**As unique individuals, we do our best at work and play for the love of God and others.”**



**St Benedict’s Catholic Primary School Admission Form.**

**SUPPLEMENTARY CONFIDENTIAL INFORMATION**

The information you share is confidential and will be only be read by the School Business Manager and the Headteacher. Some information will be shared with the SENDCo and the class teacher if appropriate.

**Pupil’s Name**……………………………………...

**Admission date**……………………………………

**Separated / Divorced Parents Only**

**We will assume that both parents listed above have parental responsibility. Please indicate if this is incorrect.**

**Do parents have shared custody?**

**Please give details of your child’s living arrangements**

**Is there a court order in place to restrict visitation rights? If yes, please give details.**

**If there is anything we need to know about your child’s living arrangements please include it here:**

If your child or your family has a Key worker or main contact please provide details

**Special Educational Needs:**

(This could include difficulties with speech & language, cognition and learning, communication, behaviour or any physical difficulties)

Does your child have any special educational needs? Y / N If yes, please give details

Are you worried about your child’s development in any area? Y/N If yes, please give details

Do any family members have any special educational needs? (For example, ADHD, Autism, Dyslexia) We ask this because this may help us identify barriers to learning as they can often be hereditary.) If yes, please give details

**Free School Meals**

If you are eligible for benefits, have you applied for Free School Meals?

Yes / No / Not eligible

**(In Reception, Year 1 and year 2 your child will receive a free school meal but if you apply for Free School Meals the school receives more funding for your child which will go towards their education. We can also offer some support towards uniform or school trips.**

**Social Care involvement**

Have you or your child ever had support from a family support worker or a social worker?

If yes, please give details.

Is the support ongoing? Yes / No

Has your child experienced any childhood trauma (bereavement, domestic violence, abuse)? Yes /

Please include any other information you think will help us care for your child better:

*Information provided on this form is subject to the Data Protection Act 1998 and will be treated in the strictest confidence.*

Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_