



KIND MOTIVATED SUCCESSFUL

PUPIL ENROLMENT FORM



OXFORDSHIRE COUNTY COUNCIL

LEARNING & CULTURE

www.oxfordshire.gov.uk

Please complete each section of this form for your child. The information will be used for administrative purposes within this school. It will be sent on to your child's next school or other educational institution and also to the Local Authority (LA) and School Health Nurse Service to enable them to maintain their records. The provision of accurate information helps this school and the LA to see that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information you give and from time to time, we may ask you to confirm that it is correct. The County Council is entitled to collect this information under the provisions of the Data Protection Act 1998.

For Nursery enrolments only: Please complete the additional information at the end of this form.

Student Details

Legal Surname: _____

Preferred Surname: _____

First Name: _____

Known Name: _____

Middle Name(s): _____

Date of Birth: ____ / ____ / ____

Gender: Male Female

Home Telephone 1: _____

Home Address: _____

Home Telephone 2: _____

Mobile: _____

Email Address: _____

Nationality: _____

Postcode: _____

Religion: _____

(e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc).

Ethnicity (please tick): White: British

Asian or Asian British: Indian

White: Irish

Asian or Asian British: Pakistani

White: Traveller of Irish Heritage

Asian or Asian British: Bangladeshi

White: Other

Asian or Asian British: Other

White: Gypsy / Roma

Black or Black British: Caribbean

Mixed: White & Black Caribbean

Black or Black British: African

Mixed: White & Black African

Black or Black British: Other

Mixed: White & Asian

Chinese

Mixed: Other

Any other ethnic group

Prefer not to say

First Language: English Other (please state) _____ Prefer not to say

Language Spoken at Home: English Other (please state) _____ Prefer not to say

Does the child have a parent currently serving in the UK military? Yes No

Is your child entitled to Free School Meals? Yes No

What type of lunchtime meal will your child be having?

(e.g. Dinners, Free Dinners, Go Home, Sandwiches etc). _____

Is your child entitled to free transport to and from school?

Yes

No

What is your child's usual mode of transport to and from school? _____

Contact Details

| Priority | Title | First Name | Surname | Gender | Relationship to child | Parental Responsibility |
|------------|-------|------------|---------|------------|-----------------------|-------------------------|
| 1 | | | | | | Yes / No |
| Address | | | | | Email Address | |
| Postcode | | | | | | |
| Home Phone | | Mobile | | Work Phone | | Main Phone No |
| | | | | | | |

| Priority | Title | First Name | Surname | Gender | Relationship to child | Parental Responsibility |
|------------|-------|------------|---------|------------|-----------------------|-------------------------|
| 2 | | | | | | Yes / No |
| Address | | | | | Email Address | |
| Postcode | | | | | | |
| Home Phone | | Mobile | | Work Phone | | Main Phone No |
| | | | | | | |

| Priority | Title | First Name | Surname | Gender | Relationship to child | Parental Responsibility |
|------------|-------|------------|---------|------------|-----------------------|-------------------------|
| 3 | | | | | | Yes / No |
| Address | | | | | Email Address | |
| Postcode | | | | | | |
| Home Phone | | Mobile | | Work Phone | | Main Phone No |
| | | | | | | |

| Priority | Title | First Name | Surname | Gender | Relationship to child | Parental Responsibility |
|------------|-------|------------|---------|------------|-----------------------|-------------------------|
| 4 | | | | | | Yes / No |
| Address | | | | | Email Address | |
| Postcode | | | | | | |
| Home Phone | | Mobile | | Work Phone | | Main Phone No |
| | | | | | | |

Please detail any court orders applying to the child (eg Ward of Court, Legal rights of access)

Siblings

If your child has any siblings who attend this school, please provide their names.

Medical Details

Doctor's Name: _____ Telephone Number: _____

Medical Practice Name: _____

Practice Address: _____

Postcode: _____

Do you give permission for the school to call the doctor in an emergency? Yes No

Do you give permission for the school to administer first aid in an emergency? Yes No

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (eg Asthma, Epilepsy, Allergies to bee stings and particular medicines etc).

Please provide details of any dietary requirements and medically diagnosed food allergies/intolerances. NB. An additional form will be issued for completion based on the information provided below.

School History

Please give details of all previous settings attended by your child, if any:

School 1: Name of school or pre-school setting: _____

Address of school or pre-school setting: _____

Date of arrival at this school: ___ / ___ / ___ Date of leaving this school: ___ / ___ / ___

Reason for leaving this school: _____

School 2: Name of school or pre-school setting: _____

Address of school or pre-school setting: _____

Date of arrival at this school: ___ / ___ / ___ Date of leaving this school: ___ / ___ / ___

Reason for leaving this school: _____

I confirm that the above information is correct. Signed: _____

Date: _____

School 3: Name of school or pre-school setting: _____

Address of school or pre-school setting: _____

Date of arrival at this school: ___ / ___ / ___ Date of leaving this school: ___ / ___ / ___

Reason for leaving this school: _____

I confirm that the above information is correct. Signed: _____

Date: _____

School 4: Name of school or pre-school setting: _____

Address of school or pre-school setting: _____

Date of arrival at this school: ___ / ___ / ___ Date of leaving this school: ___ / ___ / ___

Reason for leaving this school: _____

Nursery Enrolments:

Please indicate which provision you are applying for;

15 hours morning nursery place (8:50 am - 11:50 am) at King's Meadow School.

30 hours full time place (8:50am - 3:00 pm) at King's Meadow school. Please note that the 30 hours provision is subject to confirmation from HMRC. A code will be issued if you are eligible.

I confirm that the information on this form is correct. Signed: _____

Date: _____

Please return to: King's Meadow School, Shakespeare Drive, Bicester, Oxfordshire, OX26 2LU.

Data Protection Act 1998 – The School is collecting this data in order to meet its statutory responsibility for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standard and Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of school children.