

**Shaw Wood Academy  
Admission/Emergency/Data Collection Form 2016/17**

**CLASS** \_\_\_\_\_

**Please complete the form below and return to school as soon as possible.  
If you need any help please do not hesitate to contact school. Thank you.**

Child's Forename \_\_\_\_\_

Surname \_\_\_\_\_

Middle Name \_\_\_\_\_

Chosen Name \_\_\_\_\_

Legal Surname \_\_\_\_\_

Gender: Male  Female

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Is your child a Service Child? (Parent/Carer in the regular armed forces)

No

Yes

**Contact Details - Please show title Mr/Mrs/Ms/Miss**

**First contact (This must be a parent or carer).**

Title \_\_\_\_\_ Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

☎ Home \_\_\_\_\_ ☎ Mobile \_\_\_\_\_

☎ Work \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

**THIS PERSON WILL BE REGULARLY CONTACTED BY TEXT**

**Does anyone else have parental responsibility for your child? Yes  No**

If yes, please give details below.

Title \_\_\_\_\_ Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

☎ Home \_\_\_\_\_ ☎ Mobile \_\_\_\_\_

☎ Work \_\_\_\_\_ Home Address (if different) \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Would you like this person to be an emergency contact: No  Yes

Joint first contact  Joint second contact

Joint third contact  Fourth contact

**Please give details of anyone else you wish to be contacted in an emergency if the requested emergency contact(s) on the front of this form are not available.**

**Second contact**

Title \_\_\_\_\_ Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 ☎Home \_\_\_\_\_ ☎Mobile \_\_\_\_\_  
 ☎Work \_\_\_\_\_ Home Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

**Third contact**

Title \_\_\_\_\_ Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 ☎Home \_\_\_\_\_ ☎Mobile \_\_\_\_\_  
 ☎Work \_\_\_\_\_ Home Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

**Medical Details** Child's Dr \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Name/Address of Surgery** \_\_\_\_\_

Medical Information/Allergies – e.g. food, antibiotics/wears glasses/uses inhaler

**If your child has asthma, an inhaler must be kept in school.**

**Travel Arrangement (Please Tick One)** My child usually travels to school:

Walks  Bus  Car  Coach  Taxi  Bicycle  Train  other route

**Dietary Needs (Please Tick)**

My child has: Free school meals  Paid school meals  Sandwiches  Home  Other

**Any Other Information (Please Tick all that apply)**

|  | Yes | No |                               | Yes        | No        |
|--|-----|----|-------------------------------|------------|-----------|
| Court Order  |     |    | Child in Local Authority Care |            |           |
| Social Worker  |     |    | CAF (Common Assessment Form)  |            |           |
| Child living with relatives                                  |     |    | Name of Health Visitor _____  |            |           |
| <b>School to complete</b>                                    |     |    |                               | <b>Yes</b> | <b>No</b> |
| Birth Certificate Seen (school to complete) Staff Name _____ |     |    |                               |            |           |
| Court Order – Copy Retained                                  |     |    |                               |            |           |

**The information on this form is correct and I will inform the school immediately of any changes.**

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM IS AVAILABLE IN LARGE PRINT IF REQUIRED**