



**St John's C of E Primary School  
Little Baddow Road  
Danbury  
CM3 4NS**

## **Admission Form**

NAME:

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For office use:	
Birth certificate seen	Yes/no
Free school meals	Yes/no
UPN	
Records requested from previous school	Date:
Parental Consent	Yes/no

**St John's C of E Primary School, Danbury**  
**Admission Form**

<b>Child</b>	
Legal Forename	
Middle names	
Legal Surname	
Date of Birth	
Gender	
Home Address	
	Postcode
Home telephone no.	

<b>Parent(s)/Carer(s)</b>	
<b>Mother Surname</b>	Mrs/Miss/Ms
First Name	
Work place	
Days/hours	
Work telephone no.	
Mobile number	
Email	
<b>Father Surname</b>	
First Name	
Work place	
Days/hours	
Work telephone no.	
Mobile number	
Email	

<b>Medical Details</b>	
Doctor's name	
Telephone number	
Any medical history or issues of which we should be aware e.g. allergies, medication	

<b>Child's Ethnic / Cultural Details</b>	
Ethnicity	
First Language	
National Identity (i.e British)	
Home language	
Country of Birth	
Nationality (as on passport i.e U.K)	
Religion	

<b>Dietary information</b>	
My child will be having school meals	
Special Dietary requirements	

<b>Modes of Travel to school – Please tick as appropriate</b>	
Car	
Dedicated school bus / taxi	
Walk	

<b>Previous education</b>	
Pre-school/playgroup/nursery	
Dates attended	
Date of child's first admission to a UK school	
Previous school and dates attended	
Address of previous school	

<b>Other important information about the child and family</b>	
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<b>Name of relative, friend, neighbour who could be contacted in case of illness or emergency.</b>	
Name	
Address	
Telephone number	
Relationship	

<b>Universal Free School Meals</b>	
Please see and complete the attached Pupil Premium funding letter to ensure the school receives the correct funding for your child	
Pupil Premium Funding letter completed	Yes / No

<b>Internet Access</b>	
Please see and complete the attached Internet Access form	
Internet Access form completed	Yes / No

<b>Home School Agreement</b>	
Please see and complete the attached Home School Agreement form	
Home School Agreement form completed	Yes / No

<b>Parental Consent</b>	
Please see and complete the attached Parental Consent form	
Parental Consent form completed	Yes / No

**PLEASE TICK AND SIGN AS APPROPRIATE**

**Consent to Medical Treatment**

I agree that should my child require medical treatment during school hours and it is not possible to contact a parent/carer the necessary medical treatment may be obtained by the school in my absence.

YES  NO  Signed \_\_\_\_\_ Date \_\_\_\_\_

**Consent to local school visits**

I agree that my child may walk to locations in Danbury on the understanding that the school undertakes to ensure that the appropriate adult/child ratio is adhered to.

YES  NO  Signed \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Notice (how we use pupil information)**

Please sign to confirm you have received a copy

Signed \_\_\_\_\_ Date \_\_\_\_\_