



ADMISSION FORM



To be completed by the Parent/ Guardian upon admission to Marus Bridge Primary School

(Office use only)

Registration Group: _____

Birth Certificate Seen By: _____ Date: _____

Child's Surname:	Child's Legal Surname:
Child's Forename:	Child's Middle name:
Chosen name:	Gender:
Date of Birth:	Telephone:
Address:	Email:
Post Code:	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency. **Please ensure you state an address for all guardians, so it is clear who the child lives with.**

Priority	First Name & Surname Relationship eg, Mum, Dad, Nan	Home Address / Phone / Mobile	Work Address Phone / Email
1		Tel: Mobile:	Tel: Email:
2		Home Address/Phone Tel: Mobile:	Work Address/Phone Tel: Email:
3		Tel: Mobile:	Tel: Email:
4		Tel: Mobile:	Tel: Email:



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Do you have any other children who attend Marus Bridge Primary School?

Yes/No

If so, please provide:

Name:

DOB:

Dietary Preferences

Please indicate if your child has any food allergies, food intolerances or dietary requirements (e.g. Vegetarian):

Medical Practice:

Address:

Telephone Number:

Medical Condition(s)

Medical Note(s)

Does your child take any regular medication?

Ethnicity:

Home Language:

By completing this form, you are consenting to your data being collected, controlled and processed, in line with General Data Protection Regulations (GDPR).

The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education.

The [Parent Privacy Notice](#) provides further information regarding what data we collect, what it is used for and the people/organisations we may share personal data with.

Name of Parent:

Signature:

Date: