

Barford Road  
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# Barford Primary School Admission Form

All information will be treated as confidential to the school  
**PLEASE PRINT CAREFULLY**



Year Group \_\_\_\_\_

## Child's Details

Child's Surname:		Forename(s):	
Preferred Forename(s):		Middle Name:	
Date of Birth:		Gender	
Address:			
	Postcode		

## Persons with parental responsibility

Surname:		Surname:	
Forename:		Forename:	
Relationship:	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Carer <input type="checkbox"/>
Address:			
Post Code:			
Home no:			
Mobile No:			
Work No:			
Email Address:			

## Other emergency contacts & authorised to collect

Contact 1 - Name:		Contact 2 - Name:	
Relationship:		Relationship:	
Address:			
Post Code:			
Telephone No:			
Mobile No:			
Authorised to collect (must be over 16 years of age)	Yes / No	Authorised to collect (must be over 16 years of age)	Yes / No

### Please list any other siblings your child has

Name:		DOB		Year	
Name:		DOB		Year	
Name:		DOB		Year	

### Previous Education

Previous Nursery/School (if applicable):			
Address & postcode			
Telephone No:			
Is your child still attending?	Yes / No	Last date of attending?	
Reason for leaving?			

### Special Educational Needs

Does your child have any special educational needs?	Yes / No
If yes, please provide details.	Does your child have an EHCP? Yes / No

### Medical Information

Child's Doctor		Telephone No:	
Surgery Address:			
Do they have ANY medical conditions? Diagnosed allergy Asthma Epilepsy Eczema Sickle cell/Thalassesima Any other medical conditions	If yes, please give details		
Is your child taking any medication? Including epi-pen or inhaler	Yes / No If yes, complete medication form		
Are your child's immunisations up to date?	Yes / No		

### Dietary Needs

Please state any diagnosed food <u>allergies</u>	
Please state any food preferences. i.e. Halal, vegetarian, no pork, no beef	

## Meal choice

Please select what meal choice you would like your child to have.

School meals  
Packed lunch

<input type="checkbox"/>
<input type="checkbox"/>

## Court Orders

Please give details of any Court Orders affecting the exercise of parental responsibility (provide evidence).

Please state the Nature of the Court Order (provide evidence).

## External Agencies

Has your family ever been subject to Social Services involvement?

YES/NO  
If yes, please provide details.

Do you have (or ever had) a Family Support Worker?

YES/NO  
If yes, please provide details

Is this child subject to (or ever had) a Child Protection Plan?

YES/NO  
If yes, please provide details.

Is this child subject to (or ever had) a Child in Need Plan?

YES/NO  
If yes, please provide details.

Is this child classed as Looked After?

YES/NO

## Language

What is your child's main home language?

State any other languages your child speaks

Please indicate below how well your child speaks English (**Please tick one only**)

New to English

Limited

Competent

## Ethnicity & Nationality

Country of Birth:

Ethnic Origin:

Nationality:

New to Birmingham

Yes / No

Date of arrival

New to country

Yes / No

Date of arrival

## Religion

Buddhist		Christian		Christian – Roman Catholic	
Hindu		Jewish		Muslim	
Sikh		Jehovah Witness		Refused	
Other(Please describe)					

## Online Free School Meal Application

By completing the information below, you are consenting for school to complete an FSM check on your behalf and that all information you have provided is correct.

### Parent 1

Parent's/Carer's full name, including title		Parent's/Carer's NI Number:	
Parent's/Carer's Date of Birth:		Relationship to Child:	
Parent's/Carer's Email Address:		Telephone	
Parent's/Carer's Home Address & postcode			

### Parent 2

Parent's/Carer's full name, including title		Parent's/Carer's NI Number:	
Parent's/Carer's Date of Birth:		Relationship to Child:	
Parent's/Carer's Email Address:		Telephone	
Parent's/Carer's Home Address & postcode			
Signature		Date	

### Office Use only

<b>Proof seen</b>	<b>Birth certificate</b>	<input type="checkbox"/>		
	<b>Passport</b>	<input type="checkbox"/>		
	<b>ID card</b>	<input type="checkbox"/>		
	<b>Proof of address</b>	<input type="checkbox"/>		
<b>FSM eligibility</b>	<b>YES / NO</b>	<b>Code</b>		
<b>Staff Member signature &amp; print</b>			<b>Date</b>	