



Walmore Hill, Minsterworth, Gloucestershire. GL2 8LA
 Telephone Number: 01452 750373 Facsimile Number: 01452 750373
 e-Mail: admin@walmorehill.gloucs.sch.uk Website: www.walmorehillprimaryschool.co.uk

ADMISSION FORM

SURNAME		SEX	Date of Birth
Forenames:			
Chosen name:			
Address:		Tel. No.	
Post Code:			
Change of Address:			
No of children family:		Position in family:	
Right or left handed			
Names of both parents/legal guardians:			
Contact Names, Relationship, Addresses & Tel. No's. in case of emergency			
Physical/Medical factors which may affect schooling: e.g. allergies, hospital treatment, asthma, hearing, eyes:			
Family Doctor:		Tel. No.	
Previous pre-school Education/Playgroup:			
Other relevant Information: e.g. Cultural/Religious			
When a child grazes or cuts him/herself we are unable to use antiseptic creams or sticking plasters without parent/guardian permission. If you would like to give permission for your child to have a plaster and/or antiseptic cream please sign here: <p style="text-align: center;">.....</p>			

In the case of an emergency at school requiring urgent hospital treatment may this be given?

Yes/No

Signature

Date

Please discuss with the Headteacher any further information of a confidential nature which may affect your child at school.

Milk has to be ordered in advance so cannot be cancelled for absences. Would you like to order milk for you child? **Yes/No**

Can your child go swimming? **Yes/No**

ETHNIC ORIGIN

Please tick the relevant box

White - UK	<input type="checkbox"/>
White - European	<input type="checkbox"/>
White - Other	<input type="checkbox"/>
Black - African	<input type="checkbox"/>
Black - Caribbean	<input type="checkbox"/>
Black - Other	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Mixed Parentage	<input type="checkbox"/>
Any Other Ethnic Group	<input type="checkbox"/>
Do Not Wish to Answer	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

LANGUAGE

Which language does your child speak at home?

English	<input type="checkbox"/>
Bengali/Sylhete	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Gujerati	<input type="checkbox"/>
Hindi	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Panjabi	<input type="checkbox"/>
Patois/Creole	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Urdu	<input type="checkbox"/>
Other	<input type="checkbox"/>
Do Not Wish to Answer	<input type="checkbox"/>