

Easington Church of England Primary School Admission Form



Surname:			Legal Surname (i	f			
				different):			
Forename:			Middle name:				
Chosen name:			Gender:				
Date of Birth:			Year Group:				
Address:							
Post Code:							
Post Code.							
Contact	Details						
		all persons who	have parental responsibility	and anyone else yo	ou wish to be contacted in an		
			r that you wish for them to be				
_	•		•		-		
Priority	Name/Relationship		Home information		Work information		
			Address:		Address:		
1							
			Tel:				
			Mobile:		Tel:		
			Email:		Mobile:		
			Address:		Address:		
2							
			Tel:		Tel:		
			Mobile:		Mobile:		
			Address:		Address:		
3							
			Tel:		Tel:		
			Mobile:		Mobile:		
Meal Arrai	agomont						
	cked Lunch	Paid	d School Meal Unive	ersal Free School M	leal (Vears R/1 and 2)		
Dietary Ne	eds:						
Medical Practice:							
Address:							
Telephone Number:							
Medical Condition(s)							
Medical Note(s)							

Name of any siblings in school						
Service Child (Parent/Carer in Armed Forces)	Yes / No (please circle and give details below)					
Please tick here if the child does not live with their birth family i.e. Adoption, Child Arrangement Order, Special Guardianship Order or Residence order (in confidence)						
Travel Arrangements: Bicycle Car/Van Walk Taxi Public Bus Service						
Ethnicity:						
Home Language: Ro	eligion:					
Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES. The information given will be transferred to the school's computer system. Under the GDPR, any person named on this form has the right to check the information recorded. The law entitles all parents with parental responsibility to receive information regarding their child.						
Signature:	Date:					