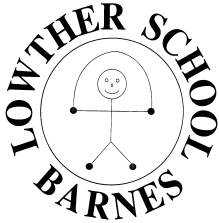


LOWTHER PRIMARY SCHOOL
Stillingfleet Road
Barnes
London
SW13 9AE



FOR SCHOOL USE

Admission Date.....
 Admission No.
 UPN

Telephone No. 020 8748 3984
 Fax No. 020 8846 9334
 e-mail: info@lowther.richmond.sch.uk
www.lowther.richmond.sch.uk
 Headteacher: Mr Mark Tuffney
 Deputy Headteacher: Dermot Bracken

ADMISSION FORM

CHILD'S DETAILS

First name Surname

Other Names Boy/Girl

Date of Birth Position in Family 1 2 3 4 5

Home Address

..... Post Code

FAMILY DETAILS

Parent/Guardian 1: Mrs/Ms/Mr

Home Phone No Mobile Phone No

Place of work Work Phone No.

National Insurance No. Email

Parent/Guardian 2 Mrs/Ms/Mr

Address (if different to above)

..... Post Code

Home phone No. Mobile Phone No

Place of work Work Phone No.

National Insurance No. Email

Sibling Date of Birth

Sibling Date of Birth

Sibling Date of Birth

PERSONAL DETAILS

Religion Ethnic Origin
(See enclosed list)

Child's country of birth Child's Nationality

Child's first language at home

Other languages spoken at home

How do you normally travel to school (e.g. walk, car, bus)

EMERGENCY CONTACT

Parents will always be contacted in the first instance, but in cases of emergency when they cannot be reached, please give an emergency contact number. (This must be someone who is willing and able to collect your child during school hours).

Name: Mr/Mrs/Ms Relationship

Address:

Telephone No:

Name: Mr/Mrs/Ms Relationship

Address:

Telephone No:

PREVIOUS SCHOOL/NURSERY

Nursery/Playgroup: Name
Date started
Date left

School Name.....
Address.....
Date started
Date left

MEDICAL INFORMATION

The information you provide on this form will remain confidential to the school. It will be used to help us look after your child in the best possible way.

- Do you have any concerns over your child's: eyesight hearing speech physical development (size, co-ordination etc) fits or blackouts other
If so, please give details
- Is your child allergic to: sticking plaster...yes/no penicillin...yes/no specific foods(give details) other
- Does your child suffer from : asthma...yes/no (see below) hay fever...yes/no skin rash...yes/no
- Does your child have any chronic ailments (e.g. diabetes, cystic fibrosis) ...yes/no
If so, please give details
- Has your child been immunised? Against which diseases
- Has your child been seen by a clinic or hospital for particular problems
- Has your child been admitted to hospital as an in-patient?

ASTHMA MEDICATION

If your child has asthma please obtain an Asthma Medication Form from the school office.

Asthma medication is kept in the classroom. Children who need medication at a set time each day will be supervised by a member of staff.

If your child is on asthma medication but in 'emergency only', we must have that medication in school at all times.

All medication must be clearly labelled with the child's name.

OTHER MEDICATION

Medicine, prescribed by a doctor may, if necessary, be administered in school. A medical consent form must be filled in before we can do this. However, it is preferable if the medication can be taken at home, by the parent/carer.

FAMILY DOCTOR

Doctor's Name:

Address :

Telephone No. :

LOCAL VISITS

During any school year your child may be required to participate in educational activities which take place off school premises e.g. nature walk, study of local environment etc. These activities do not involve your child being transported in vehicles or require any payment. These activities contribute to the normal school curriculum.

I give permission for my child to participate in educational visits that take place off school premises, as described above.

Signed: (Parent/carer)

SCHOOL BOOKS

We believe that every child in our school should have access to reading material for whatever purpose. We request that parents/carers be responsible for the replacement cost of any book lost or damaged whilst in the care of your child. When you sign this form your child will be able to take home a reading or textbook during the time they attend this school.

No books may be taken home without your agreement.

On occasion, the local paper, or other publications, may print articles about activities at Lowther School, along with photographs and names of pupils or on the school website. I consent to my child's name/photograph being published in the local paper or elsewhere.

Yes No Signed.....(Parent/carer)

Is there is any other information (personal. Medical, family) that you feel it would be helpful for the school to know in order to look after your child? If you would prefer not to write it down, but would like to speak to the Headteacher in confidence, simply write 'Yes'

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IF THERE ARE ANY CHANGES TO THE DETAILS ON THIS FORM WHILST YOUR CHILD ATTENDS LOWTHER PRIMARY SCHOOL, ESPECIALLY CONTACT PHONE NUMBERS, PLEASE INFORM THE SCHOOL AS SOON AS POSSIBLE.

Signature of Parent/Carer **Date**