



**The Godolphin Junior Academy**  
 Oatlands Drive, Slough, Berkshire, SL1 3HS  
 Tel: (01753) 521481



## Admission Form (Confidential)

All schools are required by law to keep on record details of children admitted. Please complete this form in BLOCK CAPITALS and hand it into the school office before your child can be admitted. Your child's birth certificate should be presented for copying and placing on file at the time of your child's admission to primary education.

### PUPIL DETAILS

Legal Surname: _____	Legal Forename: _____
Gender: <b>Male/Female</b> (delete as applicable)	Date of Birth: _____
Middle Name(s): _____	
Preferred Surname: _____	Preferred Forename: _____

### ADDRESS DETAILS

Number/Street: _____	
Town/City: _____	Postcode: _____

### DETAILS OF PARENTS

**Details of Parents:** We are required, by law, to keep a register of all parents of pupils at the school. This includes natural and adoptive parents and guardians, all of whom are entitled to vote in elections for school governors, etc., even if they do not have custody of the child. **Please TICK (✓) the custody box** for those parents who have custody.

<b>Mother's Surname:</b> _____		<b>Father's Surname:</b> _____	
<b>Title:</b> _____	<b>Forename:</b> _____	<b>Title:</b> _____	<b>Forename:</b> _____
<b>Address</b> (if not the same as pupil's address): _____ _____		<b>Address</b> (if not the same as pupil's address): _____ _____	
<b>Postcode:</b> _____		<b>Postcode:</b> _____	
<b>Tel No:</b> _____	Home: _____ Mobile: _____	<b>Tel No:</b> _____	Home: _____ Mobile: _____
e-mail: _____		e-mail: _____	
<b>Work/Company Name</b> (for emergency use): _____		<b>Work/Company Name</b> (for emergency use): _____	
Tel No: _____		Tel No: _____	
<b>Custody:</b> <input type="checkbox"/>	<b>Parental Responsibility:</b> Yes/No	<b>Custody:</b> <input type="checkbox"/>	<b>Parental Responsibility:</b> Yes/No
With whom does the child live?: _____			

### FOR SCHOOL USE ONLY

Registration Group: _____	UPN: _____
NC Year: _____	Admission Date: _____
Year Taught in: _____	Admission No: _____
Enrolment Status: _____	Attendance Mode: _____

  

<input type="checkbox"/> Birth Certificate Seen/Copied	<input type="checkbox"/> CTF File from Previous School Received
<input type="checkbox"/> Previous School Records Received	<input type="checkbox"/> CTF File Imported into SIMS
	<input type="checkbox"/> Added to Incerts

Please attach a copy of any court orders relating to your child. Please tick if attached:

Is the child resident with Foster Parents?: Yes  No   
 If 'yes', which Authority is financially responsible for maintenance? \_\_\_\_\_  
 Is the child a Looked After Child?: Yes  No   
 If 'yes', which Authority is financially responsible for maintenance? \_\_\_\_\_

### DETAILS OF FOSTER PARENTS/CARERS

<b>1<sup>st</sup> Carer Name:</b>		<b>2<sup>nd</sup> Carer Name:</b>	
<b>Address</b> (if not the same as pupil's address):		<b>Address</b> (if not the same as pupil's address):	
<b>Postcode:</b>		<b>Postcode:</b>	
<b>Parental Responsibility:</b> Yes/No		<b>Parental Responsibility:</b> Yes/No	
<b>Tel No:</b>	Home:	<b>Tel No:</b>	Home:
	Mobile:		Mobile:
e-mail:		e-mail:	
<b>Work/Company Name</b> (for emergency use):		<b>Work/Company Name</b> (for emergency use):	
Tel No:		Tel No:	

### CONTACTS

From time to time it may be necessary to contact someone during the school day, e.g. in case of a child's sickness. Please list below the contact details of whom to call on such occasions. Details should be listed in the order of contact preference and address details included, if contact address is different from the child's address or parents/guardians.

No	Name & relationship to the child	Parental responsibility	Daytime address and telephone number (if same as home address please write home)
1		<b>Yes/No</b> (delete as applicable)	<b>Address with post code:</b>  <b>Phone:</b>
2		<b>Yes/No</b> (delete as applicable)	<b>Address with post code:</b>  <b>Phone</b>
3		<b>Yes/No</b> (delete as applicable)	<b>Address with post code:</b>  <b>Phone</b>

### MEDICAL INFORMATION

ALL FIELDS TO BE COMPLETED

<b>Doctor's Name:</b>	
<b>Surgery Name &amp; Address:</b>	<b>Tel No:</b>

DIETARY NEEDS			
<input type="checkbox"/> Artificial colour allergy	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Kosher food only	<input type="checkbox"/> No dairy produce
<input type="checkbox"/> No nuts of any type/quantity	<input type="checkbox"/> No Pork	<input type="checkbox"/> Ramadan	<input type="checkbox"/> Seafood allergy
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Halal	<input type="checkbox"/> Other (please specify)	

MEDICAL INFORMATION			
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Eczema
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> A.D.H.D.
<input type="checkbox"/> Other: _____			

## ETHNIC/CULTURAL INFORMATION

The Department for Children, Schools and Families (DCFS) has asked for the collection of information on ethnicity, first language and religion of all pupils.

### ETHNICITY

<p><b>White</b></p> <p><input type="checkbox"/> English/British</p> <p><input type="checkbox"/> Traveller of Irish Heritage</p> <p><input type="checkbox"/> Gypsy/Roma</p> <p><input type="checkbox"/> Any other white background (please specify .....)</p> <p><b>Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background (please specify .....)</p>	<p><input type="checkbox"/> White Eastern European</p> <p><input type="checkbox"/> White European (please specify .....)</p> <p><input type="checkbox"/> Kashmiri Pakistani</p> <p><input type="checkbox"/> Mirpuri Pakistani</p> <p><input type="checkbox"/> Other Pakistani</p> <p><input type="checkbox"/> Sri Lankan Tamil</p>	<p><b>Mixed</b></p> <p><input type="checkbox"/> White &amp; Black Caribbean</p> <p><input type="checkbox"/> White &amp; Black African</p> <p><input type="checkbox"/> White &amp; Asian</p> <p><input type="checkbox"/> Any other mixed background (please specify .....)</p> <p><b>Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Black European</p> <p><input type="checkbox"/> African - Somali</p> <p><input type="checkbox"/> Other Black African (please specify .....)</p>
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<b>Country of birth:</b>	<b>Nationality:</b>	<b>Date of Entry into the UK:</b>	<b>Asylum Status:</b> Y/N (please delete as applicable)	<b>Refugee Status:</b> Y/N (please delete as applicable)
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### RELIGION

<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Church of England <input type="checkbox"/> Hindu	<input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Jewish <input type="checkbox"/> Mormon <input type="checkbox"/> Muslim	<input type="checkbox"/> Quaker <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Sikh <input type="checkbox"/> No Religion	<input type="checkbox"/> Other (Please Specify) <hr/>
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**FIRST LANGUAGE** – *The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community (regardless of child's proficiency in English) TICK ONE BOX ONLY*  
*If language is not listed below, please write it down next to 'Other'*

<input type="checkbox"/> Albanian/Shqip <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Chinese <input type="checkbox"/> Czech <input type="checkbox"/> English	<input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Gujarati <input type="checkbox"/> Hindi <input type="checkbox"/> Malay <input type="checkbox"/> Marathi	<input type="checkbox"/> Panjabi (Mirpuri) <input type="checkbox"/> Pashto/Pakhto <input type="checkbox"/> Persian/Farsi <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Romany/English Romanes	<input type="checkbox"/> Russian <input type="checkbox"/> Shona <input type="checkbox"/> Somali <input type="checkbox"/> Swahili/Kiswahili <input type="checkbox"/> Tamil <input type="checkbox"/> Urdu	<input type="checkbox"/> Other (Please Specify) <hr/>
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## ADDITIONAL INFORMATION

### MEALS

Entitled to Free Meals     
  Packed Lunch     
  Paid School Meals

**TRAVEL TO SCHOOL** – Please tick your child's usual mode of travel. If the journey to school involves more than one mode of travel tick the mode used for the greatest part, by distance, of the journey.

<input type="checkbox"/> Walk	<input type="checkbox"/> Cycle	<input type="checkbox"/> Car/Van	<input type="checkbox"/> Car Share (with a child/children from a different household)
<input type="checkbox"/> Public Bus Service	<input type="checkbox"/> Taxi	<input type="checkbox"/> Train	<input type="checkbox"/> Other

### FOR SCHOOL USE ONLY

LA provided transport     
 Route: \_\_\_\_\_

## SPECIAL EDUCATIONAL NEED

Does your child have an SEN Requirement? Yes  No

### Need Type:

<input type="checkbox"/> Behavioural and Social	<input type="checkbox"/> Deaf	<input type="checkbox"/> Epileptic
<input type="checkbox"/> Language Difficulties	<input type="checkbox"/> Speech	<input type="checkbox"/> Partially Hearing
<input type="checkbox"/> Specific Learning Diff.	<input type="checkbox"/> Moderate Learning Diff.	<input type="checkbox"/> Severe Learning Diff.
<input type="checkbox"/> Profound & Multiple Learning Diff.	<input type="checkbox"/> Autistic Spectrum Disorder	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Behaviour, Emotional and Social Diff.	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Multi Sensory Impairment
<input type="checkbox"/> Speech, Language and Communication	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Other: _____

**SCHOOL HISTORY**  
**ALL FIELDS TO BE COMPLETED**

PREVIOUS EDUCATION DETAILS	Contact Details	Date of Arrival (dd/mm/yy)	Date of Leaving (dd/mm/yy)	Reason for Leaving
School Name	Address:  Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
School Name	Address:  Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion

What is the child's position within Family (1<sup>st</sup> Child, 2<sup>nd</sup> Child, etc)?:  
\_\_\_\_\_

Has your child had an extended holiday/time, in or outside the UK, in the last 3 years? If yes, when?:  
\_\_\_\_\_ How long?: \_\_\_\_\_

Does your child wear glasses? (Delete as applicable): \_\_\_\_\_ Yes/No  
If yes, when do they need them?: \_\_\_\_\_

It would be helpful to have available the names and dates of birth of any older or younger siblings who are currently attending or have attended this school, or are likely to join this school at a later date:		
NAME	DATE OF BIRTH	CURRENT SCHOOL

Is there any further detail that your wish to ask/tell us about?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your first language English? Yes/No (Please delete as appropriate)  
If No, do you have anyone that can interpret for you?  
Interpreter Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

PARENTAL PERMISSION	
I give consent for my child to be included in the following (please TICK as appropriate):	
<input type="checkbox"/> Copyright Permission – To use the pupils work on school premises and website <input type="checkbox"/> Internet Access – Pupils will only be able to access appropriate sites and material <input type="checkbox"/> School Visit – Permission to take the pupil off premises for local school trips/visits.	<input type="checkbox"/> Photograph Student – To use the pupils image for school and curriculum purposes only. <input type="checkbox"/> Sex Education – Year 6 pupils only. <input type="checkbox"/> Data Exchange – To share pupil information with local and national government organizations.

**PARENTAL DECLARATION**

**DATA PROTECTION STATEMENT:**  
The purpose of this form is to collect data for further processing within the school/Local Authority systems. Your signature on this form implies your consent for the school/Local Authority to process the data. The data will be processed in accordance with the purposes notified by the school/Local Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the school's database.

**DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:**  
I declare the above information to be correct to the best of my knowledge at the time of completion.  
I agree to notify the school of any change to my child's circumstances.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

