

YSGOL GYMRAEG MELIN GRUFFFYDD – SCHOOL ADMISSION FORM



Ysgol Gymraeg
Melin Gruffydd, Caerdydd
Cofia ddysgu byw...

Child's Surname:		First Name:	
Middle Name(s):		Chosen Name:	
Date of Birth:		Gender: (M or F)	
Address:			
Post Code:		Home Tel. No.:	

Historical Information:

Has your child attended this school before?	Yes	No
If yes, please give the approximate date of leaving:	Date:	
Does your child have brothers or sisters attending this school?	Yes	No
<i>If yes, please give name and date of birth of eldest brother or sister:</i>		
Name:	Date of birth:	
Was your child born outside of the United Kingdom?	Yes	No
<i>If yes, please give date of arrival in the UK and place of birth:</i>		
Place of birth:	Date of arrival in the UK:	

Parental Contacts:

Mother's Surname:		First Name:	
Title:	Parental Responsibility (Y/N):	Priority (1,2, 3 or 4)	
Address:		Post Code:	
Home Tel. No.:		Mobile Number:	
Day Place:		Day Telephone:	
Home Email Address:			
Father's Surname:		First Name:	
Title:	Parental Responsibility (Y/N):	Priority (1,2, 3 or 4)	
Address:		Post Code:	
Home Tel. No.:		Mobile Number:	
Day Place:		Day Telephone:	
Home Email Address:			

Other Emergency Contacts:

Surname:		First Name:	
Title:	Relationship to child:	Priority (1,2, 3 or 4)	
Address:		Post Code:	
Home Tel. No.:		Mobile Number:	
Day Place:		Day Telephone:	

Surname:		First Name:	
Title:	Relationship to child:	Priority (1,2, 3 or 4)	
Address:		Post Code:	
Home Tel. No.:		Mobile Number:	
Day Place:		Day Telephone:	

Previous School Details:

Name of School/Playgroup:			
Address:			
Telephone Number:			
Date of Starting:		Date of Leaving:	

Medical Information:

Doctor's Name:		Telephone Number:	
Address:			
Please list any medical conditions that we should know about, including allergies:			
Does your child have any dietary needs for medical or religious reasons? If so, please list.			

RELIGION – Please tick only one box in this section.

Anglican	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Methodist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
United Reform Church	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	Other	<input type="checkbox"/>

HOME LANGUAGE – Please tick only one box in this section.

Bengali	<input type="checkbox"/>	Cantonese	<input type="checkbox"/>	English	<input type="checkbox"/>	Greek	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Panjabi	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	Portugese	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Gujurati	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

NATIONAL IDENTITY – Please tick only one box in this section.

Welsh	British	English	Irish
Scottish	Other (Please Specify):		
I do not wish National Identity to be recorded			

ETHNICITY – Please tick only one box in this section.

WHITE			
British	Kosovan	Traveller of Irish Heritage	
Serbian	Roma/Roma Gypsy	Turkish/Turkish Cypriot	
Albanian	Greek/Greek Cypriot	White Western European	
Bosnian-Herzegovinian	White European	Other White	
Croatian	White Eastern European		
MIXED BACKGROUND			
White and Black Caribbean	White and Chinese	Asian and Black	
White and Black African	Asian and Chinese	Other Mixed Background	
White and Asian	Black and Chinese	Black and Any Other Ethnic Group	
White and Any Other Ethnic Group	Asian and Any Other Ethnic Group	Chinese and Any Other Ethnic Group	
ASIAN OR ASIAN BRITISH			
Indian	African Asian	Sinhalese	
Mirpuri Pakistani	Kashmiri	Sri Lankan Tamil	
Other Pakistani	Nepali	Other Asian	
Bangladeshi			
BLACK OR BLACK BRITISH			
Caribbean	Ghanaian	Nigerian	
Sierra Leonian	Somali	Sudanese	
Other Black African	Black European	Black North American	
Other Black			
CHINESE OR CHINESE BRITISH			
Hong Kong Chinese	Malaysian Chinese	Singaporean Chinese	
Taiwanese	Other Chinese		
ANY OTHER ETHNIC GROUP			
Afghanistani	Japanese	Moroccan	
Arab	Korean	Polynesian	
Egyptian	Kurdish	Thai	
Filipino	Latin American	Vietnamese	
Irani	Lebanese	Yemeni	
Iraqi	Malay	Other Ethnic Group	
I do not wish any ethnic background to be recorded			

YOUR CHILD'S USE OF THE WELSH LANGUAGE

Can your child speak Welsh?		Yes		No	
<i>If 'yes' please answer the following questions:</i>					
Which of the following best describes your child's fluency in Welsh?					
Speaks Welsh fluently			Speaks Welsh but not fluently		
Does your child speak Welsh at home?		Yes		No	
<i>If 'yes' please tick one of the following boxes</i>					
Speaks Welsh with one parent or guardian only					
Speaks Welsh with both parents or guardians					
Does not speak Welsh at home with parents or guardians					
Does your child speak Welsh at home with their siblings?		Yes		No	
I do not wish information regarding Welsh Language to be recorded.					

USE BY THE SCHOOL OF PHOTOGRAPHIC IMAGES

From time to time the school wishes to publish photographs and video images of pupils in publicity documents (such as the prospectus) and on the school website. All images are published with the strictest regard for child protection Please tick this box if you do not wish us to use these images in this way

DECLARATION: (Parent or Guardian)

I confirm that the information held on this form is correct.

Signed: Date:

Relationship to child:

Data Protection

The data requested will be stored on the school management information system and used for the purposes outlined in the document about Use of Information "What the School, Local Education Authority and Government does with information it holds on pupils" (This document is also called our "fair processing notice"). Every effort is made to ensure the accuracy and security of personal data held by the school. Individuals have certain rights of access to personal information held on them which are outlined in this leaflet.

FOR SCHOOL USE ONLY:

Date of Admission:		Class/Reg. Group			
Birth Certificate seen?	Yes / No	Full Time / Part Time			
Eligible for Free Meals?	Yes / No	Eligible for Free Milk?		Yes / No	
EAL?	Yes / No				
School Travel – (Please circle correct type)					
Car	Public Transport	Coach	Train	Taxi	Walks
Provided by LEA?	Yes / No				
Has the parent/guardian been issued with the Fair Processing Notice?					Yes / No