



Oakfield Primary School

Edinburgh Road Widnes Cheshire WA8 8BQ

Tel 0151 424 4958 Fax 0151 424 0337

Email head.oakfield@halton.gov.uk

PUPIL APPLICATION

Legal Surname: _____ Legal Forename: _____
(as stated on birth certificate)

Preferred Surname: _____ Preferred Forename: _____

Middle Names: _____ Date of Birth: _____

Child's Permanent Home Address: _____

Postcode: _____ Gender: _____

Home Tel: _____ Mobile Tel: _____

Previous School _____ Previous School Telephone No.: _____

CONFIDENTIAL PASSWORD _____

Please give details of all persons who have **parental responsibility (as stated on birth certificate)** and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

Priority 1

Name _____ Relationship to child _____

Home Address _____

Court Order: YES NO

Home _____

Email: _____

Mobile _____

Work _____

Priority 2

Name _____ Relationship to child _____

Home Address _____

Court Order: YES NO

Home _____

Email: _____

Mobile _____

Work _____

Priority 3

Name _____ Relationship to child _____

Home Address _____

Court Order: YES NO

Home _____

Mobile _____

Work _____

FOR OFFICE USE ONLY

Birth Cert Received	Date Application Received	Visit Date	Start Date

Person who will normally collect the child from school:

Full Name _____ Relationship to Child _____

Address _____ Telephone/Mobile Number _____

Details of other children in the family

Name	Age	School

Place of Birth	Ethnicity	First Language	Religion
Pupil's Country of Birth		Pupil's Nationality	

Meal Arrangements (please tick)		Travel Arrangements (please tick)		
Free School Meal <input type="checkbox"/>	Paid School Meal <input type="checkbox"/>	Walk <input type="checkbox"/>	Car <input type="checkbox"/>	
Packed Lunch <input type="checkbox"/>	Home <input type="checkbox"/>	Bus <input type="checkbox"/>	Taxi <input type="checkbox"/>	Cycle <input type="checkbox"/>

Does the child have a Local Authority Statement of Special Educational Needs YES NO

Is the child looked after by Halton Borough Council or any other Local Authority YES NO

Is there any Order in place regarding who looks after the child (e.g. Residence Order, Special Guardianship Order, Adoption) YES NO

Is there a Social Worker involved with your family / any family member YES NO

If so, please provide the name of the Social Worker _____

Name of family Doctor _____

Practice and Address _____

Telephone Number _____

Please note any medical information about the child that the school needs to be aware of, e.g. does your child wear glasses / require an inhaler etc.

Dietary Needs – Please note any specific dietary needs of the child (food allergies etc.)

DATA PROTECTION ACT
Personal information provided on this form is treated in confidence and complies with the requirements of the Act.

In case of accident or emergency I give Mrs Khan (Headteacher) or other responsible member of staff, permission to take my child to hospital for treatment if I or a relative cannot be contacted.

Parent's Name (please print) _____

Parent's Signature _____

Date _____

