St Oswald's RC Primary School Admission Form

Child's Forename:	**Childs surname:**
Child's Middle Name:	**Chosen forename/ Surname:**
Male/Female:	**Date of Birth:**
Home address: **Post code**	**Main Contact Number:** **Email:**
Parent/ Guardian Information Priority 1	
Title: **Forename:**	**Surname:** **Relationship with child:**
Home address: **Postcode:**	**Mobile Contact Number:** **Home Contact Number:** **Work Contact number:** **Place of work:** **Email:**
Parent/ Guardian Information Priority 2	
Title: **Forename:**	**Surname:** **Relationship with child:**
Home address **Postcode:**	**Mobile Contact Number:** **Home Contact Number:** **Work Contact number:** **Place of work:** **Email:**
Additional Contact Priority 3	
Title: **Forename:**	**Surname:** **Relationship with child**
Home address: **Postcode:**	**Mobile Contact Number:** **Home Contact Number:**
Dietary Requirements	
Please state special dietary requirements e.g. Vegetarian, Halal, food intolerance/food allergy	

Medical Information

Doctors Name: **Contact Number:**	**Medical Centre name:** **Address:**
Medical Condition: **Allergies:**	**Medical diagnosis:** **Further relevant information:**

Additional Information

Ethnicity:	**Is your child a baptised Roman Catholic?** **Yes/No** **If yes, please state the place of baptism** **Religion:**
First Language spoken by the child: **Other spoken languages:**	**English as an additional Language: Yes/No**
Travel mode e.g. walk, car taxi, bus: **Has your child been in receipt of free school meals in the past 6 years? Yes/No**	**Has your child been in or currently in looked after care, or had Support from the Local authority or any other authority?** **Yes/No** **Please give dates if applicable:**

Details of Previous School or Nursery

School / Nursery Name: **Contact Number:** **Start Date:** **End date:**	**School / Nursery Address:** **Postcode:**

Special Educational Needs Status/Support

Please give details:	**Involvement with outside agencies:**

Full Name of person completing the form:	**Date:**
Signed: **(Parent/Guardian)**	