 **ADMISSION FORM**

**New Road Primary & Nursery School**

Please complete all four sides then sign the last page.

The Data Protection Act (1998) and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school’s student records database. The information on ethnic origin and first language is needed by the school and by Cambridgeshire County Council (the Children’s Services Authority). This is to ensure that resources are made available when required and that the Education Service offers real equality of opportunity for all pupils.

The sections marked \* are non-compulsory. If supplied, this information will be shared with Cambridgeshire County Council and other relevant bodies administering public funds.

* By signing this form, I/we give permission for the data to be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

Legal Surname ...............................................................................................(as it appears on child’s birth certificate)

Legal Forename ...............................................…..........................................(as it appears on child’s birth certificate)

Middle Name(s) ……………………………………………………………...............................................................................

Preferred Forename ………………………………………………………………...................... Gender…….Male / Female

Date of Birth ..............................................………………………………………………………………………………………..

Home Address ..............................................................................................................................................................…

………………………………………………………………………………………………………………………………….………

………………………………………………………………………………………………………………………………………….

Postcode .................................................................. Home telephone number ..............................................................

In Local Authority Care ………. Yes/No If Yes, Name of Care Authority ……………………………………………………

Name & address of previous school...................................………………….…………...............................................…….

……………………………………………………………………………………………………………………….………………..

If this school is overseas, please give name and address of any previous UK school attended (primary or secondary)

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**SERVICE CHILDREN IN SCHOOL**

Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No |  | Yes |  | I do not wish a service children indicator to be recorded |  |

**CONTACT INFORMATION**

Please provide details of three parents/guardians/contacts below and place them in the order you wish them to be contacted in an emergency. You need to seek the permission of the parent/guardians/contacts to share their data with the school.

Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

**PRIORITY 1 CONTACT**

**PRIORITY 1 CONTACT**

Title..............Surname ................................................................Forename.......................................................................

Relationship to student ...................................................................…..................... Parental responsibility……YES / NO

\*Date of Birth……………………………………………….. \*NI Number …………………………. ……………………….

Home address …………….…………………………………………………………...…………...........................................….

…................................................................................................................Postcode.....................................................….

Home telephone number ................................................... Mobile telephone number ………..…..…….………………….

Home email.........................................................................................................................................................................

Work address……………………...................................................................................................................................

Work email................................................................... Work telephone number .............................................................

**PRIORITY 2 CONTACT**

**PRIORITY 1 CONTACT**

Title..............Surname ................................................................Forename.......................................................................

Relationship to student ...................................................................…..................... Parental responsibility……YES / NO

\*Date of Birth……………………………………………….. \*NI Number …………………………. ……………………….

Home address …………….…………………………………………………………...…………...........................................….

…................................................................................................................Postcode.....................................................….

Home telephone number ................................................... Mobile telephone number ………..…..…….………………….

Home email.........................................................................................................................................................................

Work address……………………...................................................................................................................................

Work email................................................................... Work telephone number .............................................................

**PRIORITY 3 CONTACT**

**PRIORITY 1 CONTACT**

Title..............Surname ................................................................Forename.......................................................................

Relationship to student ...................................................................…..................... Parental responsibility……YES / NO

\*Date of Birth……………………………………………….. \*NI Number …………………………. ……………………….

Home address …………….…………………………………………………………...…………...........................................….

…................................................................................................................Postcode.....................................................….

Home telephone number ................................................... Mobile telephone number ………..…..…….………………….

Home email.........................................................................................................................................................................

Work address……………………...................................................................................................................................

Work email................................................................... Work telephone number .............................................................

**SEPARATED PARENT INFORMATION – For parents not living with student**

**PRIORITY CONTACT ………..** (Please specify contact priority)

Under the 1989 Children’s Act all parents have the right to receive information about their child’s progress.

Title..............Surname ...................................................................Forename....................................................................

Relationship to student .......................................................................................... Parental responsibility……YES / NO

\*Date of Birth……………………………………………….. \*NI Number …………………………. ……………………….

Home address …………….…………………………………………………………...………….............................................

…................................................................................................................Postcode.....................................................….

Home telephone number ..................................................Home email.....................................................................

Work address…………….. ……………..…………………........................Work email.......................................................

Work telephone number ............................................................. Mobile telephone number ………..…..…….……………

Court Case Yes/No ………………………………………….. Address can be Disclosed Yes/No

**MEDICAL DETAILS**

**PRIORITY 1 CONTACT**

Doctor …………………………………………............... Telephone number.............................…………………………….

Address …………………………..........................................................…………………………………………………………

Please state any medical conditions of which you wish the school to be made aware, (e.g. asthma, epilepsy, allergies)

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…………………………………………………………………………………………………………………………………….......

Please state if your child has a medically diagnosed food allergy or intolerance………………..……………………………

…………………………………………………………………………………………………………………………...…………….

Does your child have any Special Needs Provision YES / NO

If YES \*SEN Support / \*EHCP \*Statement? (\*Please delete accordingly)

**PERSONAL INFORMATION**

**PRIORITY 1 CONTACT**

To help us and the local authority in monitoring equal opportunities you are asked to complete the following:

1. Country of birth .........................………………………Nationality....................………………………………………….

2. Family’s Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White - British  |  |  | Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil….)  |  |
| White - Irish  |  |  |
| White - Traveller of Irish Heritage  |  |  | Black or Black British -Caribbean  |  |
| White - Gypsy/Roma  |  |  | Black or Black British -African  |  |
| White - Any other White background  |  |  | Any other Black background  |  |
| Mixed - White and Black Caribbean  |  |  | Chinese  |  |
| Mixed - White and Black African  |  |  | Any other ethnic group – please circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni…)  |  |
| Mixed - White and Asian  |  |  |
| Mixed - Any other mixed background  |  |  |
| Asian or Asian British - Indian  |  |  |
| Asian or Asian British - Pakistani  |  |  |
| Asian or Asian British - Bangladeshi |  |  | I do not wish an ethnic background to be recorded |  |

3. Date of arrival in UK (if relevant)…..……………………………………..……………………………….……………...

4. First language …………………..…………………Other language(s)…….………………………………………….…

5. Religion ………………………………………………………………………………..………………………………….…..

6. If there are any religious or cultural practices of which the school should be aware, please specify.

 …………………………………………………………………………………………………………………………………...

 7. Please give the name, gender and date of birth of any other children in your family.

 Name ............................................................ Date of Birth ……………………………………….Male / Female

 Name ............................................................ Date of Birth ……………………………………….Male / Female

 Name ............................................................ Date of Birth ……………………………………….Male / Female

**TRAVEL ARRANGEMENTS**

Linked to the Government's Travel to School Initiative, we are currently refining a school travel plan, which details how our students travel to and from school. We would be grateful if you could tell us what mode of transport your child normally uses. Where he/she uses more than one mode of travel for each journey to school, you should tell us the most frequently used and/or the longest element of the journey by distance.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| School Bus |  | Public Transport Bus |  | Bicycle |  | Walking |  |
| Taxi |  | Car/Van |  | Car Share |  | Other |  |

Any additional information……………………………………………….………………………..……………………….……….

Who will be collecting your child at the end of afternoon school? …………………………………………………………..

**PERMISSION FOR VISITS DURING THE SCHOOL DAY**

I give my permission for my child to be taken in supervised groups to local nearby venues for educational purposes.

Signed ……………............….................................…………… Name .........................................................................

**PARENTAL PERMISSION**

I give my consent for photographs and video recordings to be made of my child and used to support teaching and learning and to be used in school literature. I understand that if the image can be viewed outside the school my child will not be named. **YES/ NO**

I give my consent for images of my child to appear on the school website. I understand that images will not be named. **YES/NO**

I give my consent for my child to be photographed by the press in connection with information about school activities. I understand that I will be asked for specific consent if the press wish to publish my child’s name with the photograph.

**YES/ NO**

I understand that in the unlikely event of an accident requiring hospital medical attention, the school will endeavour to contact me. However, should this prove unsuccessful I give my permission for a member of staff to take my child to hospital. **YES/NO**

I give permission for my child to have their face painted if they wish during class assemblies and productions **YES/NO**

I give permission for basic First Aid to be carried out by a trained First Aider. This Includes the use of plasters and alcohol-free wipes, if necessary **YES/NO**

I give permission for personal care routines to be carried out with my child in the case of wetting, soiling or vomiting **YES/NO**

Signed .................................................................................... Name ..........................................................................

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

Signature:........................................................................................................................................Parent/Guardian

Date …………………………………………………………………