



**KING EDWARD VI HANDSWORTH SCHOOL
ADMISSION FORM 2011**

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Pupil Details

SURNAME:	FORENAME:
MIDDLE NAME:	PREFERRED NAME:
DATE OF BIRTH:	
ADDRESS:	
POST CODE:	
HOME TELEPHONE NO:	
NAME OF SIBLING(S) ALREADY AT THIS SCHOOL:	

Educational Details

PREVIOUS SCHOOL:	DATE STARTED:
SCHOOL ADDRESS:	
SCHOOL POST CODE:	

Travel Details

Please tick ONE box – that used for the GREATEST part of the journey. If travel varies, tick the MOST FREQUENT arrangement.

CAR/VAN		SCHOOL BUS AH1	
CAR SHARE		SCHOOL BUS AH2	
CYCLE		SCHOOL BUS AH3	
METRO		SCHOOL BUS AH4	
TRAIN		SCHOOL BUS AH5	
TAXI		SCHOOL BUS AH6	
WALK		SCHOOL BUS AH7	
PUBLIC BUS E.G. NO. 78/9, 11, 16		SCHOOL BUS AH8	
SCHOOL BUS C830		SCHOOL BUS AH9	
SCHOOL BUS C833			
SCHOOL BUS C835			

Connexions Assent

For pupils approaching or above age 13 the school is also required to pass on information to the Connexions services providers on request. This information includes the name and address of the pupil and parent, and any further information relevant to the Connexions Services' role, which is to support young people, helping them to achieve their potential and to realise benefits from education and training. However parents, or the pupil themselves if aged 16 or over, can ask that no information beyond name and address (for pupil and parent) be passed on to Connexions.

The LA and DCSF may supply to the Connexions Services information which they have about your child, but will not pass on any information they have received from the school if you (or your child if aged 16 or over) have notified the school that Connexions should not receive information beyond name and address.

Do you give consent to information beyond name and address being passed on to Connexions? (YES/NO)

Emergency Contacts

We have a system which allows us to send messages to parents instantly via text, voicemail and email which we use in circumstances such as :-

- Your child needs to be picked up due to illness or accident.
- Your child has not arrived in school or other attendance concerns.
- Providing information e.g. snow closures.

For this system to work smoothly, please keep us informed of any changes to your home, mobile or email contact details.

- **Please give details of both parents or persons with legal responsibility for this child and anyone else who could be contacted when you are unavailable.**
- **Please list in contact PRIORITY ORDER, one being the first we would contact, two the second and so on.**
- **Please note that PRIORITY 1 contact will be provided with a password to access on-line records about your child.**

PRIORITY 1

SURNAME:	FORENAME:
TITLE:	GENDER (MALE/FEMALE):
HOME TELEPHONE NO:	WORK TELEPHONE NO:
MOBILE TELEPHONE NO:	EMAIL:
RELATIONSHIP: <i>(Parent/Aunt/Neighbour etc)</i>	PARENTAL RESPONSIBILITY (YES/NO):
ADDRESS:	
POST CODE:	

PRIORITY 2

SURNAME:	FORENAME:
TITLE:	GENDER (MALE/FEMALE):
HOME TELEPHONE NO:	WORK TELEPHONE NO:
MOBILE TELEPHONE NO:	EMAIL:
RELATIONSHIP: <i>(Parent/Aunt/Neighbour etc)</i>	PARENTAL RESPONSIBILITY (YES/NO):
ADDRESS:	
POST CODE:	

PRIORITY 3

SURNAME:	FORENAME:
TITLE:	GENDER (MALE/FEMALE):
HOME TELEPHONE NO:	WORK TELEPHONE NO:
MOBILE TELEPHONE NO:	EMAIL:
RELATIONSHIP: <i>(Parent/Aunt/Neighbour etc)</i>	PARENTAL RESPONSIBILITY (YES/NO):
ADDRESS:	
POST CODE:	

PRIORITY 4

SURNAME:	FORENAME:
TITLE:	GENDER (MALE/FEMALE):
HOME TELEPHONE NO:	WORK TELEPHONE NO:
MOBILE TELEPHONE NO:	EMAIL:
RELATIONSHIP: <i>(Parent/Aunt/Neighbour etc)</i>	PARENTAL RESPONSIBILITY (YES/NO):
ADDRESS:	
POST CODE:	

Medical Details

DOCTOR'S NAME:	NAME OF SURGERY:
ADDRESS:	
POST CODE:	
TELEPHONE NO:	
MEDICAL CONDITIONS OR ANY INFORMATION YOU WISH THE SCHOOL TO RECORD:	

If your daughter has a **SERIOUS MEDICAL CONDITION** that we need to be aware of e.g. epilepsy, nut allergy, asthma, diabetes etc., please fill in the **ADDITIONAL MEDICAL DETAILS** below. If not, those above are sufficient.

Additional Medical Details

NATIONAL HEALTH SERVICE NUMBER (NHS NO.):	
CLINIC/HOSPITAL CONTACT NAME (IF RELEVANT):	
TELEPHONE NO:	
HOSPITAL REGISTRATION NUMBER:	
DESCRIBE CONDITION AND GIVE DETAILS OF INDIVIDUAL SYMPTOMS:	
DAILY CARE REQUIREMENTS:	
WHAT CARE SHOULD BE GIVEN IN AN EMERGENCY:	
FOLLOW UP CARE:	
SPECIAL REQUESTS FROM PARENTS:	
ARE YOU SUPPLYING MEDICATION (E.G. INHALER, EPIPEN) FOR USE IN SCHOOL: (YES/NO) Please note that it is the parents' responsibility to ensure that all medication provided is in DATE and must have a dispensing label attached clearly indicating your DAUGHTER'S NAME and DOSAGE required. Please hand in to the Main School Office for storage.	
MEDICINE(S) :	EXPIRY DATE(S):

Ethnic Origin

Please tick **ONE** box which best describes your daughter's ethnic origin.

WHITE

British

	WENG	English
	WSCO	Scottish
	WWEL	Welsh
	WOWB	Other White British
	WIRI	Irish
	WIRT	Traveller of Irish Heritage
	WCOR	Cornish
	WROM	Gypsy/Roma

Any Other White Background

	WALB	Albanian
	WBOS	Bosnian-Herzegovinian
	WCRO	Croatian
	WGRK	Greek
	WGRC	Greek Cypriot
	WITA	Italian
	WKOS	Kosovan
	WPOR	Portuguese
	WSER	Serbian
	WTUK	Turkish
	WTUC	Turkish Cypriot
	WEEU	White Eastern European
	WWEU	White Western European
	WOTW	White Other

MIXED DUAL BACKGROUND

	MWBC	White & Black Caribbean
	MWBA	White & Black African

White and Asian

	MWAP	White & Pakistani
	MWAI	White & Indian
	MWAO	White & any other Asian background

Any Other Mixed Background

	MAOE	Asian & any other ethnic
	MABL	Asian & Black
	MACH	Asian & Chinese
	MBOE	Black & any other ethnic group
	MBCH	Black & Chinese
	MCOE	Chinese & any other ethnic group
	MWOE	White & any other ethnic group
	MWCH	White & Chinese
	MOTM	Mixed any other background

ASIAN OR BRITISH

	AIND	Indian
	ABAN	Bangladeshi

Pakistani

	AMPK	Mirpuri Pakistani
	AOPK	Other Pakistani
	AKPA	Kashmiri Pakistani

Any Other Asian Background

	AAFR	African Asian
	AKAO	Kashmiri Other
	ANEP	Nepali
	ASNL	Sri Lankan Sinhalese
	ASLT	Sri Lankan Tamil

	ASRO	Sri Lankan Other
	AOTA	Other Asian

Chinese

	CHKC	Hong Kong Chinese
	CMAL	Malaysian Chinese
	CSNG	Singaporean Chinese
	CTWN	Taiwanese
	COCH	Other Chinese

BLACK OR BLACK BRITISH

	BCRB	Caribbean
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Black African

	BANN	Angolan
	BCON	Congolese
	BGHA	Ghanian
	BNGN	Nigerian
	BSLN	Sierra Leonian
	BSOM	Somali
	BSUD	Sudanese
	BAOF	Other Black African

Any Other Black Background

	BEUR	Black European
	BNAM	Black North American
	BOTB	Other Black

ANY OTHER ETHNIC GROUP

	OAFG	Afghan
	OARA	Arab
	OEGY	Egyptian
	OFIL	Filipino
	OIRN	Iranian
	OJPN	Japanese
	OKOR	Korean
	OKRD	Kurdish
	OLAM	Latin/South/Central American
	OLEB	Lebanese
	OLIB	Libyan
	OMAL	Malay
	OMRC	Moroccan
	OPOL	Polynesian
	OTHA	Thai
	OVIE	Vietnamese
	OYEM	Yemeni
	OOEG	Any Other Ethnic Group

	REFU	I do not want ethnic origin to be recorded
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Religious Affiliation

Please tick **ONE** box which best describes your daughter's religious affiliation.

	BUD	Buddhist
	CHR	Christian
	ROC	Christian – Roman Catholic
	HIN	Hindu
	JEW	Jewish
	MUS	Muslim
	NON	No Religion
	SIK	Sikh
	OTH	Any other
	REF	I do not want religion to be recorded

First/Home Language

Please tick **ONE** box which best describes the main language used at home The list below is of the most commonly spoken languages in Birmingham and is for guidance only If your language is not listed please tick the **ANY OTHER** box and describe it in the space provided.

	AFK	Afrikaans
	ALB	Albanian/Shqip
	ARAI	Arabic(Iraq)
	ARAY	Arabic(Yemen)
	ARAA	Arabic(Other)
	BNGS	Bengali(Sylheti)
	BNGA	Bengali(Any Other)
	SCBB	Bosnian
	BSL	British Sign Language
	CCE	Carrib.Creole/Patois
	CHIC	Chinese (Cantonese)
	CHIM	Chinese (Mandarin)
	CHIA	Chinese (Any Other)
	SCBC	Croatian
	CZE	Czech
	DAN	Danish
	DUT	Dutch/Flemish
	ENG	English
	TGLF	Filipino
	FRN	French
	GER	German
	GRE	Greek
	GUJ	Gujarati
	HIN	Hindi
	HDK	Hindko
	HGR	Hungarian
	IGB	Igbo
	ITA	Italian
	KAS	Kashmiri
	KOR	Korean
	KUR	Kurdish
	LIN	Lingala
	MLY	Malay/Indonesian
	MLM	Malayam
	NOR	Norwegian
	PHR	Pahari (Pakistan)
	PNJG	Panjabi (Gurmukhi)
	PNJM	Panjabi (Mirpuri)
	PNJP	Panjani (Pothwari)
	PNJA	Panjabi (Any other)
	PAT	Pashto/Pakhto
	PRS	Farsi/Dari/Persian
	POL	Polish
	POR	Portuguese
	RMN	Romanian
	RUS	Russian
	SAM	Samoan

	SCB	Serbian
	SHo	Shona
	SLO	Slovak
	SOM	Somali
	SPA	Spanish
	SWA	Swahili/Kiswahili
	SWE	Swedish
	TGLG	Tagalog
	TAM	Tamil
	TEL	Telugu
	THA	Thai
	TGR	Tigrinya
	TUR	Turkish
	URD	Urdu
	VIE	Vietnamese
	CYM	Welsh/Cymraeg
	WOL	Wolof
	YOR	Yoruba
	ZUL	Zulu

	REFU	Refused
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Other (Please describe) _____

Additional Language Details

Language(s) spoken at home by pupil to :	Mother	Father	Siblings	Extended family
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How long has the pupil been learning English?

Can the pupil read/write in languages other than English?	Read	Write							
	<table border="1"><tr><td>Yes</td><td></td></tr><tr><td>No</td><td></td></tr></table>	Yes		No		<table border="1"><tr><td>Yes</td><td></td></tr><tr><td>No</td><td></td></tr></table>	Yes		No
Yes									
No									
Yes									
No									

Most useful written language for family:

Interpreter needed to communicate with family?	Language	Date Checked				
<table border="1"><tr><td>Yes</td><td></td></tr><tr><td>No</td><td></td></tr></table>	Yes		No			
Yes						
No						

Any other information family feel is relevant (e.g. refugee status, experiences of war etc.)

Does the pupil attend any school/class in the community? Details, including type of school, language taught/used and contact details.	
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