# School Information Management System Admission Form 2026/27

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| Pupil Details | | | | |
| **Legal Forename** | |  | | |
| **Middle Name(s)** | |  | | |
| **Legal Surname** | |  | | |
| **Preferred Surname** | |  | | |
| **Preferred Forename** | |  | | |
| **Date of Birth** | |  | | |
| **Gender** | |  | | |
| **NHS number** | |  | | |
| **Home Address** | |  | | |
| **Postcode** | |  | | |
| **Religion** |  | | | |
| **Ethnicity** |  | | | |
| **First Language** |  | | | |
| **Home Language** |  | | | |
| **Country of Birth** |  | | | |
| **Nationality** |  | | | |
| **Passport Number** |  | | | |
| **Passport Expiry Date** |  | | | |
| **Court Order for Child?** | | | YES | NO |
| **Looked-after or previously looked-after child?** | | | YES | NO |
| **Service Child in Education?** | | | YES | NO |
| **Eligible for Free School Meals?** | | | YES | NO |

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| Medical Information | |
| **Name of GP** |  |
| **Surgery Address** |  |
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| **Postcode** |  |
| **Telephone** |  |
| MEDICAL HISTORY Details of any medical history that the school should be aware of e.g. allergies, asthma, diabetes, prescribed medicine etc. | |
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| Any Other Requirements |
| DIETARY REQUIREMENTS Details of any special dietary requirements e.g. Vegetarian, no egg allowed (Hindu) etc. |
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| OTHER REQUIREMENTS Information or requests that you feel would be helpful for the school to be aware of. |
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| Family / Contact Details | | |
| **PARENT 1 Details** | | **PARENT 2 details** |
| **Title** |  |  |
| **Legal Forename** |  |  |
| **Middle Name(s)** |  |  |
| **Legal Surname** |  |  |
| **Date of Birth** |  |  |
| **Relationship to child** |  |  |
| **National Insurance number** |  |  |
| **Home Address** |  |  |
| **Postcode** |  |  |
| **Email Address** |  |  |
| **Main Contact Number** |  |  |
| **Home Phone Number** |  |  |
| **Mobile Number** |  |  |

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| Emergency Contact Number | | |
| IF we are unable to contact you in an emergency, please give the name and contact details of a relative/friend/child-minder that we may contact: | | |
| **Title, Name and Surname** | **Relationship to your child** | **Contact Number** |
|  |  |  |
| **Title, Name and Surname** | **Relationship to your child** | **Contact Number** |
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| **Title, Name and Surname** | **Relationship to your child** | **Contact Number** |
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| Attendance | |
| When will your child start at Barley and Barkway Federation? | |
| If your child will attend Nursery at Barley and Barkway Federation, please confirm their attendance pattern – all week, Monday through Friday, or only certain days of the week? | |
| If your child attended another educational setting prior to starting at Barley and Barkway Federation, please provide the following information: | |
| **Name of School / Nursery / Pre-school** |  |
| **Address** |  |
|  |
| **Postcode** |  |
| **Telephone** |  |
| **Attended from - to** |  |

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Parent / Guardian Signature Date

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Parent / Guardian Name and Surname