Sparkenhoe Community Primary School

ADMISSION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Surname | |  | | | | | | | | | | |
| First name | |  | | | | | | | | | | |
| Middle name | |  | | | | | | | | | | |
| Preferred First name | |  | | | | | | | | | | |
| Date of Birth | |  | | | | | | | | | M / F | |
| Documentation seen | | Birth certificate / Passport | | | | | | | | | | |
| **For Nursery, Foundation 1 admissions only** | | Preferred session:  Morning (8:30 - 11:30)  Afternoon (12:00 – 3:00)  I would like a full time Foundation 1 place (8:30 – 3:00) **if available.**  (Free for eligible, working parents or charged at a cost of £60 a week)  FULL TIME PLACES ARE LIMITED | | | | | | | | | | |
| Address | | Postcode | | | | | | | | | | |
| Telephone numbers | | Home | | |  | | | | | | | |
| Parental Responsibility 1 | | *Full name*  *Relationship* | | | | | | *Address*  *Mobile Telephone Number* | | | | |
| NI Number  DOB | |
| Occupation | | *Work Address* | | | | | | *Work Telephone* | | | | |
| Email address | |  | | | | | |  | | | | |
| Parental Responsibility 2 | | *Full name*  *Relationship* | | | | | | *Address*  *Mobile Telephone Number* | | | | |
| NI Number  DOB | |
| Occupation | | *Work Address* | | | | | | *Work Telephone* | | | | |
| Email address | |  | | | | | |  | | | | |
| Other contact | | *Full name*  *Relationship* | | | | | | *Address*  *Telephone Number* | | | | |
| Ethnicity | | *African Asian*  *Any other Black Background*  *Any other ethnic Group*  *Any other mixed Background*  *Bangladeshi*  *Black – Somali*  *Black Caribbean* | | | | | *Chinese*  *Gypsy / Roma*  *Indian*  *Other Asian*  *Other Black African*  *Pakistani*  *Roma*  *Traveller of Irish Heritage* | | | | | *White – British*  *White – Irish White and Asian*  *White and Black African*  *White and Black Caribbean*  *White European*  *White other*  *White Western European Refused* |
| Country of birth | |  | | | | | Nationality | | | | |  |
| Languages spoken at home | | Arabic  Bengali  Bosnian  Czech  Czech / Roma  Dutch / Fle*m*ish  English  French  Gujarati | | | | | Hausa  Hindi  Hungarian  Italian  Katchi  Kurdish  Latvian  Panjabi  Pashto/Pakhto | | | | | Polish  Romanian  Shona  Slovak  Slovak/Roma  Somali  Spanish  Swahili  Urdu |
| Please list ALL languages that your child has experienced | | | | | | | | | | |
| Level of English  *Parent’s views* | | *No English spoken*  *Speaks a few words of English only*  *Speaks enough English to understand basic instructions* | | | | | | | *Has enough English to cope in the classroom with support*  *Is a competent user of English*  *Reads / writes in a language other than English* | | | |
| Religion | | *Buddhist*  *Christian*  *Hindu*  *Jewish* | | | | | | | | *Muslim*  *No Religion*  *Other Religion*  *Refused*  *Sikh* | | |
| Date arrived in the UK | |  | | | | | | | |  | | |
| Previous schools | |  | | | | | | | | *Dates* | | |
| *Position of child in family* | | | | *Relatives in school* | | | | | | | | |
| Name and address of Doctor | | |  | | | | | | | | | |
| Name and address of Dentist | | |  | | | | | | | | | |
| Medical conditions | | | *Asthma Eczema HIV Diabetes AIDS Epilepsy*  *Allergies Other*  *Has an inhaler/epipen (Please ask GP to provide an extra one to be kept in school\_* | | | | | | | | | |
| Medical other | *Do you give permission for school to seek any necessary emergency medical advice or treatment for your child if required? Yes / No* | | | | | | | *I give permission for my child to be seen by outside medical organisations such as the School Nurse / Optician / Dentist / Hearing Services / Optician etc for routine checks Yes / No I wish to be present for ……………………….. appointments* | | | | |
| Special Needs | | | *Any extra support at previous school / identified needs* | | | | | | | | | |
| Lunchtime arrangements | | | *School meal*  *Packed Lunch*  *Home lunch* | | | *Meat*  *Vegetarian*  *Halal* | | | | *Eligible for Free School Meal*  (Expiry Date if known)  Yes / No  Eligibility form discussed  Yes / No | | |
| Mode of Transport | | | *Bus – Car share – Car/Van – Cycle – Other – Public transport – Public Service Bus – Taxi – Train - Walk* | | | | | | | | | |

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| PERMISSIONS | | |
| Photographs | | From time to time staff will take photographs of your child to be used for display and to record school activities. If photos are used in school documents your child will not be named.  Very occasionally photos are taken by outside agencies for example The Leicester Mercury where photos may include a child’s name and be used on their website. We may also have TV companies that come and film our children. |
| Yes / No | I give permission for my child’s photograph to be recorded on the school’s data base | |
| Yes / No | I give permission for my child’s photographs to be used in school. | |
| Yes / No | I give permission for my child’s photographs to be on the Sparkenhoe school website. | |
| Yes / No | I give permission for my child’s photographs to be used by outside organisations (Leicester Mercury etc) | |
| Yes / No | I give permission for my child to be filmed by an outside organisation (BBC or ITV etc) | |
| Yes / No | I give permission for my child’s photographs to be used by outside organisations on their websites | |

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| Off site visits | During the course of your child’s attendance at Sparkenhoe Community Primary School they will take part in a number of off-site visits. These will include travel between school sites, visits to local amenities, places of worship, shops, museums and theatres etc.  All visits will be accompanied by the stipulated number of members of staff. |
| Yes / No | I give permission for my child to attend off site visits |

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| --- | --- |
| GDPR | GDPR agreement signed |
| Yes / No |

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| --- | --- |
| Internet access | I give permission for my child to use the internet at school and understand that unsuitable material is screened out by the school’s internet provider |
| Yes / No |

|  |  |
| --- | --- |
| Tapestry (F1 & F2) | Permission form for parents wanting to access Tapestry has been signed |
| Yes / No |

|  |  |
| --- | --- |
| Child protection | I understand that if at any time the school has concerns about the safety of any child then the school will contact Social Services to ask for advice / inform them of a situation. |
| Yes / No |

Parent / Carer name ………………………………………………………………………………………………………

Signature ……………………………………………………………………………………………………..

Date ………………………………………………………..

For Office Use only

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| --- | --- | --- | --- |
| DOA | Class | | Year |
|  |  | |  |
| Admission Number | Form completed by  Date |  | |
|  |
| Copy given to: class / KB / PC | | | |
|  |  |  | |

Documents to be given to parent(s)

|  |  |
| --- | --- |
| Document | Given  √ |
| Welcome letter including information about school website and how to access key policies |  |
| Year group welcome booklet |  |
| Free school meal form (if appropriate) |  |
| Copy of school menu |  |
| School uniform information |  |
| ParentPay discussed |  |