



WESSEX GARDENS PRIMARY AND NURSERY SCHOOL
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 Deputy Headteacher

ADMISSION FORM – PLEASE PRINT ALL SECTIONS IN BLACK INK

<p>Child's Surname:.....</p> <p>Child's First Name:..... Middle Name(s):.....</p> <p>Likes to be called:.....</p> <p>Date of Birth:..... Male / Female:.....</p>	<p>FOR OFFICE USE ONLY:</p> <p>Year Group:..... Class:.....</p> <p>UPN No:.....</p> <p>Date Form Received:.....</p> <p>Adm Date:.....</p> <p>Date of entry to UK.....</p> <p>B/C P/P PoA</p> <p>Tapestry..... Child E-Safety.....</p> <p>Parents Images/Video Consent:.....</p> <p>GDPR.....</p> <p>Consent to go on School Trips.....</p> <p>Parent/Carer Code of Conduct:.....</p> <p>IYFA requested.....</p> <p>Safeguarding Requested.....</p> <p>ETHNICITY.....</p>
<p>Child's Address.....</p> <p>.....Postcode..... Local Authority.....</p>	
<p>Address of other parent, <i>if the parents do not live together:</i></p> <p>Name of parent:..... Relationship to child:.....</p> <p>Address:.....</p> <p>.....Postcode:</p>	
<p>Child's Religion:</p> <p>Child's Home Language/s:</p> <p>Is your child competent in English? YES / NO</p>	
<p>Education</p> <p>Does your child have an Education, Health and Care Plan? YES / NO</p> <p>Is your child 'Looked After' (i.e. fostered by you)?</p> <p>Any special information which would be helpful to us in caring for your child?</p> <p>Previous school: Address:..... Phone:.....</p> <p>Reason for choosing this school:.....</p> <p>How will your child usually travel to school? Walk / Bus / Train / Car / Cycle / Other</p>	
<p>Family Connections</p> <p>Names of brothers and/or sisters attending this school:</p> <p>Names of brothers/sisters who used to attend this school:.....</p> <p>Other family attending this school (eg cousins).....</p>	

ADMISSION FORM – CONTACT DETAILS - PLEASE PRINT ALL SECTIONS IN BLACK INK

SCHOOL PING MESSAGING SYSTEM. Main PARENT / CARER that can be contacted during the school day.

Parent / Carers Name.....Relationship to child.....

Mobile number.....

Email:.....

MOTHER'S (or Main Carer's) details:

Mother's Title..... Forename: Middle name:..... Family name:.....

Mother's mobile:..... Home landline number:

Mother's work number: Ask for

Email address:

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

Country of origin: Religion:

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

FATHER'S (or Second Carer's) details:

Father's Title.... Forename: Middle name: Family name:

Father's mobile:.....

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

Father's Email address:

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

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

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

EMERGENCY Telephone Numbers to Call OTHER THAN PARENTS

Emergency contact name: Relationship to child:

Emergency Mobile number: Emergency Landline number:.....

COLLECTION – list people, OTHER THAN PARENTS, who have permission to collect your child on a regular basis.

Full Name:Relationship to child:Phone number:

Full Name:Relationship to child:Phone number:

ADMISSION FORM - PLEASE PRINT ALL SECTIONS IN BLACK INK

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:

.....

Before the child can be admitted, the school must see:

- 1) Your child's full birth certificate (and passport if born abroad).
- 2) Parents' passports (if from overseas).
- 3) Document with the parent/carer's name and home address dated within the last 3 months. (For example household bill, tenancy agreement or bank statement).

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 children's 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. Please read the GDPR privacy notice for information on data sharing.

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:

**WESSEX GARDENS PRIMARY AND NURSERY SCHOOL
MEDICAL FORM**

Child's Name	Date of birth	Class
Address	Emergency phone numbers and names	
Doctor's Name / Surgery	Doctor's address & phone number	

Allergies to food: (for example – nuts, dairy, eggs, fish, vegetables)	Medication / Action needed:
Allergies to other things: (for example - penicillin, pollen, plasters)	Medication / Action needed:
Diagnosed illnesses: (for example - asthma, eczema, diabetes, epilepsy)	Medication / Action needed:
Does your child have any additional support needs? (for example, Dyslexia, Autism, ADHD)	
Does your child have any physical disabilities or support needs ?	
Any mental health or emotional needs you feel your child needs support with (for example anxiety, attends CAMHS) :	

Past illnesses needing hospital admission, or past Injuries *that still affect* your child:

Any other ongoing health concerns:

This form was completed by:

Parent / Carer's name:

Relationship to child:

Signature:

Date:

FREE SCHOOL MEAL 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:

Please note that the information above will be shredded as soon as the check has been completed.

I consent to a Free School Meal entitlement check to be carried out.

Name:

Signed:

Date:

Child / Childrens Names

Child 1 : Class.....

Child 2 : Class.....

Child 3 : Class.....

Child 4 : Class.....