



LYTHAM CHURCH of ENGLAND PRIMARY SCHOOL

Park View Road, LYTHAM, Lancashire, FY8 4HA. Telephone: 01253 736900

Admission Form 2022/2023

Please complete all sections of this form

Section I: Personal and Home Information

Child's: Legal Surname.....

Legal Forenames.....

Preferred forename..... Gender..... Date of Birth.....

Ethnicity Religion

Pupil's Home Address.....

..... POSTCODE

Name of any siblings currently in our school.....

Previous school/nurseries attended

Address

Dates attended

Office Use Only
Birth Certificate seen
YES / NO

***** IT IS IMPORTANT THAT YOU INCLUDE CORRECT POST CODES IN THE ADDRESSES BELOW *****

The school is registered under the Data Protection Act 2018 to keep the information submitted on this form. Pupil data is used for statutory returns to the

Mother/Guardian: (Mrs Miss Ms), Forename, Surname

Please circle as appropriate

Full Address.....

.....Post Code..... Home Telephone No.....

e-mail address..... D.O.B

Should an emergency occur, it may be necessary to contact a Parent or Guardian during the daytime – please indicate where contact can be made during school hours.

Mother / Guardian Mobile No.

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Mother / Guardian Work No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother/Guardians daytime place

Does the above person have parental responsibility/custody Yes [] No []

Does the pupil live at the above address Yes [] No []

Father/Guardian: Forename, Surname

Full Address.....

.....Post Code..... Home Telephone No.....

e-mail address..... D.O.B

Should an emergency occur, it may be necessary to contact a Parent or Guardian during the daytime – please indicate where contact can be made during school hours.

Father / Guardian Mobile No.

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Father / Guardian Work No.

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Father/Guardians daytime place

Does the above person have parental responsibility/custody Yes [] No []

Does the pupil live at the above address Yes [] No []

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) please provide their details below, indicating if they have 'Parental Responsibility'.

(Mr. Mrs. Miss Ms.), Forename, Surname

Please circle as appropriate

Relationship to Child

Full Address.....

.....Post Code..... Home Telephone No.....

e-mail address.....

Should an emergency occur, it may be necessary to contact this person during the day – please indicate where contact can be made during school hours.

Mobile No.

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Work No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Daytime place

Does the above person have parental responsibility/custody Yes [] No []

Does the pupil live at the above address Yes [] No []

Please add any other details of persons deemed a 'parent' on a separate sheet if necessary

Please give details of two persons who may be reached in the event of an emergency to act on your behalf

Name:	Relationship to Child:
Address:	
Post Code:	Home No.
Place of Work:	Mobile No.
Name:	Relationship to Child:
Address:	
Post Code:	Home No.
Place of Work:	Mobile No.

Section 2: Medical Information	<i>This information is treated in the strictest confidence</i>
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Name of Doctor / Practice.....

Address of Doctor / Practice.....

Telephone number of Doctor / Practice.....

Address of Dentist / Practice.....

Telephone number of Dentist/ Practice.....

Date of last dental check up.....

Medical History

Please indicate if your child has a medical condition of which you wish school to be aware:

Asthma []	Allergies []	Bronchitis []	Cardiac condition []	Colour Blindness []
Eyesight Problems []	Hearing Problems []	Diabetes []	Epilepsy []	Speech therapy []
Hayfever []	Migraine []	Diagnosed Nervous condition []	Skin condition []	Tuberculosis []

Please add specific details here - including any medication:

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.....

Dietary Needs

Please indicate if your child has any allergies – including any necessary medication:

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Section 3: Confidential Information	<i>Please complete ALL sections</i>
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Please circle the following choices as appropriate – only 1 from each category

Travel to school

Bus	Car Share	Car/Van	Cycle	Taxi
Train	Walks			

Armed Forces Family YES / NO (delete as appropriate)

Please ensure that school is informed if any of the information given on this form changes
Meal

Free meal (If entitled)	Universal Free Meal (Infants only)	School Meal (Paid)	Packed Lunch	Other
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Language

Bengali	Cantonese	English	Gaelic/Irish	Gaelic (Scotland)
Greek	Gudjurathi	Hebrew	Hindi	Italian
Norwegian	Other	Punjabi	Portugese	Spanish
Swedish	Turkish	Urdu	Other:	

EAL (is English the child's first language) YES / NO (please delete as appropriate) If no, please indicate language spoken

Any Other Relevant Information

Social Care and other Agencies	
Legal Orders etc	
Other	

My child has been on a Child Protection Plan **YES/NO**
My child has been looked after by the Local Authority **YES/NO**

SEN Status:

Please indicate if your child has, or has ever had Special Educational Needs or a referral to

- Paediatrician
- Speech and Language Therapist
- Educational Psychologist
- Audiology
- Ophthalmologist
- Portage

This information was provided by: _____
(please print)

Relationship to the Child: _____

I have parental responsibility for this child.

I have completed the Admission Form as fully as possible and I will notify school if any of the above information changes

Signature of Mother/Guardian

Signature of Father/Guardian

Date

This information will be used on a computerised system. The school is registered under the Data Protection Act to keep such information. Pupil data will be used for statutory returns to the Local Authority and registered Government Agencies.

I give permission for my child



- To be walked to and from Church on the occasions that the school requires during his/her time at Lytham CE Primary School. I understand that a risk assessment has been undertaken and that the children will be accompanied by the correct number of adults.



- To walk to Green Drive and Park View 4 U, accompanied by members of staff, during his/her time at school



- To have his/her thumb scanned for use on the School Library Computer System. I also agree to send a donation for the replacement cost of any Home Reading or school library books damaged or lost by my child.

Signed..... Parent / Guardian

Nominated adults who will collect my child from school at 3.25pm:-

- 1..... Relationship to child:
- 2..... Relationship to child:
- 3..... Relationship to child:
- 4..... Relationship to child:
- 5..... Relationship to child:
- 6..... Relationship to child:

I will inform school, in writing, if there is anyone who **IS NOT** to collect my child from school.