



Cherish, Nurture, Achieve

Becket Primary School
Monk Street Derby DE22 3QB
Headteacher: Mrs S James
Telephone No. 01332 347595
Email: admin@becket.derby.sch.uk
Website: www.becket.derby.sch.uk

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.

	Yes	No
I give consent for school to use my details, including National Insurance number, to check eligibility Free School Meals and/or Pupil Premium		
I consent to the school to retain this information on file to continue to monitor eligibility		

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:

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

Doctors Practice	
Doctors Name	
Telephone Number	
Does your child suffer from any health problems, if so please give details. (Please indicate any special treatment)	
Permission to administer first aid	Yes/No (Please delete if appropriate)
Permission to contact Doctor	Yes/No (Please delete if appropriate)
Do you give consent for us to contact other professionals who are involved with your child?	Yes/No (Please delete if appropriate)
Names and contact numbers of any professionals involved with your child, for example health visitors, speech therapists. If you provide these details we will contact them, letting you know of any approach we make.	
Please give details of any other problems/concerns of which the school should be aware to enable us to support your child. If you provide these details we will contact them, letting you know of any approach we make.	
Please give details of any special requirements/medical conditions of parents/carers regarding access to the building or accessing information	

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

Signed: (Parent/Guardian/Carer) Date

I understand that this information will be held securely by school and will not be shared without my consent unless the law and school's policies allow them to do so. Please tick ✓

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.