

NINE ACRES COMMUNITY PRIMARY SCHOOL

South View, Newport, Isle of Wight, PO30 1QP
www.nineacrespri.iow.sch.uk 01983 522984
Headteacher: Mrs E. Dyer BA Hons QTS, NPQH

We are **Articulate** We are **Passionate** We are **Persuasive** We are **Positively Influencing The World Around Us**

'Striving for Excellence'

Nine Acres Primary School Admission Form 2023-2024

Child's Full Legal Name		Date of Birth		/	/
Gender	Male / Female	Chosen name if different from above			
<i>Please supply a copy of your child's birth certificate with your admission form</i>					
Address				Postcode	
Pre School / Previous school (with address if mainland)					
Names of siblings currently attending Nine Acres					
Are there any court orders which relate to the child? (E.g. custody orders/section 8 orders under the Children Act 1989). The information received is covered by the Data Protection Act 1984/1998 and will only be used for the purposes of maintaining accurate school records and will not be circulated or made public.		Yes / No if yes, please state what they are below			

Names of Parents/Carers with or without Parental Responsibility (adults that permanently reside with the child)

Please put in order of contact in case of emergency and relationship

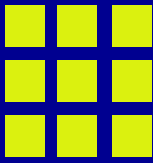
Please circle as appropriate Mr / Mrs / Miss / Ms / Other	Full Name	Relationship to child	Parental Responsibility Yes / No
Mobile Number		Home Number	
Work Number		Place of Work	
Email address			

Please circle as appropriate Mr / Mrs / Miss / Ms / Other	Full Name	Relationship to child	Parental Responsibility Yes / No
Mobile Number		Home Number	
Work Number		Place of Work	
Email address			

Additional adults with or without Parental Responsibility (Mother/Father who does not permanently reside with the child)

Please circle as appropriate Mr / Mrs / Miss / Ms / Other	Full Name	Relationship to child	Parental Responsibility Yes / No
Address			Postcode
Mobile Number		Home Number	
Work Number		Place of Work	
Email address			





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OTHER CONTACTS FOR COLLECTION AND EMERGENCIES (not already used on this form)

Please list details of any other persons who you authorise to collect your child or for us to contact in case of an emergency or illness during the school day.

Please delete as appropriate Mr / Mrs / Miss / Ms / Other		Full Name		Relationship to child	
Address			Postcode		
Mobile Number		Home Number			
Work Number		Place of Work			

Please delete as appropriate Mr / Mrs / Miss / Ms / Other		Full Name		Relationship to child	
Address			Postcode		
Mobile Number		Home Number			
Work Number		Place of Work			

MEDICAL, DIETARY & SPECIAL NEEDS INFORMATION

Medical Information (any known medical conditions or diagnosis including allergies or special diets)	
Medication required	
Registered GP Practice	
Does your child have contact with any agencies? (Social care, Speech Therapy, CAMHS, Youth Trust etc.)	

OTHER INFORMATION

Home Language		Ethnic Origin		Religion	
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SIGNATURE & DECLARATION

I declare that the information on this form is correct to the best of my knowledge.

Signed		Print Name	
Date			

