

GOSDEN HOUSE SCHOOL

ADMISSION FORM

Pupil's Full Name:	Date of Birth:
Home address:	
Name & Address (if different from above) of each person with parental responsibility: (1)	(2)
Post code:	Post code:
Home Tel No:	Fax No:
Mothers Work Tel No:	Fathers Work Tel No:
Mothers Mobile No:	Fathers Mobile No:
Mothers Email:	Fathers Email:
Language spoken at Home:	Religion:
Name and ages of any brothers/sisters:	

EMERGENCY CONTACTS *(please list at least one emergency contact)*

Name 1:	Tel No:
Name 2:	Tel No:

Name of GP:	Address:
	Tel No:
Name and address of last school attended:	
Tel No:	Dates attended: From To

Please give details of the Local Authority responsible for your child's placement:	Name and Address:	Tel No:
Will your child come to School on transport?	<input type="checkbox"/> Provided by the Local Authority <input type="checkbox"/> Provided by his/her parents	
School Meals: Please tick appropriate column	School Meals	Sandwiches
Free School Meals		
Does your child have a Social Worker? If yes, please give details.	Name and Address	Tel No
Is your child currently the Subject of a Court Order? Yes / No If yes, please give relevant details.		
Is your child currently subject to a Child Protection Plan? Yes / No If yes, please give relevant information and restrictions on contact and communication with parents and others		

MEDICAL HISTORY

Please tick the correct answer	YES	NO
General Health: Has your child's health been good over the last year		
If no, please specify		
Do you have CURRENT concerns about any of the following:		
Height		
Weight		
Hearing		
Vision		
Eating pattern		
Sleeping pattern		
Mobility		
Clumsiness (poor co-ordination)		
Speech		
If you have ticked YES to any of the above concerns, please indicate what they are:		

Please tick the correct answer	YES	NO
<p>Has your child had epilepsy / does your child have Epilepsy? Please give brief description of seizure and length of frequency of occurrence.</p>		
<p>Does your child suffer from any Allergies? Please give details</p>		
<p>Does your child suffer from Asthma? a) Is your child responsible enough to carry on emergency inhaler? b) Has your child ever needed emergency hospital treatment for asthma? c) Is there anything you would like to us about your son/daughter's asthma?</p>		
<p>Does your child have behaviour problems? If yes, please specify</p>		
<p>Does your child have any other diagnosed medical condition? If yes, please specify</p>		
<p>What medication does your child take regularly? Name of drug</p>	Dosage	No of times taken/day
1.		
2.		
3.		
4.		
<p>Is he/she on a special diet? Please specify</p>		

Has your child been hospitalised? Please give brief history		
Immunisations to date:	Date of first injection:	Date of booster:
DTP/Polio		
Hib		
MMR		
MR		
TB/Polio booster (age 14+)		
BCG (age 14)		
Meningitis		
Other – please specify		

Has your child seen any of the following people DURING THE LAST YEAR? If the answer is yes, can you please give a name and address of the person seen
Please tick the correct answer

	Yes	No	Name	Where
Audiologist				
ENT Surgeon				
Ophthalmologist				
Orthoptist/Optician				
Peripatetic teacher for Visually/Hearing Impaired				
Child & Family Cons.				
Psychiatrist/Psychologist				
Community nurse for Learning Disabilities				
Community Children's Nurse				
Dentist/Orthodontist				
Health Visitor				
Neurologist				

Occupational Therapist				
Orthopaedic surgeon				
Orthotist				
Paediatrician				
Physiotherapist				
Portage				
Social worker				
Speech therapist				
Other				

To be completed in respect of all children

I hereby consent to my child receiving such emergency medical treatment as may be considered necessary by the school doctor or the local hospital.

Signature of Parent/Carer:

Date:

During the time your child spends at Gosden House he/she will be seen by the Speech Therapist for assessment of speech and language. Following this assessment, therapy at school may be required. I agree / do not agree (*delete as applicable*) to both the assessment procedure and any therapy by the Speech Therapist thought to be necessary.

Signature of Parent/Carer:

Date:

*delete as applicable