

LAWNS PARK PRIMARY SCHOOL

Chapel Lane, Farnley, Leeds, LS12 5EX

Tel: 0113 2637364

Email completed forms to [info@lawnspark.org.uk](mailto:info@lawnspark.org.uk)

Alternatively, complete in black ink and capital letters and hand in at the school office.

**(Please also include a copy of your child’s birth certificate and a recent utility bill as proof of address)**

**PUPIL DETAILS**

Prefer not to say

Gender : Date of Birth:

F

M

Middle Names: Preferred names : ( if different from legal name):

Middle Names: Preferred names : ( if different from legal name):

Legal Surname: Legal Forename: DOB:

Legal Surname: Legal Forname:

**ADDRESS DETAILS**

Home Second Home/ Other

House/ Flat Number: Home/Flat number:

Street: Street:

Postcode: Postcode:

Telephone Number: Telephone Number:

Please indicate how often the child stays at this address

Weekends/ Monthly/ Term time / School holidays

If the child’s resident at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay. Please also give the name and address of the person with whom the child normally lives.

Reason: Dates Applicable:

Name:

Address:

**CONTACTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/ Carer: Mr/ Mrs/ Ms/ Miss/ Other** | | | | | | | | | | | | | | | | | **Parent/ Carer: Mr/ Mrs/ Ms/ Miss/ Other** | | | | | | | | | | | |
| **Forename:** | | | | | | | | | | | | | | | | | **Forename:** | | | | | | | | | | | |
| **Surname:** | | | | | | | | | | | | | | | | | **Surname:** | | | | | | | | | | | |
| **Address:**  (if different to address details above) | | | | | | | | | | | | | | | | | **Address:**  (if different to address details above) | | | | | | | | | | | |
| **Date of Birth:** | | | | **Day** | | | | **Month** | | | | | **Year** | | | | **Day** | | | | **Month** | | | | **Year** | | | |
|  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |
| **NI Number:** |  | |  | |  | |  | |  | |  |  | | |  |  | **NI**  **Number:** |  |  |  | |  |  |  | |  |  |  |
| This information will be used by the school/ authority to check for eligibility to claim additional grant money ( ‘the pupil premium’) from central government. It will not be used for any other purposes and will remain confidential to the school/ council. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | | | | | | | | | | | | | | | | | **Email:** | | | | | | | | | | | |
| **Work Details (for emergency use):** | | | | | | | | | | | | | | | | | **Work Details (for emergency use):** | | | | | | | | | | | |
| **Name of Company:** | | | | | | | | | | | | | | | | | **Name of Company:** | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | **Address:** | | | | | | | | | | | |
| **Telephone number (including extensions)** | | | | | | | | | | | | | | | | | **Telephone number (including extensions)** | | | | | | | | | | | |
| **Hours/ days worked:** | | | | | | | | | | | | | | | | | **Hours/ days worked:** | | | | | | | | | | | |
| **Priority to contact in an emergency** | | | | | | | | | | | | | | | | | **Priority to contact in an emergency** | | | | | | | | | | | |
| **1st** | | **1st** | | | | **2nd** | | | | **3rd** | | | | **4th** | | | **5th** | |  | | |  | |  | | |  | |
| **Parental responsibility: Yes/ No** | | | | | | | | | | | | | | | | | **Parental responsibility: Yes/ No** | | | | | | | | | | | |
| **Relationship to the child:** | | | | | | | | | | | | | | | | | **Relationship to the child:** | | | | | | | | | | | |
| **Who does the child live with:** | | | | | | | | | | | | | | | | | **Who does the child live with:** | | | | | | | | | | | |
| **Please attach any court orders relating to your child. Please tick if attached** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINEDBY EDUCATION ACT 1996**  Parental Responsibility may be shared between a number of people other than the child’s natural parents. Married parents have equal parental responsibility: on separation or divorce continue to have responsibility. In such circumstances the school will forward copies of school reports etc to the separated parent if requested. Please give details below. | | | |
| **Name (relationship to child)** | | | |
| **Home Address:** | | **Work Address:** | |
| **Telephone Numbers:** | | **Telephone Numbers:** | |
| **Home:** | **Mobile** | **Home:** | **Mobile:** |
| **Is the child living with foster carers Yes/ No** | | | |
| **If ‘yes’ which Authority is financially responsible for maintenance?** | | | |

**ADDITIONAL EMERGENCY CONTACTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child’s sickness. Please list below the details of any person we can contact on such an occasion. Details should be listed in order of contact preference.** | | | |
|  | **Name and Relationship to the child**  **eg Grandparent/ family friend** | **Parental responsibility** | **Daytime Address and Telephone Number**  (If same as child’s please write ‘ home) |
| **1** |  | Yes/ No | **Address:**  **Telephone No:** |
| **2** |  | Yes/ No | **Address:**  **Telephone No:** |

**MEDICAL INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Doctor’s Name:** | | | **NHS No:** | | | | |
| **Surgery Name and Telephone No:** | | | | | | | |
| **Dietary Needs: Please tick all that apply.** (Please note in the event of dietary needs eg intolerance to we will need medical evidence .) | | | | | | | |
| Artificial colour allergy | Gluten Free | | Kosher Diet | | | No Dairy | |
| Vegetarian | No Pork | | Halal Diet | | | Seafood Allergy | |
| No Beef | Other: (Please Specify) | | | | | | |
| **MEDICAL INFORMATION** | | | | | | | |
| **Please list any information we need to know, please include allergies, medication requirements.** | | | | | | | |
| Does your child have any of the conditions listed below (please tick any that apply) | | | | | | | |
| **Asthma** | **Arthritis** | | **ADHD** | | | **Diabetes** | |
| **Eczema** |  | | | | | | |
| **Other: (please specify, include as much information as possible. Include an extra sheet if necessary)** | | | | | | | |
| **If your child has an inhaler, is it carried on their person** | | | | **Yes** | | | **No** |
| **Has your child had involvement with any other services eg health visitor. speech and language therapist** | | | | | | | |
|  | | | | | | | |
| **Is there any other information you feel we should be aware of? (EG Special Educational Needs, Toileting)** | | | | | | | |
|  | | | | | | | |
| **Other Children in the family. Please list sibling in date of birth order, starting with the oldest**  (This information will only be used in relation to a child’s submission to the school.) | | | | | | | |
| **Names of Child** | | **Date of Birth** | | | **Position of child in family eg 2/ 3** | | |
|  | |  | | |  | | |

**MONITORING INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | |
| **Ethnicity** | | | | | | | | | | | | | | | | | |
| **White-**  British Irish Traveller Gypsy/ Roma Eastern European Western European Other | | | | | | | | | | | | | | | | | |
| **Asian or Asian British**  Indian Pakistani Bangladeshi Other Asian Background (please specify) | | | | | | | | | | | | | | | | | |
| **Mixed**  White & Black Caribbean White and Black African White and Asian Other | | | | | | | | | | | | | | | | | |
| **Black or Black British**  Black British Black Caribbean Black African Other Black Background | | | | | | | | | | | | | | | | | |
| **Chinese or Chinese British**  Chinese Chinese British | | | | | | | | | | | | | | | | | |
| **Other**  **Arab Iranian Kurdish Other Ethic Group** | | | | | | | | | | | | | | | | | |
| **Prefer not to say** | | | | | | | | | | | | | | | | | |
| **Nationality** ( as described on the childs passport) | | | | | | | | | | | | | | | | | |
| **Country of Birth** | | | | | | | | | | | | | | | | | |
| **Religion** | | | | | | | | | | | | | | | | | |
| Buddhist | | Christian | | Catholic | | Hindu | | Jewish | | Muslim | | Sikh | | No religion | | Other (please state) | |
| **Languages Spoken at Home** (Please tick all that apply, indicate child’s first language) | | | | | | | | | | | | | | | | | |
| Albanina/Shqip | Ammharic | | Arabic | | Bengali | | Chinese | | Czech | | English | | French | | German | | Greek |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Hindi | Hungarian | | Italian | | Igbo | | Japenese | | Kurdish | | Lithuanian | | Pashto/Pakhto | | Persian/ Fari | | Polish |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Portugese | Romanian | | Russian | | Spanish | | Slovak | | Tagalog/ Filipino | | Turkish | | Urdu | | Other | | |

Do you consider you or your child to have a disability? Yes/ No (If yes please give details)

***ADDITIONAL INFORMATION***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***School History (Please include Private Daycare/ Pre-school/ Childminders)*** | | | | |
| ***Name of School/ Provision*** | ***Contact Details*** | ***Date Started*** | ***Date Left*** | ***Reason for Leaving*** |
|  | Address:  Telephone No: |  |  |  |
|  | Address:  Telephone No: |  |  |  |
|  | Address:  Telephone No: |  |  |  |
| ***For pupils being admitted to Foundation 2. Please indicate number of terms spent in pre-school setting if known.*** | | | |  |

|  |  |  |  |  |
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| ***Travel to School (Please indicate all that apply in order of most often eg 1st, 2nd )*** | | | |  |
| ***Bus*** | ***Car*** | ***Cycle/ Scooter*** | ***Park and Stride*** | ***Walk*** |
|  |  |  |  |  |

***PARENTAL DECLARATION***

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| **Data Protection Statement:**  The purpose of this form is to collect data for further processing within the school/ Local Authority (LA) Systems. Your Signature on this form implies your consent for the school/ LA to process the data. The data will be processed in accordance with the purposes notified by the school / LA to the Data Protection Commissioner’s office and is subject to the Data Protection Act. The information given will be entered onto the computer and will form part of the school’s database. This information will also be shared with the school nurse and dental health team. |

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| **Declaration of Person with Legal Responsibility:**  I declare the information I have given to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change in my child’s circumstances.  I agree to my child dental, medical, hearing, nursing examinations or inspections. I understand that the headteacher must be informed of any conditions which might affect my child’s education.  I agree to my child being changed in the event of them having a toileting accident.  Signed: Date: |

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| ***FOR SCHOOL USE ONLY***  ***Registration Group: Enrolment Status Hours Taken (F1 only)***  ***Admission Date: Birth Certificate Seen: Proof of Address Seen:*** |