

Beaconside Primary and Nursery School Admission Form



CHILD'S DETAILS

Name of child	
Date of Birth	
Ethnicity	
Home Language	
Other Languages Spoken at Home	
Religion	

PARENT/ CARERS' DETAILS

Parent/Carer 1		Parent/Carer 2	
Address		Address	
Postcode		Postcode	
	Please indicate which number is to be used in the case of an emergency.		Please indicate which number is to be used in the case of an emergency.
Mobile Number		Mobile Number	
Home Number		Home Number	
Work Number		Work Number	
E-mail Address		E-mail Address	

Emergency Contacts

Please provide two additional contacts we can get in touch with, should the parent/carers not be available in an emergency:

Name	
Relationship to Child	
Contact number(s)	

Name	
Relationship to Child	
Contact number(s)	

Collection of Child

The following people are authorised to collect my child from School

Full Name	Relationship to child.

Dietary Requirements

Details of any special dietary requirements / food allergies

Please give details of severity and known symptoms

Vegetarian		Nut Allergy	
Vegan		Diary Allergy	
Halal		Artificial Food Colouring Allergy	
Pork Free		Gluten Intolerance	
Kosher		Other	

Further information regarding dietary requirements:

Medical Information

Details of any known medical conditions and/or allergies and details of any long-term medication such as EpiPen or inhaler. For some medical conditions, a separate care plan will be created.

Doctor's Name	
Surgery Name	
Address of Surgery	
Telephone Number	

Previous school/Nursery

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About Your Child - what do we need to know?

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Signed By	Date	
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The information supplied on this form will be processed in accordance with the requirements of the General Data Protection Regulations 2018. Please see the school's privacy notice for further information.

School to complete

Identification Type	Original Seen By	Date
Birth Certificate		
Proof of Address		