide us with documentary evidence. Please attach a copy or bring in an original document so we can copy it for our files.	
<input type="checkbox"/> Documentation included	

PARENTAL / CARER CONSENTS: I/We confirm that I consent/do not consent to the items listed below, please tick appropriate boxes	
Sex Education (Year 6)	
Internet Access	
School Visits	
I am happy for the school to take photographs of my child.	
I am happy for photos of my child to be used on the school website.	
I am happy for photos of my child to be used in the school prospectus.	
I am happy for photos of my child to be used in internal displays.	
I am NOT happy for the school to take or use photos of my child.	

If you change your mind at any time, you can let us know by emailing secretary@troon.cornwall.sch.uk or just popping in to the school office.

SIGNATURES	PRINT NAME	DATE
Parent/Carer 1:		
Parent/Carer 2:		

Please return this form to the school office as soon as possible