

# Otterham C P School

Marshgate Camelford Cornwall PL32 9YW

[www.otterhamschool.co.uk](http://www.otterhamschool.co.uk)

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## CONFIDENTIAL ADMISSION FORM

The information given here will be recorded and maintained on the school's information management systems, this data will be accessible only to authorised personnel and subject to control under the data protection act.

**Please note – Filling out this form does not constitute an offer of admission.**

PUPIL DETAILS	
Legal Forename:	Preferred Forename:
Legal Surname:	Preferred Surname:
Middle Names:	
Previous Surname/s if relevant:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

PASTORAL / REGISTRATION INFORMATION: FOR OFFICE USE ONLY				
Registration Group:		House:		
Admission Date:		Enrolment Status:		
Admission Number:		UPN:		
Pupil Premium: <input type="checkbox"/> SEN: <input type="checkbox"/> Birth Certificate Seen: <input type="checkbox"/>		Part-time dates:		
Early Years Attendance Patterns:				
MON: AM / PM / All day	TUES: AM / PM / All day	WED: AM / PM / All day	THURS: AM / PM / All day	FRI: AM / PM / All day
Notes:				
CTF <input type="checkbox"/> Paper File <input type="checkbox"/> Documents <input type="checkbox"/> Assessment Data <input type="checkbox"/> Options <input type="checkbox"/> Timetable <input type="checkbox"/>				

PUPIL ADDRESS	
The address at which the child lives the majority of the time in a typical week.	
Post Code:	House Name/Number:
Street/District	County:

CONTACTS		
Contact/Priority 1		
Title:	Forename:	Surname:
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:		House Name/Number:
Street/District:		Town/City
Additional Information:		

Contact/Priority 2		
Title:	Forename:	Surname:
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:		House Name/Number:
Street/District:		Town/City
Additional Information:		

Contact/Priority 3		
Title:	Forename:	Surname:
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:		House Name/Number:
Street/District:		Town/City
Additional Information:		

Contact/Priority 4		
Title:	Forename:	Surname:
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:		House Name/Number:
Street/District:		Town/City
Additional Information:		

FAMILY LINKS Please list brothers and sisters (including half/step family) currently at this school				
Surname	Forename	Gender	Date of Birth	Same Address?
		M / F		Y / N
		M / F		Y / N
		M / F		Y / N

DIETARY INFORMATION	
What meal arrangement will the child typically have? (Please tick one only) <input type="checkbox"/> School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Go home	
If the child is Year 2 or below: The government provides a free meal for all children in year 2 or below. Do you believe the child would be eligible for a free meal if the government was not doing this?	Y / N
Please indicate any relevant food allergies or dietary needs:	

MEDICAL INFORMATION	
<input type="checkbox"/> Emergency Medical Consent	(Ticking this box confirms that you authorise the school to initiate appropriate medical treatment in the event of an emergency).
Medical Practice:	Practice Address:
Doctor's Name:	
Practice Telephone:	
Please indicate any known medical conditions	
<input type="checkbox"/> No Medical Conditions <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Eczema	<input type="checkbox"/> Myalgic Encephalopathy <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Chronic Fatigue Syndrome <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Other – Please specify below
<input type="checkbox"/> Post Viral Fatigue Syndrome <input type="checkbox"/> Arthritis <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> ADHD <input type="checkbox"/> Allergies – Please specify below	

<b>Additional Information:</b> Please note any details that will enable us to better support your child whilst attending this school. If you need more space please use an additional sheet of paper and tick here to confirm that you have done so: <input type="checkbox"/>
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SCHOOL HISTORY	
Previous School Name:	Previous School Address:
Previous School Tel Number	
Dates Attended : From (dd/mm/yy): To: (dd/mm/yy):	

ETHNIC / CULTURAL INFORMATION	
Ethnicity:	Religion:
First Language:	Home Language:
Country of Birth:	Nationality:
Additional Information:	
Traveller Status: <b>Y / N</b> If Yes, please provide the following: Traveller Status: <input type="checkbox"/> Gypsy/Roma (Housed) <input type="checkbox"/> Gypsy/Roma (Travelling) <input type="checkbox"/> Occupational (Traveller) <input type="checkbox"/> Traveller (Other) From (Date): .....	

ADDITIONAL INFORMATION	
Mode of Transport - Please state the mode your child will use most regularly to travel to and from school. <input type="checkbox"/> Public Bus Service <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> Walks <input type="checkbox"/> Car Share (with child/children) <input type="checkbox"/> Dedicated School Bus <input type="checkbox"/> Cycle	
<input type="checkbox"/> Youth Support Services Agreement	<i>(Ticking this box confirms that you authorise the school to share relevant data with agencies to support the applicant with career guidance).</i>

PUPIL PREMIUM Is the pupil entitled to Pupil Premium Funding?	
Has either of the applicant's parents been in a Service Profession in the last four years?	<b>Y / N</b>
Is the applicant currently In Care, or has he/she ever been In Care (this includes adopted from care)?	<b>Y / N</b>
Is the applicant currently eligible for Free School Meals	<b>Y / N</b>
Has the applicant been eligible for Free School Meals within the last 6 years?	<b>Y / N</b>
If you have answered Yes, please give full details below. You will also need to provide us with documentary evidence. Please attach a copy or bring in an original document so we can copy it for our files.	
<input type="checkbox"/> Documentation included	

PARENTAL / CARER CONSENTS: I/We confirm that I consent/do not consent to the items listed below	
Copyright Permission:	<b>Y / N</b>
Internet Access:	<b>Y / N</b>
Photograph Pupil / Media Consent	<b>Y / N</b>
Sex Education	<b>Y / N</b>
Data Exchange	<b>Y / N</b>
School Trips and Visits	<b>Y / N</b>
My child's photograph can appear in the school newsletter and prospectus which appears on the internet	<b>Y / N</b>
The school can video my child during performances	<b>Y / N</b>
The school can sell videos of performances containing my child to other parents within the school.	<b>Y / N</b>
I am happy for other parents to take pictures during school performances when my child is in view	<b>Y / N</b>
The press (local newspapers) can take and publish images of my child giving first name and surname.	<b>Y / N</b>

SIGNATURES	PRINT NAME	DATE
Parent/Carer 1:		
Parent/Carer 2:		

**Thank you for completing this form. Please return it to the school office as soon as possible**