



Admissions Booklet – Reception Class - September 2021

To be completed and returned by Tuesday 18th May 2021

PERSONAL INFORMATION

Legal Surname _____
(As a result of the Childrens Act 1989, we are required to record the pupil's legal surname)

Legal First Name _____

(please provide a copy of birth certificate)

Middle Name(s) _____

Name liked to be known by (if different from legal first name) _____

Sex Male Female Date of Birth _____

Address _____

Postcode _____

Home Tel _____

Mobile Tel _____

Name(s) of Parents/Guardians child lives with _____

Name of Siblings at the same address already at Moor Hall School _____

PRE SCHOOL EXPERIENCE

Name of Nursery _____

Telephone No. _____

Date From: _____ Date To: _____

Part Time Full Time



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CONTACT DETAILS

Please provide details of all people who have parental responsibility and anyone else you wish to be contacted in case of an emergency. The information provided will be stored on a computer system which is registered under the Data Protection Act (1984). Anyone listed below will automatically added to the list of people who have permission to pick your child up after school – please mark clearly below if this is **not** the case. If you require other adults, other than those listed below, we will require written authority from yourself in advance beforehand.

CONTACT 1

Details of people to be contacted in case of an emergency in priority order. Please include any separated parent contact details if required. **The email address and mobile phone number of contact 1 will be used for communication from school to home including SchoolMoney payment log-in.**

Mr / Mrs / Miss / Dr / Other	
Surname	
First Name	
Relationship to Pupil	
Address (if different from pupil)	
Home Telephone	
Mobile Telephone	
Work Telephone	
Email Address	
Does this contact have Parental Responsibility? Is either a biological parent or legal step-parent/guardian?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CONTACT 2

Mr / Mrs / Miss / Dr / Other	
Surname	
First Name	
Relationship to Pupil	
Address (if different from pupil)	
Home Telephone	
Mobile Telephone	
Work Telephone	
Email Address	
Does this contact have Parental Responsibility? Is either a biological parent or legal step-parent/guardian?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CONTACT 3

Mr / Mrs / Miss / Dr / Other

Surname

First Name

Relationship to Pupil

Address (if different from pupil)

Home Telephone

Mobile Telephone

Work Telephone

Email Address

Does this contact have Parental Responsibility?
Is either a biological parent or **legal** step-parent/guardian?Yes No **CONTACT 4**

Mr / Mrs / Miss / Dr / Other

Surname

First Name

Relationship to Pupil

Address (if different from pupil)

Home Telephone

Mobile Telephone

Work Telephone

Email Address

Does this contact have Parental Responsibility?
Is either a biological parent or **legal** step-parent/guardian?Yes No 

I confirm that all contacts listed above are fully aware that we will be holding their contact details on the school systems to contact them as and when necessary

MEDICAL DETAILS

Doctors Name & Surgery _____

Address _____

_____ Post Code _____

NHS No. (Required Information) _____

MEDICAL INFORMATION QUESTIONNAIRE

Has your child been diagnosed by a doctor with any of the following medical conditions? Any answers that are ticked 'Yes', please provide us with as much detail as possible including medication, such as Epi-pen, insulin and inhalers etc. If you require more space please attach a separate sheet to this form. All information will be treated in the strictest of confidence.

Heart trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Raised blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lung conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stomach problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Digestive problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Abdominal problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blood disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
History of epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fainting Attacks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Migraines	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hearing loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visual impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bladder problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Urinary problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Diagnosed allergy to foods (e.g. nuts, dairy products etc)? Yes No

Details _____

Dietary Requirements (halal, vegetarian, religious preferences etc)?

Details _____

Other allergic reactions (e.g. hayfever, reaction to medication or insect bites)? Yes No

Details _____

Does your child have an existing medical care or allergy management plan in place? Yes No

***If yes, please provide a copy**

Are there any other medical conditions not listed above that you would like us to be aware of? Yes No

Does your child have any learning or physical disability that affects their day to day life? Yes No

As a Parent/Carer do you have any learning or physical disability that affects your day to day life? Yes No

***If yes, please provide details on the continuation pages at the end of this booklet.**

If your child requires medication to be administered during school hours we are happy to hold any medication in school such as Epi-pens and inhalers by prior arrangement.

The school is not permitted to administer any medication (including inhalers) without the required consent form. Any medication MUST be prescribed by a doctor, in date, in the original container with dosage instructions and dispensing label. Parents/Carers will need to complete and sign a "Request for the school to give medication" form which is available from the school office or by emailing enquiry@moorhall.bham.sch.uk

SPECIAL EDUCATIONAL NEEDS

Please give details of any special educational needs or learning support that we may need to be aware of

If you require more space please use the continuation pages at the end of this booklet.

OTHER INFORMATION

Is your child a Service Child with parents serving in the Armed Forces? Yes No

Are there any custody/care/control/access/wardship arrangements that we need to be aware of? Yes No

***If yes, please provide details below. If you require more space please use the continuation pages at the end of this booklet.**

Is your child adopted, looked-after or has previously been under local authority care? Yes No

***If yes, please provide details below. If you require more space please use the continuation pages at the end of this booklet.**

MEAL ARRANGEMENTS

Please tick one of the following

Universal Free School Meals All children in Key Stage 1 are entitled to Universal Free School Meals and we like to encourage all parents/carers to take this option up for their child

Packed Lunch from Home

If you are in receipt of any benefits (ie, Universal Credit) you will be entitled to Free School Meals. We have a simple online checking service to make it easier to determine whether or not you qualify. If you do qualify, school will receive extra funding from the government to use in support of teaching and learning as well as potential additional benefits for your child (to be agreed by school). We, therefore, encourage anyone who falls into this category to check their eligibility using the online form on our website or we are happy to do the check for you if you provide us with your details (Pupil Premium – see further details on our school website www.moorhall.bham.sch.uk under Parents heading).

Free School Meals if as a parent/carer you receive any of the following: - Universal Credit, Income Support, Income Based Job Seekers Allowance, Child Tax Credit, Support under Part VI of the Immigration and Asylum Act 1999, the guaranteed element of state pension credit, income related employment and support allowance or working tax credit run on – paid for after you stop qualifying for working tax credit.

CONFIRMATION AND DOCUMENTS TO ENCLOSE WITH THIS FORM

Copy of Birth Certificate

Proof of Address
(recent utility bill/bank statement)

Parent/Carer Signature*

Date.....

***I sign to confirm all of the above information I have provided is to the best of my knowledge accurate and true**

ETHNIC MONITORING FORM

Pupil's Name _____

Ethnic Origin (please tick one box which best describes your child's ethnic group)

White	Mixed Dual Background	Asian or Asian British	Black or Black British	Any other Ethnic Group
British	White & Black Caribbean	Indian	Caribbean	(please specify)
English	White & Black African	Bangladeshi	Black African	
Scottish	White & Pakistani	Pakistani	(please specify)	Refused
Welsh	White & Indian	Chinese		
Gypsy/Roma				
Other (please specify)	Any other mixed background (please specify)	Any other Asian background (please specify)	Any other Black background (please specify)	

Religious Affiliation (please tick one box)

Buddhist	Muslim	
Christian	No Religion	
Christian – Roman Catholic	Sikh	
Hindu	Other (please specify)	
Jewish	
	Refused	

First/Home Language (please tick one box) please note the list is of the most commonly spoken languages for guidance only. School can record almost every language on their system. If your language is not listed below, please tick 'Any other' box and describe in the place provided.

Albanian/Shqip	Chinese (any other)	Greek	Pahari (Pakistan)	Tamil
Arabic	English	Gujarati	Panjabi (Gurmukhi)	Urdu
Bengali	French	Hindu	Panjabi (Other)	Welsh
Chinese (Cantonese)	German	Italian	Spanish	Any other (please specify).....
				Refused

The information provided on the Ethnic Monitoring Form will be used to provide statistics on the school careers and experiences of the children from different backgrounds to help ensure that all children have the opportunity to fulfil their potential. These statistics will not allow individual children to be identified publicly and the information will not be used for any other purpose. From time to time this information will be passed to the Local Education Authority and the DFE to contribute to local and national statistics. Information on your child's ethnic background will be passed on to any other school to which your child transfers to save you having to be asked it again. You can ask to check your child's information at any time and if you wish, have the ethnic background changed or removed.

Continuation Page 1

