

| FOR OFFICE USE | | | | | |
|---------------------|----------|--|--|--|--|
| ADMISSION NO. | DFES NO. | | | | |
| U L N NUMBER | | | | | |
| U P N NUMBER | | | | | |
| YEAR | FORM | | | | |

| ADMISSION FORM | | | | | | |
|---|---|--------------------------------|---|------------------------|----------------------|--|
| PUPIL DETAILS | | | | | | |
| SURNAME | FORENAMES | MIDDLE | MIDDLE NAME | | FEMALE | |
| ADDRESS | I | | DATE OF BIRTH TELEPHONE NO. | / | / | |
| | | | POSTCODE | | | |
| DETAILS OF CURRENT SCHOOL | | | | | | |
| NAME OF SCHOOL | | | DATES ATTENDED (| (FROM AND TO) | | |
| DDRESS | | | TELEPHONE NO. | | | |
| PERSONS WITH PARENTAL RESPONS | IBILITY | | | | | |
| * Legal Definition of Parental Responsibility (PR) The foll 1. Natural Mothers 2. Natural Fathers IF: he was married by court order. 3. Both if they jointly adopt a child 4. A makes a Residence Order 6. Local Authorities will be g | to the mother when the child was born OR re | vho have Parental Responsibi | | | | |
| ** Email Address/Mobile Phone No: To facilitate contacting parents we require a correct mobil parental responsibility. | e phone number and email address. These w | vill be the email addresses/mo | obile phone numbers of t | those persons shown | below who have | |
| SURNAME | FORENAMES | | TITLE | | | |
| ADDRESS | l . | POSTCODE | POSTCODE | | | |
| | | TEL NUMBER | TEL NUMBER | | BER | |
| EMAIL (primary home email address **) | | | MOBILE (Used as primary contact number and school text messaging service**) | | | |
| RELATIONSHIP TO CHILD | HAS PARENTAL RESPONSIBILITY ? YES NO (| | Note: The school may request confirmation/evidence of Parental Responsibility. | | | |
| SURNAME | FORENAMES | | | | TITLE | |
| ADDRESS | | POSTCODE | POSTCODE | | | |
| | | TEL NUMBER | R | WORK TEL NUM | BER | |
| EMAIL (primary home email address **) | | MOBILE (Use | ed as primary contact nun | nber and school text m | nessaging service**) | |
| RELATIONSHIP TO CHILD | HAS PARENTAL RESPONSIBILITY ? YES NO (6 | IS THERE A CC | IS THERE A COURT ORDER HELD IN RELATION TO THIS YOUNG PERSON ? YES NO | | | |
| PERSONS WITH ACTUAL CUSTODY - | IF DIFFERENT FROM ABOVE | | The school may requal Responsibility. | uest confirmatio | n/evidence of | |
| SURNAME | FORENAMES | rarente | п пезропзівтеў. | | TITLE | |
| ADDRESS | I | EMAIL | | | | |
| | | LOOKED AF | TER CHILD ? | YES N | 10 | |
| | | AUTHORITY | | | | |
| POSTCODE | TEL NUMBER | MOBILE (Use | ed as primary contact nun | nber and school text m | nessaging service) | |
| RELATIONSHIP TO CHILD | HAS PARENTAL RESPONSIBILITY ? YES NO (6 | Check above *) | | | | |
| SURNAME | FORENAMES | | | | TITLE | |
| ADDRESS | | EMAIL | | | | |
| | | LOOKED AFT | TER CHILD ? | YES N | 10 | |
| POSTCODE | TEL NUMBER | AUTHORITY MOBILE (Use | ed as primary contact nun | nber and school text m | nessaging service) | |
| RELATIONSHIP TO CHILD | HAS PARENTAL RESPONSIBILITY ? YES NO (6 | Check above *) | | | | |
| Ysgol Eirias, Ffordd Eirias, Bae Colwyn, LL29 7SP Ysgol Eirias, Eirias Road, Colwyn Bay, LL29 7SP | Ffôn 01492 532025 www.eiri | as.co.uk Ebost gene | ral@eirias.conwy.s | | | |

| ADDITIONAL CONTACTS | | | | |
|--|--|---------------------------------|--|--|
| If the nature of your occupation makes daytime contact | | nship, telephone numb | er and location of up to three | |
| persons who may be contacted in the event of an emerging CONTACT 1 | gency to act upon your behalf. CONTAG | T 2 | CONTACT | |
| CONTACT I | CONTAC | 21 2 | CONTACT 3 | |
| TITLE (Mr/Mrs/Miss/Ms) | | | | |
| NAME | | | | |
| (Forename and surname) RELATIONSHIP | | | | |
| | | | | |
| CONTACT NUMBER | | | | |
| , | | | | |
| SIBLINGS: If there is an older brother or sister in | the school please give the name and | year group of the olde | est child. | |
| NAME | | YEAR AND FO | DRM | |
| | | | | |
| OTHER INFORMATION | | | | |
| LUNCH ARRANGEMENTS (please note that studen | its are not allowed off the school si | te) | | |
| Free school meal School Lunch | Sandwiches at school | | | |
| TRAVEL ARRANGEMENTS | _ | | | |
| Bicycle Car | Rail Taxi | Walk | Bus | |
| | | | | |
| FIRST LANGUAGE | ANY OTHER LANGU | AGES | | |
| HOME LANGUAGE | RELIGION | | | |
| | | | | |
| Students with a good/high level of fluency are en | couraged to join a Welsh registrati | on group and follow a | an adopted course of study - would | |
| this be suited to your child ? Yes No | | | not fluent Cannot speak Welsh | |
| Has your child studied French or German ? | | French | German Neither | |
| Are there any medical conditions or disabilities of | which the school should be made | | No No | |
| If Yes please provide a brief description : | | | <u>—</u> | |
| | | If Yes, have y | you completed a specific medical form? | |
| | | Yes | No | |
| Does your child have any additional needs? If so | please specify | | | |
| | | | | |
| | | | | |
| | | | | |
| Does your child receive any support for any learni | ing or medical needs? If so please s | pecify | | |
| | | | SCHOOL IDP | |
| | | | L A IDP | |
| | | | | |
| Is your child a Young Carer? | | | Yes No | |
| | | | | |
| Is your child a military service child? | | | Yes No | |
| From time to time, we like to ask the opinion of parents on issues wh | ich affect the school, your preference on whethe | r you wish to take part is show | vn here. | |
| The school is registered with the Information Commi | | | | |
| the Welsh Government, the Local Authority and other g (Data Protection Act 1998 repealed – superseded by EU | | | notice for further information. | |
| DIFACESIONE | HIS FORM IN THE SPACES INDIA | CATED THANKY | NII. | |
| PLEASE SIGN II | HIS FORM IN THE SPACES INDIC | LATED - THANK YO |)U | |
| SIGNATURE OF PARENT/GUARDIAN | | DATE | | |
| | | | | |
| SIGNATURE OF PARENT/GUARDIAN | | DATE | | |
| , | | | | |
| | | | | |
| PARENTAL CONSENT | | | | |
| There is a separate parental consent/opt in form t | that needs to be completed in acco | rdance with GDPR. | | |

This will be sent to you once a place has been offered.

All data collection and retention is subject to GDPR requirements