

Admissions/Pupil Profile Form

1. Personal Details

Forename		Surname	
Middle Name(s)		Chosen Name	

Date of Birth	Gender	Key stage	Academic year	Date applied	Start Date

Identification seen	
Please take a photocopy of ID (Passport/Birth Certificate)	
Child Lives with	

New Arrival to the UK? Yes / No	
Date & Place of arrival	
Country of birth	
Nationality	
Ethnicity	
Religion	

2. Family Details

<u>Father</u>			
Forename		Surname	
Address			
Postcode			
Home Telephone Number			
Mobile Telephone Number			
Place of work Address			

And telephone number	
National Insurance Number	
Language spoken	

<u>Mother</u> Miss/ Mrs/ Ms	
Forename	Surname
Address	
Postcode	
Home Telephone Number	
Mobile Telephone Number	
Place of work Address And telephone number	
National Insurance Number	
Language spoken	

<u>Emergency contact</u>	
Forename	Surname
Address	
Postcode	
Home Telephone Number	
Mobile Telephone Number	
Place of work Address And telephone number	
National Insurance Number	
Language spoken	
Relation to child	

<u>Details of siblings</u>

Number of sibling		Position In Family		
Name	Gender	DOB	Age	School

3. Language

Home Language (s) - State whether the child uses it fluently (F) Moderately (M) or slightly (S).

	Speaks	Understands	Reads	Writes
Arabic				
Bengali				
Czech				
Dari				
English				
Farsi				
Gujarati				
Hindi				
Italian				
Hungarian				
Kurdish				
Latvian				
Panjabi				
Persian				
Polish				
Roma				
Romanian				
Slovak				
Urdu				
Other (please state)				

Language spoken by pupil to

Mother	Father	Grandparents	Siblings

Language spoken to Pupil by

Mother	Father	Grandparents	Siblings

4. Pupils Health

Please give details of any health problems the child has, or has had (include dates and treatment received and any allergies the child has)	
Dr Name and surgery	
Special diet? E.G. Halal	

5. Historical details of pupils education (including before arriving in the UK)

Previous schools attended	Authority	Date (To and from)	

History of periods of extended holidays, length of the absence, in which academic and reason(s)

6. Outside agencies involved with the child?

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7. Any issues which might affect the child ? E.G. Bereavement, parental separation, family in other country.

8. What are the child's strengths and interests?

9. Any Parental concerns about starting school?

Profile completed by _____ Date _____

- E-Safety Acceptable use agreement signed
- Home School Agreement form signed
- Walsall NHS Healthcare form filled out
- Free school meals form filled out
- Pupil Personal data consent form filled out and signed
- Policy statement and privacy notice given to parents/carers
- Walsall school nursing service given to parents/carers
- Copy of pupil profile sheet distributed and read by –

- Class Teacher	<input type="checkbox"/>	Signed _____	Date _____
- Lynn Vincent	<input type="checkbox"/>	Signed _____	Date _____
- Hilary Mitchell	<input type="checkbox"/>	Signed _____	Date _____
- Alison Deeley	<input type="checkbox"/>	Signed _____	Date _____

I give permission Calmore Primary Academy to give details of my child to other responsible adults if the principal thinks there is a need, and the receiver of the information uses the information confidentially.

I give permission for my child to be part of any local educational visits that take place within the school and is adequately supervised.

I have read, understood and signed the home school agreement together with the E Safety Acceptable Use Agreement.

Signed..... Parent/ Guardian

Print Name

Date

Name of child

- To take part in school trips and other activities that take place off the school premises.
- To be given first aid or urgent medical treatment during any school or activity.

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION BEFORE SIGNING THIS FORM:

The trips and activities covered by this form include;

- All visits (including residential trips) which take place during the holidays or a weekend.
- Adventure activities at any time.
- Off- site sporting fixtures for nursery pupils
- The school will send you information about each trip or activity before it takes place.

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year group visits to local amenities – as such activities are part of the school’s curriculum and usually takes place during the normal school day.

Please complete the medical information section below (if applicable) and sign and date the form if you agree to the above

Child Name	
Medical problems/allergies	
Medication required For off sight visits	

Signed Parent/Guardian
Print Name.....
Date.....

PUPIL SELF - EVALUATION SHEET

My name is

I can speak English	A bit	Quite well	Very well
I can read	A bit	Quite well	Very well
I can copy	A bit	Quite well	Very well
I can write	A bit	Quite well	Very well

When I think about home I think in

When I think at school I think in

When I talk at home I talk in _____ to my parents,
when I talk to my grandparents and siblings I talk
in _____.

When im at school I talk to my friends in _____ and
my teachers in _____.

I can say everything I want to say in _____ Yes/No

I can say everything I want to say in _____ Yes/No

I think that I use _____ most of the time.

I think that I am best at using _____