



*Cherish, Nurture, Achieve*

Becket Primary School  
Monk Street Derby DE22 3QB  
Headteacher: Mrs S James  
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# Admission Form

Pupil Forename(s):	Pupil Surname:	Legal Surname:
Male/Female:	Date of Birth:	Home Telephone No:
Address:		
Post Code:		

## Application For Pupil Premium and Free School Meals

The **Pupil Premium** is an additional payment which, depending upon your financial circumstances, could be made to your child's school to improve the education of your child. It could mean that the school is able to purchase extra resources and equipment to suit your child's needs and extend their learning by offering new activities and experiences. Your child may also be entitled to receive a **free school meal**. Completing **ALL** of the parent details below enables the school to check your eligibility and submit a claim on your behalf for your child.

Parent/Carer 1 Name:	Relationship to Pupil:
Contact Address:	
Post Code:	
Telephone Number:	Mobile Number:
Work Phone Number:	Email Address:
National Insurance/Asylum Seeker Number:	Date of Birth:

Parent/Carer 2 Name:	Relationship to Pupil:
Contact Address:	
Post Code:	
Telephone Number:	Mobile Number:
Work Phone Number:	Email Address:
National Insurance/Asylum Seeker Number:	Date of Birth:

Alternative Emergency Contact Name:	Relationship to Pupil:
Telephone Number:	Mobile Number:

Doctor's Name:	Surgery Address:
Telephone Number:	

Details of any previous School
Name of any siblings at Becket Primary School:-

<u>Ethnic Group:-</u>	
White	Asian or Asian British
- White British	- Indian
White Irish	- Pakistani
Traveller of Irish Background	- Bangladeshi
Any other White Background	- Any Other Asian Background
White Gypsy/Roma	
Mixed / Dual Background	Black or Black British
Mixed White & Black Caribbean	- Black Caribbean
Mixed White & Black African	- Black African
Mixed White and Black Asian	- Any Other Black Background
Any Other Mixed Background	Chinese
	Any Other Ethnic Group
	I do not wish an ethnic group to be recorded
Religion:-	
Nationality:-	
First/Home Language:-	
Other Language:-	
Is your child a vegetarian?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Health Problems (inc. diagnosed medical conditions)..... .....
In the event of a medical emergency I give permission to administer first aid <input type="checkbox"/>
In the event of a medical emergency I give consent for school to call my doctor <input type="checkbox"/>
Is there anything that School should be aware of? ..... .....

Signed: ..... (Parent/Guardian/Carer) Date .....

*Current legislation requires that school record the legal name if for any reason this is different from the name by which your child is known. The school will however respect the wishes of parents about the name to be used.*

<b>For Office Use</b>	Class pupil admitted to	<input type="text"/>
Date of Admission	DOB Cert.No	<input type="text"/>
Date that records requested	Computer Admission	<input type="text"/>