

# Five Islands School

Carn Thomas,  
 St. Marry's  
 Tel: 01720 422929  
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 enquiries@fiveislands.scilly.sch.uk



## ADMISSION FORM

(Please note: This application form does not constitute an offer of admission)

Please complete all sections except Section B which is for Office Use Only.

**CONFIDENTIALITY:** The information given below will be maintained on the school's data base to which no unauthorised person shall have access and will be subject to strict control under the Data Protection Act.

**Name of Parent/s** .....

*(Full individual details to be included in the contact area of Section D)*

### Section A - Basic Pupil Details

Legal Forename: ..... Legal Surname .....

Middle Name(s): ..... Preferred Surname: .....

Preferred Forename: ..... Date of Birth: .....

Age at Admission: ..... Gender: *Male/Female*

Previous Surname: .....

Brothers/Sisters (including half/step brothers and sisters)  
*Please list in age order any siblings who are currently at this school.*

Surname	Forenames	Gender	Date of Birth	Same Address
		Female/Male	/ /	✓ / ✗
		Female/Male	/ /	✓ / ✗
		Female/Male	/ /	✓ / ✗
		Female/Male	/ /	✓ / ✗

### Section B - Registration (Office Use Only)

Reg Group: ..... House: .....

Year Group: ..... Year Taught In: .....

Enrolment Status: ..... Admission Date: .....

Admission Number: ..... Attendance Mode: *AM / PM / ALL DAY*

UPN: ..... Part Time Dates: ...../...../.....to ...../...../.....

Birth Certificate Seen:  Name Change Documents Seen:

Quick Note Information (e.g. SEN, or any other pertinent note)

**Section C - Pupil Address**

Postcode: ..... House Number/Name: .....  
Street: ..... Town/City: .....  
Tel: Home/Mobile:..... E-mail:.....

**Section D – Family/Home**

**Contact 1**

Title: ..... Forename: ..... Surname: .....  
Postcode: ..... House Number/Name: .....  
Street: ..... Town/City: .....  
*Relationship:*  Mother  Father  Step Parent  Foster Parent  Grandparent  
 Other Relative  Neighbour  Other Contact  Guardian  Social Worker  
 Parental Responsibility  Court Order  
*Tick one telephone number as the Main Day Time number for use in emergency*  
Telephone: Home: .....Main. Work: .....Main.  
Mobile: .....Main. Other: .....Main.

**Contact 2**

Title: ..... Forename: ..... Surname: .....  
Postcode: ..... House Number/Name: .....  
Street: ..... Town/City: .....  
*Relationship:*  Mother  Father  Step Parent  Foster Parent  Grandparent  
 Other Relative  Neighbour  Other Contact  Guardian  Social Worker  
 Parental Responsibility  Court Order  
*Tick one telephone number as the Main Day Time number for use in emergency*  
Telephone: Home: .....Main. Work: .....Main.  
Mobile: .....Main. Other: .....Main.

**Contact 3**

Title: ..... Forename: ..... Surname: .....  
Postcode: ..... House Number/Name: .....  
Street: ..... Town/City: .....  
*Relationship:*  Mother  Father  Step Parent  Foster Parent  Grandparent  
 Other Relative  Neighbour  Other Contact  Guardian  Social Worker  
 Parental Responsibility  Court Order  
*Tick one telephone number as the Main Day Time number for use in emergency*  
Telephone: Home: .....Main. Work: .....Main.  
Mobile: .....Main. Other: .....Main.

**Section D (continued)**

**Contact 4**

Title: ..... Forename: ..... Surname: .....

Postcode: ..... House Number/Name: .....

Street: ..... Town/City: .....

Relationship:  Mother  Father  Step Parent  Foster Parent  Grandparent  
 Other Relative  Neighbour  Other Contact  Guardian  Social Worker

Parental Responsibility  Court Order

Tick **one** telephone number as the **Main Day Time number** for use in emergency

Telephone: Home: .....Main. Work: .....Main.

Mobile: .....Main. Other: .....Main.

**Section E - Pupil Medical Information:**

Medical Practice: ..... Dietary Needs:  Artificial colouring allergy  
*(if applicable)*  Gluten Free

Practice Address: .....  
.....  
Telephone: .....  
Doctor's Name: .....  
 Kosher foods only  
 No dairy produce  
 No nuts of any type/quantity  
 No pork  
 Ramadan  
 Seafood allergy  
 Vegetarian

Emergency Medical Consent:

Medical Conditions/Information: Please include details of any allergies/medical conditions e.g. asthma, and medications regularly taken. (If you require more space please give full details on a separate sheet).

**Please also note if your child must wear glasses for class work. If none, please state NONE.**

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**Section F - Pupil Ethnic/Cultural Information:**

*The school is required by law to provide the information you give in this section to the DfES. The school will not use this information for any other purposes.*

Ethnicity: (Data Source:  Parent  Pupil  Other)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> White – Cornish             | <input type="checkbox"/> Other White British        | <input type="checkbox"/> White – Irish                |
| <input type="checkbox"/> Traveller of Irish Heritage | <input type="checkbox"/> Gypsy/Roma                 | <input type="checkbox"/> Any Other White background   |
| <input type="checkbox"/> White and Black Caribbean   | <input type="checkbox"/> White and Black African    | <input type="checkbox"/> White and Asian              |
| <input type="checkbox"/> Any Other Mixed Background  | <input type="checkbox"/> Indian                     | <input type="checkbox"/> Pakistani                    |
| <input type="checkbox"/> Bangladeshi                 | <input type="checkbox"/> Any Other Asian Background | <input type="checkbox"/> Black Caribbean              |
| <input type="checkbox"/> Black – African             | <input type="checkbox"/> Any Other Black Background | <input type="checkbox"/> Chinese                      |
| <input type="checkbox"/> Any Other Ethnic Group      | <input type="checkbox"/> Refused                    | <input type="checkbox"/> Information Not Yet Obtained |

First Language: ENGLISH  or OTHER (please specify).....

Asylum Seeker:  Refugee Status:  Traveller Status:

- Religion:
- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Anglican       | <input type="checkbox"/> Buddhist    | <input type="checkbox"/> Christian      |
| <input type="checkbox"/> Hindu          | <input type="checkbox"/> Jewish      | <input type="checkbox"/> Methodist      |
| <input type="checkbox"/> Muslim         | <input type="checkbox"/> No Religion | <input type="checkbox"/> Other Religion |
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Sikh        |   |

