



Admission Date: \_\_\_\_\_ UPN: \_\_\_\_\_

No: \_\_\_\_\_ Class: \_\_\_\_\_ House: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_ Records sent for: \_\_\_\_\_

## The Magdalen Church of England/Methodist School Wainfleet

### Pupil Details:

Legal Surname: \_\_\_\_\_ Preferred Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Known Name: \_\_\_\_\_

Middle Names: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Last School Attended (with dates) \_\_\_\_\_

Method of transport to school \_\_\_\_\_

Please provide the names of any siblings who attend this school \_\_\_\_\_

### Parent 1

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Parental Responsibility ☐ Yes ☐ No

Relationship to child \_\_\_\_\_ Date of birth \_\_\_\_\_ NI Number \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

Address if different from above \_\_\_\_\_

### Parent 2

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Parental Responsibility ☐ Yes ☐ No

Relationship to child \_\_\_\_\_ Date of birth \_\_\_\_\_ NI Number \_\_\_\_\_

Telephone numbers: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

Address if different from above \_\_\_\_\_

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**Other Phone Contacts in case of Illness/Accident (Please state relationship to child. E.G. Grandparent/Aunt/Brother/Neighbour/Friend)**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

The Department of Education requires Local Education Authorities to collect statistical data about pupils in its schools. It would be helpful, therefore, if you could complete the following. It should be remembered that parents are not obliged to give this information.

**Ethnicity**

White British	–		White Other	–		Asian – Indian		Asian – Other		Chinese	
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Any other ethnic group \_\_\_\_\_ (Please specify)

**Nationality** \_\_\_\_\_ (Please specify)

**Home Language**

First language: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

**Religion:** \_ \_\_\_\_\_ (e.g. Christian, Jewish, Muslim, Sikh, No Religion etc.)

**Is either parent currently serving in the UK military?** YES/NO

**Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access etc.)** \_\_\_\_\_

**Medical Information**

Doctor's name \_\_\_\_\_

Medical Practice and telephone number \_\_\_\_\_

Do you give permission for the school to call the doctor in an emergency? YES/NO

Do you give permission for the school to administer first aid in an emergency? YES/NO

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken. (e.g. Asthma, Epilepsy, Allergies etc.)

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## PARENTAL CONSENT FORM

To help us make your child comfortable and secure at school and get the maximum enjoyment from his or her learning, there are one or two points we should like you to consider. If you are happy with all of the activities mentioned, please tick and sign below.

### Internet use

- ☐ The school has a secure Internet access network. I am happy for my child to use this facility, provided they are well supervised.

### Walks and activities beyond the school grounds

- ☐ I am happy for my child to participate in walks and activities which involve leaving the school environment to make observations and environmental studies. I understand that I will be informed if this involves any transportation.

### Cooking and tasting activities

- ☐ I am happy that my child is able to participate in these activities. I have noted, overleaf, any special medical conditions which are likely to affect my child's health.

I am happy for my child to participate in the activities mentioned above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please note any special circumstances which may affect your child in any of the activities mentioned above.

### Photographs – please tick if in agreement:

- ☐ I give permission for my child to be photographed whilst taking part in school activities.
- ☐ I give permission for my child to be photographed for publication in newspapers and school website, I understand that their name will not be included.
- ☐ I would like a member of the senior leadership team to contact me to discuss this issue further.

Signed \_\_\_\_\_ Date \_\_\_\_\_