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Leverhulme Community Primary School
Request Form for Admission
Little Stars

Please complete the information required below and return to the school office with proof of identification.

Child's Personal Information	
Surname:	Forename:
Middle Name(s):	Chosen Name:
☐ Male ☐ Female	Date of Birth:
Child's Home Address: Post Code:	

Has your child been known by a previous name: Yes/No **(Please circle)**

If yes what was the previous name: ……

Previous school/s attended: ……..

Siblings at Leverhulme:	

Please give details of all persons with parental responsibility	
1.	Telephone Number:
2.	Telephone Number:

Emergency Contact Details **(Please complete in order of priority)**

Contact Priority 1 Full Name: Address: Relationship to Child:	Telephone Number(s) Home: Mobile: Work: Email:
Contact Priority 2 Full Name: Address: Relationship to Child:	Telephone Number(s) Home Mobile: Work Email:
Contact Priority 3 Full Name: Address: Relationship to Child:	Telephone Number(s) Home: Mobile: Work: Email:

Are the child's parents/carers in the Armed Forces: Yes/No

Travel Arrangements- **Please complete by ticking the appropriate box(s)**

☐Car ☐Bus ☐Walk ☐Taxi ☐Other (Please Specify) ……

Dietary Needs- **Please complete by ticking the appropriate box(s)**

None		Kosher Only	
Artificial Colouring Allergy		No Nuts of any type/ quantity	
No Dairy Produce		No Pork	
Gluten Free		Seafood Allergy	
Vegetarian		Other please state:	

Please note we currently do not offer Halal or Kosher Food

Medical Information

Practice Name:

Address:

Postcode:

Telephone Number:

Medical Information- **Please include any medical conditions or allergies that you feel school should be aware of**

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Do you give consent for your child to be administered with emergency medical treatment (including anaesthetic, antihistamines or pain relief)? Yes/No **(Please circle)**

Any other information you wish to provide?

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Cultural Information- **Please complete by ticking the appropriate box(s)**

Ethnic Background	
White British	
White Irish	
Traveller of Irish Heritage	
Gypsy/Roma	
Any other White Background	
White & Asian	
White & Black African	
White and Black Caribbean	
Any other Mixed Background	
Any other Black Background	
Any other mixed Background	
Bangladeshi	
Chinese	
Indian	
Pakistani	
Any other Asian Background	
Any other Ethnic Group	

Religion	
Christian	
Muslim	
Jewish	
Hindu	
Sikh	
Buddhist	
Other	
No Religion	
Refused to disclose	

Home Language:	
Country of Birth:	
Nationality:	
First Language:	

Data Protection Act 1998: The school is registered under the Dara Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Local Authority and DfES

Please check all the information provided on this form is correct then sign and date below

Signature of parent/carer:	Date:

Please keep the school office updated of any changes. Thank you

OFFICE USE ONLY:

Eligible ☐ Not Eligible ☐

Visits: Outcome: Started ☐ Refused ☐ Other ☐

Admission Date :

Leverhulme Community Primary School

Little Stars Eligibility Check

Parent/Carers Name(s):			
Parent/ Carer (s) Date(s) of Birth (DOB):			
Parent/ Carers National Insurance (NI) Number(s) OR NASS number			
Address:			
Telephone Number(s):			
Relationship to Child:			
Parental Responsibility	Yes	No	
E mail:			
Child's DOB:	Child's Full Name:		Childs Gender :

I give permission for Leverhulme Primary School to confirm with the Local Authority if my child is eligible for a two year old funded place. I understand that this information will be destroyed once the check is completed. Please note, if you are eligible we will notify you regarding a place offer. You will also receive confirmation directly from the Local Authority.

Signed…… Parents/Carers

Signed…… Parents/Carers

Date……..