



A WORLD OF LEARNING TOGETHER

www.cliftonprimary.bham.sch.uk e-mail: enquiry@cliftonprimary.bham.sch.uk

PUPIL ADMISSION FORM

YEAR GROUP/CLASS.....

PUPIL INFORMATION

First name..... Surname.....

Middle name..... Date Of Birth.....

Male/Female.....

Address..... Postcode.....

Proof of Date Of Birth seen initials..... / reference.....

Proof of Address seen initials..... / reference.....

Previous Address.....

Previous/Present School.....

Dietary needs: Halal Meat Vegetarian Meat

Lunch arrangements: School meal Free school meal Home Sandwiches

Proof of free school meals seen

PARENTAL RESPONSIBILITY (1)

Title..... First name..... Surname.....

Address..... Postcode.....

Tel No. Home..... Tel No. Mobile.....

Tel No. Work..... Relationship to child.....

PARENTAL RESPONSIBILITY (2)

Title..... First name..... Surname.....

Address..... Postcode.....

Tel No. Home..... Tel No. Mobile.....

Tel No. Work..... Relationship to child.....

OTHER EMERGENCY CONTACT

Title..... First name..... Surname.....
 Address..... Postcode.....
 Tel No. Home..... Tel No. Mobile.....
 Tel No. Work..... Relationship to child.....

ETHNIC INFORMATION

Ethnic origin..... Religion.....
 Home language.....
 Country of birth..... Date arrived in the U.K (if not born in the U.K).....

MEDICAL DETAILS

Doctors name..... Tel No.....
 Address..... Postcode.....

Medical conditions, special circumstances or special needs affecting your child, or the family, that the school needs to be aware of.....

SIBLINGS

Child name	Male/Female	School attending	Class (if attending Clifton)

AUTHORISATIONS

Medical emergency: I give permission to the school to take my child to the hospital in an emergency when I cannot be contacted and for any other treatment that may be seen as necessary by the First Aiders

Changing clothes: I give permission for the school to change my child if they wet themselves
 Note – We will not be able to change children who have soiled themselves so we will send for you if this happens.

Visits: I give permission for my child to take part in out of school visits and activities as part of the school curriculum, and I understand that reasonable safety precautions will be taken

Photographs: I give permission for my child’s photograph to be taken during school activities and I understand that it may be published in local or national media

Parent/Guardian Signature..... **Date**.....

Head Teacher: Mrs C. Mitchell

St Paul’s Road, Balsall Heath, Birmingham, B12 8LY Tel: 0121 464 2926 Fax: 0121 464 4287

