

Clifton with Rawcliffe



Admission Form

Eastholme Drive
York YO30 5TA
Tel: 01904 555230

Strictly Confidential

Child's Surname	
-----------------	--

Child's Forenames <small>(Please underline the name by which your child is known)</small>		Gender	
--	--	--------	--

Date of Birth		Names of any brothers or sisters already at Clifton with Rawcliffe	
---------------	--	--	--

Address	
---------	--

Postcode (Essential)	
-------------------------	--

Email	
-------	--

Telephone Number	
------------------	--

Service Child - does any parent serve in the Armed Forces?	
--	--

LETTERS SENT HOME: In order that letters can be correctly addressed, please would you complete the following:	
Surname of parents/guardians	
Title or titles and initials of parents/guardians (e.g. Mr & Mrs, or Mr & Ms, or Mr and Doctor, or Miss)	
Parental Name and Address if differing from above <small>(For Correspondence e.g. School Reports, Parent Evening Notification etc)</small>	

NURSERY CHILDREN: If you are applying for your child to enter the nursery, do you intend that your child will continue into the reception class?					
Yes		No		If No which school will you be considering?	
Name, Address and Telephone No of Previous Early Years Setting or School <small>(if applicable)</small>					

Emergency Contact Details

It is essential that we can contact someone by telephone in an emergency during school hours. Would you please complete **ALL** the relevant sections including the priority box e.g. 1st(contact), 2nd, 3rd etc.

*This information is purely to help us make contact in an emergency. The occupation is not essential provided we have got sufficient information to enable us to make contact.

Mother's/Guardian's Full Name		Occupation*	
Place of Work		Telephone Number	Priority <input type="checkbox"/>
Father's/Guardian's Full Name		Occupation*	
Place of Work		Telephone Number	Priority <input type="checkbox"/>

If contacting someone at home or work is impossible during the day please give details of a friend or relative who can be reached (as many as possible please!). Again please put in priority order.

Full Name			
Relationship to child		Telephone Number	Priority <input type="checkbox"/>
Full Name			
Relationship to child		Telephone Number	Priority <input type="checkbox"/>
Full Name			
Relationship to child		Telephone Number	Priority <input type="checkbox"/>
Full Name			
Relationship to child		Telephone Number	Priority <input type="checkbox"/>

Medical and Personal Details

Does your child suffer from asthma/epilepsy?

If the answer is yes you will be required to complete an asthma card and/or an On Going Illness Form when your child starts school/nursery.

Please ✓ appropriate box Yes No

If Yes please give details:

Is your child a diabetic?

If the answer is yes you will be required to complete an On Going Illness Form when your child starts school/nursery.

Please ✓ appropriate box Yes No

If yes please give details:

Does your child have a sight problem necessitating special treatment (e.g. needs to sit near front of the class)?

Please ✓ appropriate box Yes No

If yes please give details:

Does your child have a hearing problem necessitating special treatment (e.g. needs to sit near front of the class)?

Please ✓ appropriate box Yes No

If yes please give details:

If required please continue on a separate sheet and secure to this form.

Name and address of Family Doctor		Telephone Number	
-----------------------------------	--	------------------	--

Please Note - This information is required for DfES statistical purposes.
 Please study the list below and ✓ the correct category for the pupil named on this form. Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry of family history. **Ethnic background is not the same as nationality or country of birth.**

Nationality			
Ethnic Origin ✓			
WHITE:		ASIAN OR ASIAN BRITISH:	
British		Indian	
Irish		Pakistani	
White European		Bangladeshi	
White - Other (please state)		Any other Asian background (please state)	
Gypsy/Roma		BLACK OR BLACK BRITISH:	
Traveller of Irish Heritage		African	
MIXED:		Caribbean	
White and Black Caribbean		Any other Black background	
White and Black African		Chinese	
White and Asian		Any other ethnic background	
Any other mixed background (please state)		I do not wish an ethnic background category to be recorded	
Language ✓			
Bengali		Hindi	
Cantonese		Italian	
English		Panjabi	
Greek		Portuguese	
Gujerati		French	
Other (please state)			
Religion ✓			
Christian		Islam	
Hindu		Buddhist	
Jewish		No religion	
Muslim			
Sikh		Other (please state)	

Signed		Date	
---------------	--	-------------	--

We do need to see your child's birth certificate. Please bring this along with you or supply a copy.
 If there is any other information, which you think we should have, please attach a separate sheet.

Notes on this Application (Office use only)	Office Use Only	
	Date Application Received	
	Birth Certificate seen	
	Place offered	
	Start Date	