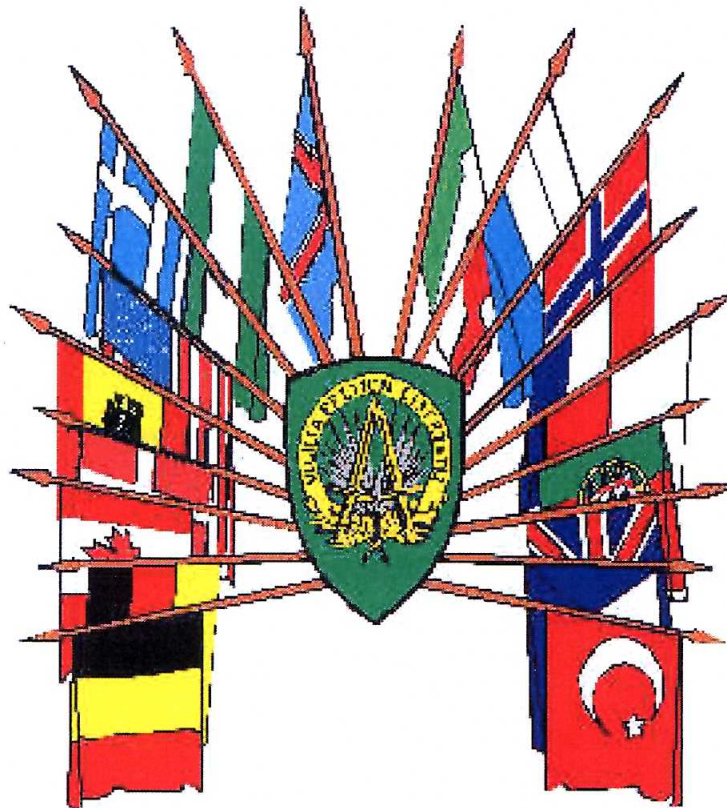


Please note:
Pupils will start school the
Day after registration at the school
Office.

SHAPE International School (British Section) BFPO 26



TEL: SHAPE Mil Ext 5283
Civil: 0032 65 445283

FAX: SHAPE Mil Ext 5614
Civil: 0032 65 445614

Pupil Admission Form

Please complete details overleaf

FOR OFFICE USE – TO BE COMPLETED ON ADMISSION

Date of Admission Admission No:

Home Telephone No:

Father's Place of Work: Telephone No:

Mother's Place of Work: Telephone No:

Contact for Emergencies:
(If difference from above)

School Meal: Packed Lunch:

School Insurance Paid: Date Tour Ends:

Bus Pupil:

Entitled: Non-entitled: Fee Paying:

School Visits form given (date): Completed form returned:

Emergency Contact form Given (date): Completed form returned:

SENCO informed for pupils with SEN: Y / N Date:

DOCUMENTATION RECEIVED FROM PREVIOUS SCHOOL

National Curriculum Record: Medical Records:

Transfer Report: Portfolio/
Work Samples:

Request for records sent to previous school (date): Date records received:

Child's Surname

First Name(s)

Name Known by (if different):

Date of Birth:

Family Surname (if different):

Nationality:

Home Language:

Sex:

Expected Date of Arrival:

Religion:

Address:

| Current | SHAPE |
|---------|-------|
| | |

Head of Household's (HoH) UIN at SHAPE (Shown on posting Notice and required for budgetary purposes).

Telephone Numbers:
(Home and Work Ext)

SHAPEID No:
Date of Expiry:

HoH's Name:
Service & Rank:

SHAPE Unit:
Address:

No of Children in Family:

Child's Position in Family:
(e.g. 1st, 2nd, 3rd)

Total Number of Schools Previously Attended:

Name and Address of Previous School:

Telephone No of Previous School:

Is your child bilingual? If yes, which languages?

Any Other Information Which May be Useful to School:

Parents'/Guardians'* Certificate (*Delete as Appropriate)

I certify that the above particulars are correct and I agree to abide by the terms and regulations relating to Service Children's Schools. I also undertake to ensure that my child will attend regularly and observe school rules.

Signature:

Date:

PERSONAL INFORMATION

HAS YOUR CHILD HAD ANY LEARNING DIFFICULTIES?

.....
.....

HAS YOUR CHILD ANY PHYSICAL OR MEDICAL CONDITION THAT THE SCHOOL SHOULD KNOW ABOUT? (e.g. wears glasses, hearing difficulties, speech problems, toilet problems etc):

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

ANY ALLERGIES OR SPECIFIC MEDICAL CONDITIONS (e.g. Diabetes)?

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

DOES YOUR CHILD TAKE ANY REGULAR MEDICATION?

.....
.....

DO YOU HAVE ANY WORRIES? (i.e. Have you ever had to seek advice from SSAFA, Social Services, Child Guidance for your child):

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

FOR SCHOOL USE – TO BE COMPLETED WITH PARENTS ON ADMISSION

PRIOR ATTAINMENT DATA

Please record below the following test results information:

KEY STAGE ONE SAT RESULTS (Taken as a Year 2 pupil)

Reading Level _____ Writing Level _____ Spelling Level _____ Maths Level _____

OPTIONAL YEAR FOUR SAT RESULTS (If taken)

Reading Level _____ Writing Level _____ Spelling Level _____ Maths Level _____