COOKRIDGE HOLY TRINITY CHURCH OF ENGLAND (AIDED) PRIMARY SCHOOL
GREEN LANE, COOKRIDGE, LEEDS, LS16 7EZ

ADMISSION FORM

Child's Surname: ………………………………….. Forename: …………………………………………………………

Middle name(s): …………………………………. Chosen name: (if different to forename) ……………...……..

Gender: (F/M) ……………………… Date of Birth: ……/……../………

SIBLINGS if there are brothers/sisters in the school, please give the full name & present class:

Name: ………………………………………………………………….. Class: …………………………

ADDRESS OF CHILD:

Street number and name: ……………………………………………………………………………….………..

Town: …………………………………………… Postcode: ……………. Home Tel No: ………………………

DETAILS OF PARENTS/GUARDIANS: (for full emergency contacts see overleaf)

	Title/Initial & Surname	Home address (if different to above)	Tel number
Mother	…………………………..	……………………………………………..	…………………………
Father	…………………………..	……………………………………………..	…………………………
Guardian (if applicable)	…………………………..	……………………………………………..	…………………………

EDUCATIONAL HISTORY (if applicable)

Previous School/Nursery	Address	Dates of starting & leaving
………………………………	………………………………………………	….../…../….. to …./…../…..

ETHNICITY

This information is treated in strictest confidence by the School and is requested purely for statistical returns to the Education Authority so that spending can be more closely targeted. These returns DO NOT include Individual's names/details. We ask for your co-operation in completing this information fully so that the School can obtain any extra funding that may be available from time to time.

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

Country of Birth: ………………………………………………. Pupil's Nationality: ………………………………………………

MEDICAL INFORMATION

Doctors surgery name: ……………………………………………………. Tel No: ……………………

Address: ………………………………………………………………………………………………………

Medical Conditions/Allergies: ……………………………………………………………………………

DINNER ARRANGEMENTS – Please tick appropriate box

☐ School dinner – free ☐ School dinner – paid ☐ Sandwiches ☐ Home ☐ Other

Parent/Guardian Signatures: ……………………………………… …………………………………………

Please add contact details overleaf

EMERGENCY CONTACTS

Please give details of all persons who have legal parental responsibility of this pupil and anyone else who can be contacted in an emergency when you are available. Please us the contact priority (numbers 1-6) to indicate the preferred order in which contacts should be contacted.

Surname …………………………………… Title ………………

Contact priority …………………… Gender (M/F) ……………

Daytime telephone no …………………………………………..

Daytime Place …………………………………………………

Home Address ………………………………………………

……………………………… Postcode …………………

Does the above named contact have Parental Responsibility for the child? (Y/N) ……………………………

Please indicate Relationship to child……………………………
(e.g Parent, Grandparent, Aunt, Childminder)

Surname …………………………………… Title …………………….

Contact priority ………………… Gender (M/F) ……………………

Daytime telephone no ………………………………………….

Daytime Place ………………………………………………….

Home Address …………………………………………………..

……………………………………… Postcode …………………

Does the above named contact have Parental Responsibility for the child (Y/N) ……………………………

Please indicate Relationship to Child …………………………
(e.g Parent, Grandparent, Aunt, Childminder)

Surname ………………………………… Title ……………….

Contact priority ………………… Gender (M/F) …………………

Daytime Telephone no …………………………………………….

Daytime Place ……………………………………………………

Home Address ………………………………………………..

……………………………………… Postcode …………………….

Does the above name contact have Parental Responsibility for the child? (Y/N) ………………………………

Please indicate Relationship to child ……………………………
(e.g Parent, Grandparent, Aunt, Childminder)

Surname ………………………………………… Title …………………

Contact priority …………………… Gender (M/F) …………………

Daytime telephone no …………………………………………….

Daytime place …………………………………………………….

Home Address …………………………………………………

……………………………………… Postcode ………………………

Does the above named contact have Parental Responsibility for the child? (Y/N) ……………………………………

Please indicate Relationship to child ……………………………..
(e.g. Parent, Grandparent, Aunt, Childminder)

Surname ………………………………… Title ………………..

Contact Priority …………………Gender (M/F) …………………

Daytime Telephone no …………………………………………

Daytime place …………………………………………………….

Home Address …………………………………………………

……………………………………. Postcode …………………..

Does the above named contact have Parental Responsibility for the child? (Y/N) ……………………………..

Please indicate Relationship to child ……………………………
(e.g Parent, Grandparent, Aunt, Childminder)

Surname …………………………………………… Title ……………………

Contact Priority …………………. Gender (M/F) …………………

Daytime Telephone no ……………………………………………….

Daytime place …………………………………………………

Home Address …………………………………………………..

……………………………………… Postcode ………………………

Does the above named contact hsve Parental Responsibility for the child? (Y/N) ……………………………….

Please indicate Relationship to child …………………………
(e.g. Parent, Grandparent, Aunt, Childminder)