Is your child entitled to free school dinners? **Yes** ☐ **No** ☐

Does your child have any health problems /diagnosed conditions and or syndromes/allergies etc.

.....

.....

.....

Is your child on any regular medication? Yes ☐ No ☐

If so please give details.....

.....

I am willing to share any medical information held by the school nurses on site with school staff

Yes ☐ No ☐

Are there any other professionals / agencies involved with your child.....

.....

.....

Do you consider yourself to have a disability **Yes** ☐ **No** ☐ If yes

Are there any adjustments we can make to help you support your child?

.....

.....

Please tick one box only below to indicate the ethnic background of your child.

White
British ☐
Irish ☐
Traveller of Irish Heritage ☐
Gypsy/Roma ☐
Any other white background ☐

Asian or Asian British
Indian ☐
Pakistani ☐
Bangledeshi ☐
Any other Asian background ☐
Chinese ☐

Black or Black British
Caribbean ☐
African ☐
Any other black background ☐

Mixed
White & Black Caribbean ☐
White & Black African ☐
White Asian ☐
Any other mixed background ☐
Any other ethnic background ☐

Does your child wear earrings for pierced ears? Yes ☐ No ☐
(If Yes, you will require an Indemnity Form from the Civic Centre)

Would you please provide us with the following information to help us support your child

Who has parental responsibility for the child?

Full Name **(1)**..... **(2)**.....

Relationship to child..... .....

Address ....
(if different from above)
....

Daytime Tel No..... .....

Home Telephone No..... **Work Telephone No**..... **Mobile No**.....

If we have any concerns about your child we may need to contact you. Please name emergency contacts in case you are not available

Emergency Contact No	2nd Contact
Name.....	**Name**.....
Address.....	**Address**.....
Daytime Tel No.....	**Daytime Tel No**.....
Mobile No.....	**Mobile No**.....
Relationship to child.....	**Relationship to child**.....

Name of your child's doctor.....

Address.....

.....

Doctors Telephone Number.....

Family Details

Brothers..... **Date of birth**..... **School**.....

....

Sisters..... ....

....

We would like the following educational information
Has your child attended a previous school / nursery? **Yes** ☐ **No** ☐ If yes

Name of Nursery / School .....

To which religion (if any) is your family affiliated? .....

Which languages are spoken at home?.....

Parental consents
Photographs (additional to National Curriculum)
Pupils are photographed / filmed in connection with school plays, concerts, prize giving, residentials, school trips, performances and sport events for educational purposes.

Parental photography in schools traditionally forms an enduring part of each family's record of their child's progress and a celebration of success and achievement.

We require your permission for these photographs to be taken

'Photography' includes film, video and digital imaging

I give permission for photographs of my child to be taken

Yes ☐ No ☐

Web Site
I give permission for photographs of my child to be used on the school web site

Yes ☐ No ☐

Activities
I give permission for my child to take part in out of school activities during the school day

Yes ☐ No ☐

Suncream
I give permission for school to apply suncream to my child if necessary Yes ☐ No ☐

Aromatherapy
I give permission for the use of aromatherapy oils during hand / foot massage on my child

Yes ☐ No ☐

I accept that positive behaviour strategies are employed across school for the well-being of all

Signed.....**Parent / Guardian**

Date.....

Sunningdale School

Admission Form

Sunningdale School

Child's surname.....

Child's forenames.....

Child's address.....

.....

.....

Post code.....

Date of birth.....

Boy ☐ **Girl** ☐