



# The Regis School

## Pupil Admission Form

Legal Surname:

Legal Forename(s):

Preferred Surname: *if same as legal please leave blank*

Preferred Forename(s): *if same as legal please leave blank*

Gender: Male  Female

Date of Birth:

Current/Previous School:

Home/Family Address:

Postcode:

Ethnicity:

First Language:

Country of Birth:

Nationality:

Religion:

Is this pupil 'Looked After' by the Local Authority? Yes  No

If yes, please state which Local Authority:

Is this pupil Adopted from Care or has left care under a Special Guardianship or Residence Order? Yes  No

If yes, please circle as appropriate Adopted from Care/Special Guardianship/Residence Order

Is this pupil a 'Service Child'? Yes  No

(Service children are children from families where one or more parent is currently in the British armed forces of the United Kingdom of Great Britain and Northern Ireland.)

Is this pupil a Young Carer? Yes  No

Does this pupil have a disability? Yes  No

Please provide details of any siblings currently attending The Regis School

Full Name	Year Group	Reg Group
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Emergency Contacts

On the back of this sheet please give (in priority order) details of all persons who have parental responsibility for the pupil. Please also include anyone else who could be contacted should an emergency arise when you are unavailable.

The Regis School adheres to those policies published by West Sussex County Council, United Learning and agreed by Governors. If you have any questions or concerns regarding these policies please contact Mr M Betts (Director of Business). All policies can be viewed on our website and hard copies are available upon request.

Print Name: (Parent/Carer)	Signed: (Parent/Carer)	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

*For office use only:*

Birth Certificate Seen: <input type="checkbox"/>	Tutor Group: <input type="text"/>	Admission Date: <input type="text"/>
CTF Requested: <input type="checkbox"/>	CTF Received: <input type="checkbox"/>	PP Checked: <input type="checkbox"/>
Signed: <input type="text"/>	Date: <input type="text"/>	

# Emergency Contacts

<b>Priority 1</b>	<b>Title:</b>	<b>Surname:</b>	<b>Forename:</b>
	<b>Relationship to Pupil:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Parental Responsibility:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Main Telephone Number:</b> <i>Please circle as appropriate Mobile/Home/Work</i>		<b>Alternative Telephone Number:</b> <i>Please circle as appropriate Mobile/Home/Work</i>
	<b>Email Address:</b>		
	<b>Address:</b>		
<b>Postcode:</b>			

<b>Priority 2</b>	<b>Title:</b>	<b>Surname:</b>	<b>Forename:</b>
	<b>Relationship to Pupil:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Parental Responsibility:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Main Telephone Number:</b> <i>Please circle as appropriate Mobile/Home/Work</i>		<b>Alternative Telephone Number:</b> <i>Please circle as appropriate Mobile/Home/Work</i>
	<b>Email Address:</b>		
	<b>Address:</b>		
<b>Postcode:</b>			

<b>Priority 3</b>	<b>Title:</b>	<b>Surname:</b>	<b>Forename:</b>
	<b>Relationship to Pupil:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Parental Responsibility:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Main Telephone Number:</b> <i>Please circle as appropriate Mobile/Home/Work</i>		<b>Alternative Telephone Number:</b> <i>Please circle as appropriate Mobile/Home/Work</i>
	<b>Email Address:</b>		
	<b>Address:</b>		
<b>Postcode:</b>			

<b>Priority 4</b>	<b>Title:</b>	<b>Surname:</b>	<b>Forename:</b>
	<b>Relationship to Pupil:</b>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Parental Responsibility:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Main Telephone Number:</b> <i>Please circle as appropriate Mobile/Home/Work</i>		<b>Alternative Telephone Number:</b> <i>Please circle as appropriate Mobile/Home/Work</i>
	<b>Email Address:</b>		
	<b>Address:</b>		
<b>Postcode:</b>			