



Pegasus Primary School  
SUMMIT LEARNING TRUST

**PUPIL ADMISSION FORM**

**PLEASE COMPLETE ALL SECTIONS**

<b>Child's Surname</b>	<b>Date of Birth</b>
<b>Child's Forename</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> (Please tick)
<b>Other Names</b>	<b>Country of Birth</b>
<b>Home Address</b>	<b>Main Contact Number</b>
<b>Postcode</b>	

DFE requires schools to have details of all persons who have parental responsibility, please indicate in priority order below

<b>1. Surname</b>	<b>Forename</b>
<b>Title (Mr/Mrs/Miss/Ms)</b>	<b>Relationship to child</b>
<b>Contact Number</b>	<b>E-mail Address</b>
<b>Home Address (only complete if different from child)</b> ..... ..... ..... <b>Postcode.....</b>	<b>National Insurance Number &amp; Date of Birth (To check pupil eligibility for Free School Meals only)</b>  <b>N.I</b> .....  <b>D.O.B</b> .....  <b>Do you serve in the Armed Services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2. Surname</b>	<b>Forename</b>
<b>Title (Mr/Mrs/Miss/Ms)</b>	<b>Relationship to child</b>
<b>Contact Number</b>	<b>E-mail Address</b>
<b>Home Address (only complete if different from child)</b> ..... ..... ..... <b>Postcode.....</b>	<b>National Insurance Number &amp; Date of Birth (To check pupil eligibility for Free School Meals only)</b>  <b>N.I</b> .....  <b>D.O.B</b> .....  <b>Do you serve in the Armed Services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any siblings who currently attend Pegasus Primary School below

Pupil Names:-	
.....	Year.....
.....	Year.....
.....	Year.....
.....	Year.....

<u>My Childs Meal Arrangements (please tick box)</u>	Food Allergies & Dietary Requirements
School Meal <input type="checkbox"/>	.....
Packed Lunch from Home <input type="checkbox"/>	.....
	.....
	.....
	.....
	.....
	.....

Please tell us of any medical conditions that your child may have? Please provide as much detail as possible including any regular medication taken. Thank you

GP Name:- .....

Surgery Address:-

.....  
.....  
.....

Postcode .....

Phone Number .....

Any other relevant information, please provide details below

.....  
.....  
.....  
.....  
.....

<b>Previous School/Nursery</b> .....	<b>Contact Number.....</b>
..... ..... .....	<b>Postcode.....</b>
<b>Please provide the Reason for Leaving?</b> ..... .....	

<b>Does your child have any Special Education Needs that we need to be aware of? (Please tick)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If yes, please provide details below</b> ..... ..... ..... .....

**Print Name** .....

**Relationship to child** .....

**Signature** ..... **Date** .....

**PLEASE HAND INTO SCHOOL OFFICE WHEN COMPLETED. THANK YOU**



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