



BLESSED MOTHER TERESA'S CATHOLIC PRIMARY SCHOOL
Somerset Road
Stafford
ST17 9UZ
Headteacher: Mrs D J Phillips
Telephone: 01785 356405
Facsimile: 01785 356408
e.mail: headteacher@blessedmotherteresas.staffs.sch.uk

ADMISSION FORM

Admission Date _____

Surname _____ Forename(s) _____

Address _____ Tel No(s) _____

_____ Date of Birth _____

Postcode _____ Male/Female _____

Date and Place of Baptism/Christening _____ Religion _____

Ethnicity: Please tick ONE BOX only

- | | | | |
|--------------------|--------------------------|----------------------------|--------------------------|
| White(UK heritage) | <input type="checkbox"/> | Black (Caribbean heritage) | <input type="checkbox"/> |
| White (European) | <input type="checkbox"/> | Black (African heritage) | <input type="checkbox"/> |
| White (Other) | <input type="checkbox"/> | Black (Other) | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |

Home Language: _____ First Language: _____

Number of children in family _____ Pupil's place in family _____

Mode of Transport to School Walk In car Taxi Public Transport Cycle

Mother/Guardian Name _____ (Mrs/Miss/Ms) _____

Home Address _____

Place of Work _____

Tel No _____ (Home) _____ (Work) _____ (Mobile)

Father/Guardian Name _____

Home Address _____

Place of Work _____

Tel No _____ (Home) _____ (Work) _____ (Mobile)

Person who may be contacted if parent/legal guardian is not available:

Surname _____ Forename _____ (Mr/Mrs/Miss/Ms)

Address _____

Tel No _____ (where they can be reached in an emergency)

Relationship to the child? Grandparent Aunt/Uncle Legal Guardian
Step-parent Foster Parent Social Services
Please tick as appropriate Other _____

Previous School/Nursery _____

Address _____ Tel No _____

Medical Information: (Please state anything the school should know about your child's health or welfare)

Does your child have any special needs, ie Dyslexia, Dispraxia etc? _____

Family Doctor _____ Tel No _____

Will your child receive Free School Meals Yes No

The Children Act 1989 requires that the school is provided with the following information:

The following adults live with the child and act as parents:

Full Name _____ Relationship to Child _____

Do you have parental responsibility Yes No

Full Name _____ Relationship to Child _____

Do you have parental responsibility Yes No

The following adults have parental responsibility but **do not** live with the child:

Full Name _____ Relationship to Child _____

Full Name _____ Relationship to Child _____

Are there any Court Orders which relate to the child? (eg: Custody Orders Section 8 Orders)

If yes, please state _____

Signed _____ Date _____