

ADMISSION FORM



ST DAVID'S SCHOOL
UKSU
BFPO 109
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CHILD	SURNAME	FORENAMES			
DATE OF BIRTH	DAY	MONTH	YEAR	ENTITLED/NAAFI/CVWW.SKC/NON-ENTITLED	
DATE ADMITTED	NATIONALITY		RELIGION		
NUMBER OF CHILDREN IN FAMILY			POSITION OF CHILD IN FAMILY		
SERVICE PARENT	SERVICE NO	RANK	INITIALS	NAME	SERVICE UNIT
CIVILIAN PARENT	BRANCH, DEPARTMENT, ORGANISATION OR BUSINESS				
NAME AND ADDRESS OF ANY OTHER PERSON WITH PARENTAL RESPONSIBILITY					
ADDRESS	OFFICIAL POSTAL ADDRESS			PRIVATE (MQ) ADDRESS	
TEL NO.					
LAST SCHOOL		ADDRESS	LEA	TEL NO	
NUMBER OF SCHOOLS PREVIOUSLY ATTENDED			BIRTH CERTIFICATE CHECKED		

PARENTAL SIGNATURE



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NUMBER OF PRE-SCHOOLS PREVIOUSLY ATTENDED	NUMBER OF TERMS AT PRE-SCHOOL PREVIOUSLY ATTENDED
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ANY SPECIAL EDUCATIONAL NEEDS YES/NO

IF YES, PLEASE EXPLAIN

CHILD'S STAGE IN THE SEN PROCESS STAGE: 1 2 3 4 5

ANY EXTRA ANCILLARY HOURS PREVIOUSLY GIVEN? YES/NO
NUMBER OF HOURS _____ PER WEEK

ANY INFORMATION CONCERNING HEARING, SIGHT, ALLERGIES, DIABETES, ASTHMA, EPILEPSY, OR SPECIAL DIET THAT THE SCHOOL SHOULD KNOW:

ANY OTHER HELPFUL INFORMATION:

MY CHILD CAN/CANNOT BE GIVEN PLASTERS

DATE OF LAST TETANUS INJECTION:

I hereby give permission for my child to go swimming with the school. YES/NO

PARENTAL SIGNATURE

I hereby give permission for my child to go on supervised outings with the school as part of the normal work of the school year. I realise I might not be specifically notified of these outings. YES/NO

PARENTAL SIGNATURE