



WESSEX GARDENS PRIMARY AND NURSERY SCHOOL
Wessex Gardens, Golders Green, London, NW11 9RR

☎ 020 8455 9572

✉ office@wessexgardens.barnet.sch.uk
www.wessexgardens.co.uk

Alexander Banks
Headteacher

Gorana Henry
Deputy Headteacher

ADMISSION FORM – PLEASE PRINT ALL SECTIONS IN BLACK INK

Date:.....
Surname:.....
Forename: Middle name(s):
Likes to be called: Male / Female:
Date of birth: Place of birth:
Address:
.....
Postcode:
In which local authority do you live?
Address of other parent, if the parents do not live together:
.....
Postcode:

TELEPHONE NUMBERS:

Home landline number:

Mobile Number to receive text messages from school:

Email address to receive communication from school:

Mother's mobile:..... Father's mobile.....

Mother's work: Ask for

Father's work :..... Ask for

Emergency contact name: Relationship to child:

Mobile number: Home landline number:

COLLECTION – Please list people who have permission to collect your child on a regular basis.

Name: Relationship to child: Phone number:

Name: Relationship to child: Phone number:

Child's home language/s: Is your child competent in English? YES / NO

Child's religion: Child's nationality:

FOR OFFICE USE ONLY

JUN / INF / REC / NUR AM / PM / FT

Year Group: Class:

UPN No:

Adm date:

Date of entry to UK:

B/C: P/P PoA:

English proficiency:

E safety for parents:

E safety for child:

Medical Information sheet:

Consent to go on school trips:

INT..... T2P Text.....T2P Email.....
INDEX CARD..... REG.....GREEN FILE....
SAMS: numbers..... date.....
CTF..... IYFA requested

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EDUCATION

Previous school: Address:..... Phone:.....

Reason for choosing this school:.....

How will your child usually travel to school? Walk / Bus / Train / Car / Cycle / Other

Does your child have a statement or an Education, Health and Care Plan? YES / NO

Is your child 'Looked After' (i.e. fostered by you)?

Any special information which would be helpful to us in caring for your child?

MEDICAL

Family doctor's name / surgery:

Doctor's telephone number:

Doctor's address:

Useful **medical** or **dietary** information: (for example asthma, eczema, diabetes, epilepsy)

Allergies: (for example foods, penicillin, pollen, insect bites, plasters):

MOTHER'S DETAILS:

Mother's forename: Middle name:..... Family name:.....

Home language: Can the mother speak English? YES / NO

Country of origin: Nationality: Religion:

Date of arrival in UK (if from overseas): Length of stay in UK (if from overseas):

Email address:

FATHER'S DETAILS:

Father's forename: Middle name: Family name:

Home language: Can the father speak English? YES / NO

Country of origin:.....Nationality..... Religion.....

Date of arrival in UK (if from overseas): Length of stay in UK (if from overseas):

Email address:

BROTHERS AND SISTERS:

Name of brothers and/or sisters attending this school:

Name of brothers and/or sisters attending other schools:

Name of schools:

OTHER FAMILY MEMBERS ATTENDING THIS SCHOOL:.....

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ETHNICITY MONITORING

Please indicate below the ethnic origin. Please note that the information you provide will be treated in the strictest confidence and is used for statistical purposes only.

Asian or Asian British	Black or Black British	Mixed	Any Other	White
Bangladeshi	Caribbean	White and Asian	Afghan	British
Indian	Ghanaian	White and Black African	Chinese	Eastern European
Pakistani	Somali	White and Black Caribbean	Egyptian	Greek/Greek Cypriot
	Nigerian		Iranian	Kosovan
	Other African		Iraqi	Irish
			Japanese	Traveller of Irish Heritage
			Albanian	Turkish/Turkish Cypriot
			Hong Kong Chinese	Latin/South/Central American
			Kurdish	Western European
Other	Other	Other	Other	Other

If you selected any of the 'other' categories, please tell us how you would describe your ethnicity:

.....

ENTITLEMENT (optional)

The following information enables the school to check if your child is entitled to Free School Meals / Pupil Premium / Early Years Pupil Premium.

Mother's date of birth: National Insurance Number:

Father's date of birth: National Insurance Number:

The school must see your child's passport (or birth certificate if born in UK) and parents' passports (if from overseas) before the child can be admitted. Please also provide a document with the parent's name and home address.

All schools are required to keep pupil data on a computer database. The information on this form will be stored on the school's database. We are required to send data regarding pupils' ethnic origin, language and religion to the Department for Education. This data is anonymous and used solely for analysing trends and calculations regarding funding for schools.

Wessex Gardens Primary and Nursery School is committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information.

Name of parent / carer completing the form:

Signed:

Date: