

# St Erme with Trispen Community Primary School

Trispen, Truro, Cornwall. TR4 9BJ

Tel. 01872 279539. Email. [secretary@st-erme.cornwall.sch.uk](mailto:secretary@st-erme.cornwall.sch.uk)



## 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 2018 (GDPR).

Full details of our Privacy Notice can be found on our website: [www.st-erme.cornwall.sch.uk](http://www.st-erme.cornwall.sch.uk)

**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:	
<b>Early Years Attendance Patterns:</b>				
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"/>				

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:			
<b>Address Details (if same as applicant just tick here) <input type="checkbox"/></b>			
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:

<b>FAMILY LINKS</b> 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

<b>DIETARY INFORMATION</b>	
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	
Does your child currently receive Free School Meals?	Y / N
<b>If the child is Year 2 or below:</b> 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

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

**Additional Information:**  
 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:

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	
Under GDPR guidance, this information is optional: you do not need to complete this section if you would prefer not to. Please refer to our Privacy Notice for more information.	
Ethnicity:	Religion:
First Language:	Home Language:
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

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 six years?	Y / N
Is the applicant currently In Care, or has he/she ever been In Care (this includes adopted from care)?	Y / N
Is the applicant currently eligible for Free School Meals	Y / N
Has the applicant been eligible for Free School Meals within the last 6 years?	Y / N
If you have answered Yes to any of the questions above, 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	

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