

Office use only

UPN:

CTF:

Admission number:

Admission date:



MAGHULL HIGH SCHOOL

ADMISSION FORM

We are obliged to collect the following information. Please complete and return to the Admission Administrator

Surname:
Legal Surname:
Forename:
Middle Name:
Date of Birth:
Gender:
Address:
Postcode:
Local Authority:
Is the Child in Care?
Home Telephone:
Home Email:
Previous Primary School:
Previous Secondary School:
Other sisters / brothers in school:

EMERGENCY CONTACT DETAILS

Please provide 4 contacts

Parent(s) / Carer(s) Information (Please print)

1. Parent / Carer Name:(Mr) (Mrs) (Miss) (Ms)

Relationship:

Home address (if different from above).....

Home Tel. No Mobile:

E-Mail Address:

2. Parent / Carer Name:(Mr) (Mrs) (Miss) (Ms)

Relationship:

Home address (if different from above)

.....

Home Tel. No: Mobile:

E-Mail Address:

Additional Emergency Contacts (Please print)

3. Additional Contact :.....(Mr) (Mrs) (Miss) (Ms)

Address:

Emergency Telephone No

Relationship to Pupil:

E-Mail Address:

4. **Additional Contact** :(Mr) (Mrs) (Miss) (Ms)
Address:
Emergency Telephone No:
Relationship to Pupil:
E-Mail Address:

Please provide 4 contacts and set out the priority in which you wish the above named individuals to be contacted:

- 1.....
- 2.....
- 3.....
- 4.....

Section completed by:

Name: **(Please print)**

I confirm that I have sought the agreement of each of above named individuals to be named as an emergency contact for the above pupil and their consent before sharing their personal data as set out above with the school for this purpose.

Signature:

Date:

Medical Conditions Record Sheet

Name of Student:

Date of Birth:

Previous School:

Does your child have any long term medical conditions? Yes No

(Please be specific and provide details)

Does your child have a Care plan at their current school? Yes No

(Please provide a copy)

Does your child take any regular medication?

Please circle Yes No

If answered yes please provide details e.g. name of medication/dosage etc.

Does your child suffer from any allergies?

Please provide details:

Does your child have an EPI-PEN? Yes No

If there is any other information about your child's health you feel may be relevant, please tell us about it here.

At times your child may need pain relief (e.g. paracetamol **500mg** tablet **ONLY**) to enable them to remain in school. If you give written consent, we can administer paracetamol only without contacting you first.

Dosage: (Please state)

I give consent for school staff to administer the above pain relief to my child if they deem it necessary without contacting me directly

Signed:(Parent/Carer)

Name (please print):

Date:

Travel arrangements (Please tick ONE appropriate mode of travel)

Car

School Bus

Dietary needs (Please tick ONE as appropriate)

Eligible for Free School Meal

Paid School Meal

Packed Lunch

Doctor:

Medical Practice:

Address:

Telephone number:

Ethnicity (Please tick appropriate group)

White British

White Irish

White and Asian

White and Black African

Gypsy/Roma

Indian

Black Caribbean

Chinese

Pakistani

Bangladesh

Any other mixed background

Any other ethnic group

Home Language:

English additional language: YES/NO **(Please circle)**

Religion: Country of birth:

Parental Consent (Please tick as appropriate)
Website
Prospectus
Video/Web
Media
Name and Press with image
Internet Access
Photograph Student
Sex Education
Date Exchange
General Data Protection Regulation May 2018: The School has a duty to protect personal data and to keep it up to date. Further information is available on the school website: GDPR – Keeping Data Safe. The school is required to share some of this data with the Local Authority and with the DFES.

<p>Name of parent/carer completed form:</p> <p>(Please print) _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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CHECK LIST OF FORMS TO BE RETURNED.

FORMS ENCLOSED	Please tick
Admission Form	
Inclusive Support Questionnaire	
Medical Documentation (If applicable)	
Care Plan (If applicable)	
Any further information provided overleaf	

(Please use this section if you wish to provide any further information)