



WELCOME TO

CHRIST CHURCH C of E AIDED PRIMARY SCHOOL, MORETON

ADMISSION FORM

OFFICE USE ONLY

UPN NO.....

ADMISSION NO.....

BIRTH CERT NO

CHILD'S DETAILS

LEGAL SURNAME:	FORENAME:
PREFERRED SURNAME:	MIDDLE NAME:
DATE OF BIRTH:	GENDER:
NATIONALITY:	COUNTRY OF BIRTH:
ADOPTED FROM CARE Yes/No	GUARDIANSHIP: ORDER Yes/No
CURRENTLY IN CARE OF LOCAL AUTHORITY Yes/No	CURRENTLY IN FOSTER CARE Yes/No

WE WILL NEED SIGHT OF YOUR CHILD'S BIRTH CERTIFICATE/PASSPORT PRIOR TO THEM STARTING SCHOOL

CHILD'S HOME ADDRESS AND HOME TELEPHONE NUMBER

ADDRESS:	HOME TEL NO:
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PARENTS/CARERS (AT PUPIL'S ADDRESS)

It is essential that we are informed of any changes

Miss/Ms/Mrs/Mr/Other	Address:	Contact details
Forename:		Home no:
Surname:		Work no:
Relationship to pupil:		Mobile No
Parental responsibility Y/N		Email:
Member of armed forces Y/N		

Miss/Ms/Mrs/Mr/Other	Address:	Contact details
Forename:		Home no:
Surname:		Work no:
Relationship to pupil:		Mobile No
Parental responsibility Y/N		Email:
Member of armed forces Y/N		

PARENT/CARERS (NOT AT PUPIL'S ADDRESS)

Miss/Ms/Mrs/Mr/Other	Address:	Contact details
Forename:		Home no:
Surname:		Work no:
Relationship to pupil:		Mobile No
Parental responsibility Y/N		Email:
Member of armed forces Y/N		

Miss/Ms/Mrs/Mr/Other	Address:	Contact details
Forename:		Home no:
Surname:		Work no:
Relationship to pupil:		Mobile No
Parental responsibility Y/N		Email:

EMERGENCY CONTACT DETAILS IF WE ARE UNABLE TO CONTACT THOSE LISTED ABOVE

Miss/Ms/Mrs/Mr/Other	Address:	Contact details
Forename:		Home no:
Surname:		Work no:
Relationship to pupil:		Mobile No

PLEASE WRITE ANY FURTHER INFORMATION YOU MAY WISH TO SHARE WITH SCHOOL REGARDING FAMILY CIRCUMSTANCES (EG COURT ORDERS, ACCESS ETC)

MEDICAL/HEALTH INFORMATION

NAME AND ADDRESS OF DOCTOR	TELEPHONE NUMBER

PLEASE CIRCLE ANY OF THE FOLLOWING CONDITIONS THAT APPLY TO YOUR CHILD:

ASTHMA	YES/NO	SPEECH/LANGUAGE DELAYS	YES/NO
OTHER RESPIRATORY ISSUES	YES/NO	FAINING ATTACKS	YES/NO
EPILEPSY	YES/NO	MIGRAINES	YES/NO
HEART TROUBLE	YES/NO	SKIN CONDITIONS	YES/NO
ALLERGIES	YES/NO	SIGHT/HEARING IMPAIRMENT	YES/NO
SEVERE ALLERGIES (PRESCIBED EPIPEN)	YES/NO	ADHD DIAGNOSIS	YES/NO
DIABETES	YES/NO	ASD DIAGNOSIS	YES/NO
HAY FEVER	YES/NO	ANY OTHER MEDICAL CONDITION	YES/NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE GIVE DETAILS BELOW

DOES YOUR CHILD REQUIRE ANY MEDICATION FOR THE ABOVE? YES/NO IF YES PLEASE GIVE DETAILS BELOW

DOES YOUR CHILD HAVE ANY SPECIFIC DIETARY REQUIREMENTS? YES/NO

CURRENTLY UNDER GOVERNMENT LEGISLATION ALL CHILDREN IN FS2, YEAR1 AND YEAR 2 WILL RECEIVE A UNIVERSAL FREE SCHOOL MEAL. HOWEVER IF YOU OR YOUR PARTNER ARE IN RECEIPT OF ANY OF THE BENEFITS DETAILED BELOW PLEASE APPLY FOR PUPIL PREMIUM AS THIS ENTITLES THE SCHOOL TO ADDITIONAL FUNDING TO SUPPORT YOUR CHILD.

ELIGIBILITY CRITERIA Parents/Carers are entitled to get free school meals & milk for their child if they are in receipt of any of the following

- Income Support
- Income based Jobseekers Allowance
- Guaranteed Pension Credit
- Child Tax Credit with a total annual taxable income of less than £16,190 and not receiving Working Tax Credit
- Income related Employment & Support Allowance
- Universal Credit with a net income below £7400
- Have successfully obtained asylum status

PLEASE COMPLETE IN FULL THE ENCLOSED FORM AND RETURN TO SCHOOL OFFICE TO ENABLE US TO APPLY ON YOUR BEHALF

PERMISSION SLIPS

PHOTOGRAPHS OF YOUR CHILD

DURING YOUR CHILD'S SCHOOL LIFE, WE LIKE TO TAKE PHOTOS AND BRIEF FILMS OF THE CHILDREN TAKING PART IN VARIOUS ACTIVITIES TO PROVIDE EVIDENCE OF THEIR ACHIEVEMENTS. ANY VIDEO CLIPS WILL ONLY BE FOR SCHOOL USE. WE NEVER DISPLAY A PHOTO OF YOUR CHILD WITH THEIR NAME. PLEASE SIGN THOSE STATEMENTS BELOW WHICH YOU CONSENT TO:

I AGREE TO PHOTOS/VIDEOS OF MY CHILD TO BE DISPLAYED AROUND SCHOOL signed

I AGREE TO PHOTOS OF MY CHILD TO BE USED ON THE SCHOOL WEBSITE AND TWITTER FEED signed.....

I AGREE TO PHOTOS OF MY CHILD TO BE USED IN THE WIDER COMMUNITY IE NEWSPAPERS signed.....

CHARGING FOR SCHOOL ACTIVITIES

OUR AIM IS TO DELIVER A BROAD AND RICH CURRICULUM, SOME ACTIVITIES INVOLVED IN THIS MAY INCUR AN ADDITIONAL COST; SUCH AS SCHOOL TRIPS, CRAFT & COOKING ACTIVITIES. DUE TO GOVERNMENT LEGISLATION, SCHOOLS ARE UNABLE TO CHARGE FOR SUCH ACTIVITIES BUT MAY ASK FOR A VOLUNTARY CONTRIBUTION TOWARDS THE COST.

I AGREE TO SUPPORT THE SCHOOL AND WILL MAKE A VOLUNTARY CONTRIBUTION WHEN REQUESTED signed.....

IF YOU ARE HAVING DIFFICULTY MAKING A CONTRIBUTION PLEASE SPEAK WITH THE SCHOOL OFFICE SO THAT WE CAN MAKE AN INDIVIDUAL ARRANGEMENT OR CHECK TO SEE IF YOU ARE ENTITLED TO ANY ASSISTANCE. YOUR PRIVACY IN THIS MATTER WILL BE RESPECTED.

VISITS AROUND THE LOCAL AREA

WE HAVE CLOSE LINKS WITH CHRIST CHURCH AND THE LOCAL COMMUNITY AND SOME SCHOOL ACTIVITIES WILL TAKE PLACE AT CHRIST CHURCH, THE PARISH CENTRE AND VARIOUS LOCAL VENUES. YOU WILL BE INFORMED OF ANY VISITS PRIOR TO THEM TAKING PLACE BUT DO NOT NEED TO PROVIDE CONSENT FOR EACH ACTIVITY IF YOU CONSENT BELOW:

- I AGREE FOR MY CHILD TO VISIT CHRIST CHURCH AND PARISH CENTRE signed
- I AGREE FOR MY CHILD TO VISIT MORETON LIBRARY signed
- I AGREE FOR MY CHILD TO VISIT MORETON SHORE signed
- I AGREE FOR MY CHILD TO VISIT LINGHAM PARK signed
- I AGREE FOR MY CHILD TO VISIT CLARE MOUNT SPORTS COLLEGE signed
- I AGREE FOR MY CHILD TO VISIT MORETON POST OFFICE signed
- I AGREE FOR MY CHILD TO VISIT HARVEST COURT NURSING HOME signed
- I AGREE FOR MY CHILD TO WALK AROUND MORETON CROSS signed
- I AGREE FOR MY CHILD TO VISIT OTHER LOCAL PRIMARY SCHOOLS signed

I understand that

Such visits will normally take place within the school/establishment normal hours, but that if, occasionally, they are likely to extend beyond this, adequate advance notice will be given so that I can make appropriate arrangements for my child return home.

My specific permission will be sought for any visits beyond those listed above or which could involve commitment to extended journeys, times or expense.

All reasonable care will be taken of my child during the visit.

My child will be under an obligation to obey all directions given and to observe all rules and regulations governing the visit and will be subject to all normal school/establishment discipline procedures during the visit.

I must inform school/establishment of any medical or behavioural condition or physical disabilities that may effect them during the visit.

I understand the extent and limitations of the insurance cover provided and that Wirral Council is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

ETHNIC ORIGIN

PLEASE TICK ONE BOX ONLY

WHITE	
BRITISH	
IRISH	
TRAVELLER OF IRISH HERITAGE	
GYPSY/ROMA	
ANY OTHER WHITE BACKGROUND	

MIXED	
WHITE & BLACK CARIBBEAN	
WHITE AND BLACK AFRICAN	
WHITE AND ASIAN	
ANY OTHER MIXED BACKGROUND	

ASIAN OR ASIAN BRITISH	
INDIAN	
PAKISTANI	
BANGLADESHI	
ANY OTHER ASIAN BACKGROUND	

BLACK OR BLACK BRITISH	
CARIBBEAN	
AFRICAN	
ANY OTHER BLACK BACKGROUND	

CHINESE	
ANY OTHER ETHNIC BACKGROUND	

FIRST LANGUAGE	
HOME LANGUAGE	
RELIGION TO BE OBSERVED IN SCHOOL	

SIBLING INFORMATION

NAMES OF SIBLINGS	DATE OF BIRTH

PREVIOUS SCHOOL/PRE-SCHOOL/NURSERY SETTING

NAME AND ADDRESS	TEL NO

I/WE CONFIRM THE DETAILS ON THIS ADMISSION FORM ARE CORRECT. IF THERE ARE ANY CHANGES TO PUPIL DETAILS I/WE WILL INFORM THE SCHOOL IMMEDIATELY.

NAME OF PARENT/CARER	SIGNATURE	DATE