**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



Team Work Respect Aspiration Perseverance Caring Creativity Citizenship Courage Independence

***‘Striving for Excellence’***

School Admission Form 2019-20

Child’s Full Legal Name: ……………………………………..………………. Date of Birth: ………/…….../.........

Gender: *Male / Female* Chosen Name if different from above: ……………………….........

Birth Certificate □(Please bring your child’s Birth Certificate in for school to copy & keep on file)

Names of Parents/Guardians with or without Parental Responsibility (PR) **–** (ie. *The adults that permanently reside with the child*)

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

 Please delete as appropriate Full name Relationship to child

Mr/Mrs/Miss/Ms/Other: .................................................. (1).................................... PR – Yes / No

Mr/Mrs/Miss/Ms/Other: .................................................. (2).................................... PR – Yes / No

Address:……………………………………………………………………………………………….........................................

…………………………………... Postcode: …………………....Home Telephone Number: …………………………..

Mobile Telephone Numbers: (1): ................................................ (2): ............................................

Place of work and Telephone Number (1): .....................................................................................

Place of work and Telephone Number (2): .....................................................................................

Expected date of admission: ……………………………………………2019/2020

Email Address: ……………………….…………………………………………………………………………………………………

Playgroup / Previous School (with address if mainland): …………………………..................................

Name of brothers or sisters currently at Nine Acres: …….………..…………………………………………….

*Are there any court orders which relate to the child? (E.g. custody orders/section 8 orders under the Children Act 1989) Yes / No If yes, please state what they are………………………………………….............. 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.*

Additional adults with or without Parental Responsibility (PR)(*i.e. Mother or Father who does not permanently reside with the child*): Relationship to Child

Mr/Mrs/Miss/Ms/Other: ..................................................................... (1).......................................

Address:............................................................................................................................................

................................. Postcode: ................................. Home Telephone Number: ........................

Mobile Number: .......................................................... Work: ……………………………………………….……. Does the above adult have Parental Responsibility (PR) of the above named child? Yes / No

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

*Please list details of any other persons who you authorise to collect you child or for us to contact in case of an emergency or illness.*

 Relationship to child

(1) Mr/Mrs/Miss/Ms: ....................................................................... (1).....................................

Address: ..........................................................................................................................................

................................. Postcode: ................................. Home Telephone Number: ........................

Mobile Number: ..........................................................

 Relationship to child

(2) Mr/Mrs/Miss/Ms: ....................................................................... (2).....................................

Address: ..........................................................................................................................................

................................. Postcode: ................................. Home Telephone Number: ........................

Mobile Number: ..........................................................

Medical, Dietary & Special Needs Information

Medical Information (Any known medical conditions including allergies or special diets): ...........................................................................................................................................................

Medication required (Please give details): ................................................................................................

Doctors Name: .................................................... Doctors Surgery and Address: ……………...........

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Has your child had contact with any agencies? : Speech Therapy, Behaviour, CAHMS, Youth Trust etc:……………………………………………………………………….................................................................

Other Information

Home Language: ............................. Ethnic Origin: ............................. Religion: ..........................

How do you travel to School (Please tick)Car □ Bus □ Walk □ Bicycle □

Lunch Arrangements (Please tick all that apply)Free School Meal □ Paid School Meal □ Sandwiches □ Home □

SIGNATURE & DECLARATION

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

Signed: …….............................................. Print: …………………………………………….. Parent/Carer

Date:…………………………………………………….

 