



LONG MARSTON SCHOOL ADMISSIONS PROFILE



STUDENT INFORMATION

Legal Surname:		Preferred Surname:	
Legal Forename:		Preferred Forename:	
Middle name:		Gender:	
		Date of Birth:	
Address:			
		Post Code:	
Home Telephone:			

FAMILY/HOME

Should an emergency occur at school it is sometimes necessary to contact a parent/carer during the daytime. Please indicate below where each parent/carer may be contacted during school hours.

Priority:	1	Relationship:		Parental Responsibility		Please tick
Title:		Forename:		Surname:		
Home Phone:		Mobile:		Armed Services:		Please tick
Home Address:						
			Post Code			
Work phone:		Place of work:				
Email:						

Priority:	2	Relationship:		Parental Responsibility		Please tick
Title:		Forename:		Surname:		
Home Phone:		Mobile:		Armed Services:		Please tick
Home Address:						
			Post Code			
Work phone:		Place of work:				
Email:						

Priority:	3	Relationship:		Parental Responsibility		Please tick
Title:		Forename:		Surname:		
Home Phone:		Mobile:		Armed Services:		Please tick
Home Address:						
			Post Code			
Work phone:		Place of work:				
Email:						

PLEASE TURN OVER

Student name:	
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ADDITIONAL EMERGENCY CONTACTS *(Should you wish)*

Please list up to two other contacts who may be contacted in the event of an emergency to act on your behalf.

	Name	Relationship	Tel No	Place of contact
1				Home
				Work
2				Home
				Work

MEDICAL

Name of Family Doctor:		Tel No	
Practice:			
Address of Family Doctor/Practice:			

Does your child have any **medical conditions** which you wish the school to be aware of?

If 'Yes' please give details:

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PREVIOUS PRE-SCHOOL/NURSERY/SCHOOL

Please list previous establishments your child has attended prior to joining Long Marston VA C of E Primary School

	Name of Pre-school/Nursery/School	Address	Dates
1			
2			
3			

CORRESPONDENCE

School correspondence is sent by email

If you do not have an email address and require paper copies of correspondence, please tick the box

If a **copy of correspondence** and progress reports should also be sent to an address different from the student's main home address, please give details:

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ADDITIONAL INFORMATION

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SIGNATURE

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority and with DE.

Please sign the form in the space(s) indicated using your normal signature

Signature of Mother/Carer		Date	
Signature of Father/Carer		Date	

Student name:

ETHNICITY

The Ethnic, Home Language and Religious Codes are set by the Local Education Authority. Please select **one** description from **each** of the three categories below (by placing a tick next to it) that which is most appropriate to your child. Could you also provide additional information and mode of travel requested.

Ethnic Description

(a) White		(b) Mixed		(c) Asian or Asian British	
British		White & Black Caribbean		Indian	
Irish		White & Black African		Pakistani	
Traveller of Irish heritage		White & Asian		Bangladeshi	
Gypsy / Roma		Any other mixed background		Any other Asian background	
Any other White background					
Italian		(d) Black or Black British		(e) Chinese	
Turkish		Caribbean		Chinese	
Turkish Cypriot		African			
Any Other Ethnic Group		Any other Black background			
I do not want an ethnic background to be recorded					

First Language

Akan/Twi-Fante		Kurdish	
Albanian/Shqip		Lingala	
Amharic		Luganda	
Arabic		Manx Gaelic	
Bengali/Bengali (Sylheti)		Norwegian	
British Sign Language		Panjabi	
Caribbean Creole (English)		Pashto/Pakhto	
Caribbean Creole (French)		Persian/Farsi	
Chinese		Polish	
Cornish		Portuguese	
Danish		Romany	
Dutch/Flemish		Russian	
English		Serbian-Croatian-Bosnian	
Finnish		Sinhala	
French		Somali	
Gaelic (Irish)		Spanish	
Gaelic (Scottish)		Swahili/Kiswahili	
German		Swedish	
Greek		Tagalog/Filipino	
Gujarati		Tamil	
Hebrew		Turkish	
Hindi		Urdu	
Igbo		Vietnamese	
Italian		Welsh/Cymraeg	
Japanese		Yoruba	
Korean		Other – please specify	<input type="text"/>
Is English an additional language for your child?		Yes	No

Religious Description

Buddhist		No Religion	
Christian		Other Religion	
Hindu		Sikh	
Jewish		Refused	
Muslim			

Meals

Free Meal	
Home	
Sandwiches	
School Meal	

Mode of Travel

Dedicated School Bus	
Public Bus	
Car	
Walk	

This information was provided by

Parent Pupil

Please return this form to the School Office