

# NINE ACRES COMMUNITY PRIMARY SCHOOL

South View, Newport, Isle of Wight, PO30 1QP  
www.nineacrespri.iow.sch.uk 01983 522984  
Headteacher: Mrs E. Dyer BA Hons QTS, NPQH

We are **Articulate** We are **Passionate** We are **Persuasive** We are **Positively Influencing The World Around Us**

**'Striving for Excellence'**

## Nine Acres Primary School Admission Form 2022-2023

<b>Child's Full Legal Name</b>		<b>Date of Birth</b>	
/ /			
<b>Gender</b>	Male / Female	<b>Chosen name if different from above</b>	
<i>Please supply a copy of your child's birth certificate with your admission form</i>			
<b>Address</b>		<b>Postcode</b>	
<b>Pre School / Previous school (with address if mainland)</b>			
<b>Names of siblings currently attending Nine Acres</b>			
<b>Are there any court orders which relate to the child?</b> (E.g. custody orders/section 8 orders under the Children Act 1989). The information received is covered by the Data Protection Act 1984/1998 and will only be used for the purposes of maintaining accurate school records and will not be circulated or made public.		<b>Yes / No</b> if yes, please state what they are below	

### **Names of Parents/Carers with or without Parental Responsibility** (adults that permanently reside with the child)

*Please put in order of contact in case of emergency and relationship*

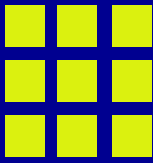
Please circle as appropriate <b>Mr / Mrs / Miss / Ms / Other</b>	<b>Full name</b>	<b>Relationship to child</b>	<b>Parental Responsibility Yes / No</b>
<b>Mobile Number</b>	<b>Home Number</b>		
<b>Work Number</b>	<b>Place of Work</b>		
<b>Email address</b>			

Please circle as appropriate <b>Mr / Mrs / Miss / Ms / Other</b>	<b>Full name</b>	<b>Relationship to child</b>	<b>Parental Responsibility Yes / No</b>
<b>Mobile Number</b>	<b>Home Number</b>		
<b>Work Number</b>	<b>Place of Work</b>		
<b>Email address</b>			

### **Additional adults with or without Parental Responsibility** (Mother/Father who does not permanently reside with the child)

Please circle as appropriate <b>Mr / Mrs / Miss / Ms / Other</b>	<b>Full name</b>	<b>Relationship to child</b>	<b>Parental Responsibility Yes / No</b>
<b>Address</b>	<b>Postcode</b>		
<b>Mobile Number</b>	<b>Home Number</b>		
<b>Work Number</b>	<b>Place of Work</b>		
<b>Email address</b>			





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## OTHER CONTACTS FOR COLLECTION AND EMERGENCIES (not already used on this form)

Please list details of any other persons who you authorise to collect your child or for us to contact in case of an emergency or illness during the school day.

Please delete as appropriate <b>Mr / Mrs / Miss / Ms / Other</b>		Full name		Relationship to child	
Address			Postcode		
Mobile Number		Home Number			
Work Number		Place of Work			

Please delete as appropriate <b>Mr / Mrs / Miss / Ms / Other</b>		Full name		Relationship to child	
Address			Postcode		
Mobile Number		Home Number			
Work Number		Place of Work			

## MEDICAL, DIETARY & SPECIAL NEEDS INFORMATION

<b>Medical Information</b> (any known medical conditions or diagnosis including allergies or special diets)	
<b>Medication required</b>	
<b>Registered GP Practice</b>	
<b>Does your child have contact with any agencies?</b> (Social care, Speech Therapy, CAMHS, Youth Trust etc.)	

## OTHER INFORMATION

<b>Home Language</b>		<b>Ethnic Origin</b>		<b>Religion</b>	
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## SIGNATURE & DECLARATION

I declare that the information on this form is correct to the best of my knowledge.

<b>Signed</b>		<b>Print Name</b>	
<b>Date</b>			

