

# Confidential Record of Admission of a Child



Liverpool  
City Council

SCHOOL USE:

DOA

Admission No.

UPN

Class

SCHOOL

DATE

1. Full name of child: a. Legal Forename

b. Middle Name (s)

c. Legal Surname

Preferred Surname if different

Preferred Forename if different

Child's name at birth if different

Any other name changes

*(to be confirmed by production of birth certificate)*

2. Date of Birth:

Day

Month

Year

3. Gender:

Female

☐

Male

☐

4. Child's home address:

Postcode

Home tel:

Previous address if any:

5. Full name of parent (or guardian) :

Relationship to child:

Mobile:

Work tel:

Place of work:

Address if different from child:

Postcode

6. Full name of parent (or guardian) :

Relationship to child:

Mobile:

Work tel:

Place of work:

Address if different from child:

Postcode

7. Who has parental responsibility? :

*(name of person)*

8. Other contact person(s) in case of emergency:

(1) Name:

Relationship:

Home tel:

Mobile:

(2) Name:

Relationship:

Home tel:

Mobile:

9. Are there any Court Orders currently in force which relate to the child under the Children's Act 1989? Yes ☐ No ☐

If YES, please give details:

10. Child's previous school (if applicable):

11. RECEPTION APPLICATION:

Did your child attend nursery?

Yes ☐

No ☐

Name of nursery attended:

Address:

Tel:

IN YEAR APPLICATIONS:

Name of child's previous school:

Address:

Tel:

12. SCHOOL MEALS

Is your child eligible for a free school meal?

Yes ☐

No ☐

School meal arrangements:

Free (number) ☐

Paid ☐

packed lunch ☐

Home ☐

13. Is your child in the care of the local authority?

Yes ☐

No ☐

14. If yes, please state which local authority is responsible for your child:

15. TRAVEL ARRANGEMENTS:

Bicycle ☐

Bus ☐

Car/Van ☐

Taxi ☐

Train ☐

Walk ☐

School bus ☐

16. Please list all children in the family under 18:

Name

Date of birth

Present school

Previous school





17. Does your child have a caring role for any family member?

Yes ☐

No ☐

18. a. Does your child have a statement of Special Educational Needs?

Yes ☐

No ☐

b. Is your child undergoing assessment for Special Educational Needs?

Yes ☐

No ☐

c. Do you consider your child to have a disability or special need?

Yes ☐

No ☐

19. Name of baby clinic attended (Nursery or infant admissions only):

20. Name of health visitor: (Nursery or infant admissions only):

21. FAMILY DOCTOR:

Name:

Address:

Tel:

22. Has your child had any of the following illnesses:

Measles ☐ Age  Meningitis ☐ Age  Whooping Cough ☐ Age

Chicken Pox ☐ Age  Mumps ☐ Age  German Measles ☐ Age

Other illness/medical information (sight, hearing, asthma, fits/convulsions etc):

  
  

23. Has your child been inoculated against any of the following:

Tuberculosis ☐ Diphtheria ☐ Whooping Cough ☐ Tetanus ☐

Poliomyelitis ☐ Measles/Mumps/Rubella (MMR) ☐ Meningitis C ☐

24. Are you a member of H.M Armed Forces? Yes ☐ No ☐

25. First Language spoken in the home:

26. Language(s) understood by the child:

27. Child's country of birth

28. Nationality of child:

29. RELIGION:

Baptist ☐ Buddhist ☐ Catholic ☐ Church of England ☐

Hindu ☐ Jehovah's Witness ☐ Jewish ☐ Methodist ☐

Muslim ☐ Sikh ☐ United Reform ☐ No religion ☐

Other religion (please state):

30. Any special religious requirements (ie for prayer, diet or dress)

### 31. EQUAL OPPORTUNITIES MONITORING

Please complete the questions relating to ethnic origin, language, country of birth, nationality and religion. Providing this information will enable the school and the Local Authority to monitor the provision for individuals and groups of pupils ensuring equality of opportunity.

White - British	<input type="checkbox"/>	<b>Any other mixed background</b>	<b>Any other Black background</b>
White - Irish	<input type="checkbox"/>	Asian and any other ethnic group	Black European
Traveller of Irish heritage	<input type="checkbox"/>	Asian & Black	Black North American
<b>Any other White background</b>		Asian & Chinese	Other Black
Albanian	<input type="checkbox"/>	Black & any other ethnic group	<b>Chinese</b>
Bosnian - Herzegovinian	<input type="checkbox"/>	Black & Chinese	Hong Kong Chinese
Croatian	<input type="checkbox"/>	Chinese & any other ethnic group	Malaysian Chinese
Greek Cypriot	<input type="checkbox"/>	White & any other ethnic group	Singaporean Chinese
Greek/Greek Cypriot	<input type="checkbox"/>	White & Chinese	Taiwanese
Greek	<input type="checkbox"/>	Other mixed background	Other Chinese
Italian	<input type="checkbox"/>		<b>Any other Ethnic group</b>
Kosovan	<input type="checkbox"/>	Indian	Afghan
Portuguese	<input type="checkbox"/>	<b>Pakistani</b>	Arab other
Serbian	<input type="checkbox"/>	Mirpuri Pakistani	Egyptian
Turkish Cypriot	<input type="checkbox"/>	Kashmiri Pakistani	Filipino
Turkish	<input type="checkbox"/>	Other Pakistani	Iranian
Turkish/Turkish Cypriot	<input type="checkbox"/>		Iraqi
White European	<input type="checkbox"/>	Bangladeshi	Japanese
White Eastern European	<input type="checkbox"/>	<b>Any other Asian background</b>	Korean
White Western European	<input type="checkbox"/>	African Asian	Kurdish
White other	<input type="checkbox"/>	Kashmiri other	Latin/ South/ Central American
<b>Gypsy/Roma</b>		Nepali	Lebanese
Gypsy	<input type="checkbox"/>	Sri Lankan Sinhalese	Libyan
Roma	<input type="checkbox"/>	Sri Lankan Tamil	Malay
Other Gypsy/Roma	<input type="checkbox"/>	Sri Lankan other	Moroccan
White & Black Caribbean	<input type="checkbox"/>	Other Asian	Polynesian
White & Black African	<input type="checkbox"/>	Black Caribbean	Thai
<b>White &amp; Asian</b>		<b>Black - African</b>	Vietnamese
White & Pakistani	<input type="checkbox"/>	Black - Angolan	Yemeni
White & Indian	<input type="checkbox"/>	Black - Congolese	Other Ethnic group
White & any other Asian background	<input type="checkbox"/>	Black - Ghanaian	Refused
		Black - Nigerian	
		Black - Sierra Leonean	
		Black - Somali	
		Black - Sudanese	
		Other Black African	

Liverpool City Council appreciates the time you have given to complete the admission form and thanks you for your co-operation.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**Parents applying for FREE Early Years Education**

I understand that I am entitled to ONE FREE PLACE for my child (this can be shared between two providers) and confirm that my child will only access one place.

Where this application relates to free Early Years Education, I have read and understood the guidance notes.     **Yes**            **No**

The information that you provide on this form will only be held and disclosed in accordance with the Data Protection Act 1998. All information collected is treated with the utmost care and strict guidelines are followed in relation to how we process and disclose information.

**Parent/Guardian's Signature:** .....

**Date :** .....