St ANDREW's CHURCH OF ENGLAND PRIMARY SCHOOL

King Edward Crescent, Woodhall Spa, Lincolnshire, LN10 6RQ
Tel: 01526 352705 Email: enquiries@st-andrews-woodhall.lincs.sch.uk

Child's Full Name: _____ **Know as:** _____

Male/Female: _____ **D.O.B.:** _____

Address: _____

_____ **Tel No:** _____

Is English your child's first language: YES/NO If no, please detail: _____

Any other languages spoken at home: _____

Religion: _____

A copy of my child's birth certificate is attached. ☐
We are unable to admit your child on their first day of school without this.

PARENTS/CARERS

(please list parents as per the child's birth certificate, unless parental responsibility has been revoked)

Parent/Carer 1: (Mr/Miss/Mrs/Ms/Dr) _____

Address (if different to child): _____

Email: _____ **Mobile No**_____

National Insurance Number: _____ **D.O.B.:** _____

Place of work: _____ **Tel No:** _____

Parent/Carer 2: (Mr/Miss/Mrs/Ms/Dr) _____

Address (if different to child): _____

Email: _____ **Mobile No:** _____

National Insurance Number: _____ **D.O.B.:** _____

Place of work: _____ **Tel No:** _____

SIBLINGS

Names of Brothers/Sisters	Date of Birth	Male/Female

ANY OTHER PERSON WITH PARENTAL RESPONSIBILITY

Name: _____Relationship to child: _____

Address: _____ Tel No: _____

Place of work: _____Tel No: _____

ADDITIONAL EMERGENCY CONTACTS

Name: _____Relationship: _____

Address: _____Tel No: _____

Name: _____Relationship: _____

Address: _____Tel No: _____

Please ensure that someone is contactable throughout the school day and can attend school to collect your child in the event of an emergency/illness.

FAMILY LIVING ARRANGEMENTS

Is your child the subject of a Residence Order or Court Order: YES/NO
We cannot follow the requirements of a court order if a copy is not supplied.

Is your child adopted: YES/NO

Is your child subject of a Special Guardianship Order: YES/NO

Any family involvement from Social Services: NONE/ CURRENT/ HISTORICAL

Any other information you feel we should be aware of: _____

_____

If you have answered yes to any of the above questions, please supply supporting documentation to the school office. School staff will then be in touch to support you further, where necessary.

SPECIAL EDUCATIONAL NEEDS

Does your child have any special educational needs we should be aware of: YES/NO

If yes, please detail below:

_____

_____

_____

MEDICAL INFORMATION

Doctor Name:_____**Tel No:**_____

Dentist Name:_____**Tel No:**_____

I give permission for staff to administer first aid to my child if required: **YES/NO**

I give permission for my child's doctor to be called in an emergency: **YES/NO**

I give permission for my child's dentist to be called in an emergency: **YES/NO**

Does your child have any medical needs which we should be aware of: **YES/NO**

If yes, please detail (including any medication required):

_____

Please tick the box to confirm that your child has been vaccinated against the following:

VACCINATION	AGE	YES/NO
6-in-1 vaccine, Rotavirus, Men B	8 weeks old	
6-in-1 vaccine, Pneumococcal, Rotavirus	12 weeks old	
6-in-1 vaccine, Men B vaccine	16 weeks old	
Hib/Men C vaccine, MMR, Pneumococcal, MenB	1 year	
MMR vaccine, 4-in-1 pre-school booster	3 years & 4 months	

For guidance on vaccinations, see the NHS webpage:
www.nhs.uk/vaccinations/nhs-vaccinations-and-when-to-have-them/

Has your child ever had any infectious diseases: **YES/NO**
For example: mumps, measles, whooping cough, meningitis, scarlet fever, TB.

If yes, please give details: _____

_____

For 'notifiable diseases' see: www.gov.uk/guidance/notofoable-diseases-and-how-to-report-them

CURRENT PROVISION

Please detail below your child's current school/setting. Once your child has enrolled with us, we will be in touch with his/her current setting if we feel that we require further information about your child.

Current school/setting attended: _____

Tel No: _____ **Email:** _____

Class teacher/Key Worker: _____

ADDITIONAL FUNDING QUESTIONS

Are either Parent/Carer a serving member of the Armed Forces? **YES/NO**

Is your child entitled to free transport? **YES/NO**
Contact Lincs County Council for eligibility

Is your child entitled to Early Years Pupil Premium funding: **YES/NO**
You can ask your child's current nursery to confirm eligibility if you are unsure

Is your child entitled to Disability Access Funding: **YES/NO**

Any other information regarding your child that you may feel is relevant:

_____

_____

_____

_____

Signed: _____**Date:**_____

Please take care over the completion of these forms and ensure that any changes are notified to School as soon as possible. All forms should be returned to the school address as soon as possible.

Please note that this information will be computerised and used for administrative purposes within the school. Data will be stored securely as per our 'Privacy Notice for Parents'. A copy of this can be found on our school website.

St. Andrew's
Church of England Primary School
ENRICHING LIVES