



PUPIL ADMISSION FORM AND PARENTAL DETAILS

Please complete this form and return to school as soon as possible.

PUPIL INFORMATION

Forename:		Surname:	
Middle Names:		Preferred Names:	
Date of Birth:		Gender:	
Home Address:			
		Postcode:	
Telephone:			

Year Group:		Admission Date:	
Siblings attending Welton:			

Ethnicity:		Nationality:	
First Language:		Second Language:	
Religion:		Permission to attend Faith based Assemblies and Church visits	Y N

Medical Conditions:			
Allergies supported by medical evidence.			
Dietary Requirements:	Religious observance		
	Vegetarian		
	Vegan		
Is there an Education, Health and Care Plan in place?			
Does your child have any special educational needs?			
Does your child have speech and language need?			

If you think that you may be eligible for Free School Meals, please contact the school for more information or go to <https://www.gov.uk/apply-free-school-meals>

PARENT / CARER DETAILS

Title:		Forename:	
Surname:		Gender:	
Relationship to child:		Parental Responsibility:	
Home Address:			
		Postcode:	
Telephone:			
Work contact:			
Email address:			

PARENT / CARER DETAILS

Title:		Forename:	
Surname:		Gender:	
Relationship to child:		Parental Responsibility:	
Home Address:			
		Postcode:	
Telephone:			
Work contact:			
Email address:			

ADDITIONAL CONTACT

Title:		Forename:	
Surname:		Gender:	
Relationship to child:		Permission to take home:	
Home Address:			
		Postcode:	
Telephone:			

ADDITIONAL CONTACT

Title:		Forename:	
Surname:		Gender:	
Relationship to child:		Permission to take home:	
Home Address:			
		Postcode:	
Telephone:			

FAMILY DOCTOR

Surgery Name:			
Address:			
		Postcode:	
Telephone:			

SCHOOL OR NURSERY HISTORY

Last School or Nursery attended:	
Date Admitted:	

ANY ADDITIONAL INFORMATION - Please tick if any of the following apply

Adopted – formally in LA care		Looked After Child	
Sibling with additional needs		Learning Support	
Child of Service Personnel		Which Service?	
Other (please state)			

Name of adult with permission to collect your child from school at 3.30 pm

	Name of Adult	Relationship to child
1		
2		
3		
4		

Permission to walk home alone Year 4 to Year 6 only

I give my child permission to walk home alone	
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PERMISSIONS

Please tick below if you are giving consent.

1.	I give consent for photographs of my child to be published (without their name) on the social media forums that the school uses e.g. Twitter, Instagram, School website, Local press.	
2.	Food tasting following the allergies and dietary requirements provided and regularly updated by parents	
3.	Administer First Aid	

DATA PROTECTION

As a school we hold data for the purposes of education management and school improvement only, and only for those purposes necessary to provide the service explicitly offered by our school. We adhere strictly to the terms of the Data Protection Act 1998 and any future amendments or applicable legislation, such as GDPR (2018).

For further information, please go to the school website, where there is a Privacy Notice under the About Us tab GDPR tab.

Signature:		Print Name:	
Date:		Relationship to Child:	