

*For office use only*

*Academic year:………………………………….*

*Class:………………………………………………...*

**Admission Form 2023-2024**

 **Information about you and your child – please complete one form for each child.**

This information will be used by the school to set up your child’s pupil profile and to enable us to communicate with you. It will also be used by the Schools Services & Benefits Officer to check for eligibility to claim additional grant money (the ‘pupil premium’) from central government. It will not be used for any other purposes and will remain confidential to the school.

PUPIL DETAILS

|  |  |
| --- | --- |
| **Legal Surname:** | **Preferred Surname:** |
| **First Name:** | **Preferred Name:** |
| **Middle Name (s):** | **Date of Birth:** |
| **Gender:** | **Country of birth:** |
| **Home Address:** **Postcode:**  |
| **Ethnicity (please tick)**White: BritishWhite: IrishWhite: OtherWhite: Gypsy/RomaMixed: White and Black CaribbeanMixed: White and Black AfricanMixed: White and AsianIndianAsian or Asian British: PakistaniAsian or Asian British: BangladeshiAsian or Asian British: OtherCaribbeanBlack or Black British: AfricanBlack or Black British: OtherChinesePrefer not to sayAny other ethnic group (please state) | **Nationality:** |
| **First Language:****Language Spoken at Home:** |
| **Name & Address of previous nursery/school:** |
| **Name/s & year group of sibling/s at school:** |
| **Religion: (e.g. Catholic, Christian, Hindu, Jewish, Muslim, Sikh, No Religion etc.)** |
| **Any Special Educational Needs:**  |

MEDICAL DETAILS

|  |  |
| --- | --- |
| Doctor’s Name: | Practice Name: |
| Practice Address:Postcode: | Telephone Number: |
| Do you give permission for the school to call the doctor in an emergency? YES NO | Do you give permission for the school to administer emergency first aid? YES NO |
| **Special Dietary Requirements:**  | **Regular Medication e.g. inhaler:** |
| **Any Allergies:**  |
| **Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be take (e.g. Asthma, Epilepsy, etc.) Feel free to attach an additional sheet as necessary.** |

PARENT/GUARDIAN CONTACT INFORMATION

|  |
| --- |
| **PARENT/CARER INFORMATION** |
| **Notes:**1. A child’s parent/carer is defined as his/her natural parent and any other person who is his/her carer, has parental responsibility for, or is liable to maintain him/her.
2. If an estranged parent is to be refused information about or access to a child, Deer Park School must have sight of relevant court orders.
3. The mobile number for the main carer will be used to contact parents.
4. When the school needs to contact a child’s parent/carer we will make contact as per chosen priority below in the first instance.
5. **If parents live at different addresses, then we will need both parents’ details below, on the form, as the school needs to be notified.**
 |

|  |
| --- |
| **Parent/Carer 1** |
|  TITLE: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: (Please state): |
|  **First Name:** | **Surname:** |
| Address *(if different from home address)* | Phone No: |
| Mobile No: |
| Work No: |
|  Email Address: |
| Relationship to child: Father ☐ Mother ☐ Carer ☐ Stepfather ☐ Stepmother ☐ Any Other: ☐ please specify: |
| Do you have parental responsibility for your child? Yes ☐ No ☐ |
| Are you a member of the Armed Forces or a Crown Servant returning from a posting?Yes ☐ No ☐. If yes, please give more details: |
|  |
| **Parent/Carer 2** |
|  TITLE: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other: (Please state): |
|  **First Name:** | **Surname:** |
| Address *(if different from home address)* | Phone No: |
| Mobile No: |
| Work No: |
| Email Address: |
| Relationship to child: Father ☐ Mother ☐ Carer ☐ Stepfather ☐ Stepmother ☐ Any Other: ☐ please specify: |
| In cases where parents are separated, please state which parent the child live with?  |
| Do you have parental responsibility for your child? Yes ☐ No ☐ |
| Are you a member of the Armed Forces or a Crown Servant returning from a posting?Yes ☐ No ☐. If yes, please give more details: |

The General Data Protection Regulation (GDPR) has implications for schools as well as other areas of society. In addition, there are Safeguarding/Child Protection guidelines, which affect school practice. We will capture images whether still or film, within the school premises, on educational outings or at school events. Group and individual images give a flavour of our school life and enhance publications concerned. Children are also pleased to see their pictures and work used in this way.

Children will never be named on websites.

If you are unhappy about your child’s image being captured for the purposes outlined above, there will be times when s/he will be asked to come out of a group or class picture, in order that the image can be taken.

**Withdrawing Permission**

Please note that your approval can be withdrawn by contacting the school in writing.

PARENTAL CONSENT

|  |  |  |
| --- | --- | --- |
| **Consent Type** | **Permission****(Please circle)** | **Notes** |
| Off-site school trips within the local area | Granted | Denied |  |
| Photographs/Videos – for use in school / Trust/ Press coverage publications – handbook, newsletters, school website, promotional material | Granted | Denied |  |
| I give permission for my email address to be given to the class representative and be contacted by the PTA  | Granted | Denied |  |

**----------------------------------------------------------------------------------------------------------------------------------------------------------Parental Consent Form for Intimate Care**

Dear Parents and Carers,

From time to time, it may be necessary for us to change your child’s clothes should they get wet or dirty during the course of the school day. We will only do this if we feel your child will be more comfortable. Should it be necessary, I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive intimate care (e.g. help with changing or toileting).

I understand that staff will encourage my child to be as independent as possible. I understand that I will be informed discretely should the occasion arise.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT DETAILS

These details will be used should the school need to contact you regarding your child. Please make sure that you update them if they change. We will first contact parents/guardians regarding their child. **Please provide the contact details of other people who may be contacted regarding your child should you be unavailable in the order you wish the school to contact them**.

|  |  |  |
| --- | --- | --- |
| **Title** | **First name and Surname** | **Relationship to child** |
|  |  |  |
| **Address:** | **Email Address:** |
| **Home Phone:** | **Mobile:** | **Work Phone:** | **Main Phone (please circle)** |
|  |  |  | **Home Mobile Work** |
| **Emergency contact:** Yes/No | **Authorised to collect:** Yes/NoPlease note that if someone will be collecting your child who is not listed, you will need to inform the school on the day. |

|  |  |  |
| --- | --- | --- |
| **Title** | **First name and Surname** | **Relationship to child** |
|  |  |  |
| **Address:** | **Email Address:** |
| **Home Phone:** | **Mobile:** | **Work Phone:** | **Main Phone (please circle)** |
|  |  |  | **Home Mobile Work** |
| **Emergency contact:** Yes/No | **Authorised to collect:** Yes/NoPlease note that if someone will be collecting your child who is not listed, you will need to inform the school on the day. |

|  |  |  |
| --- | --- | --- |
| **Title** | **First name and Surname** | **Relationship to child** |
|  |  |  |
| **Address:** | **Email Address:** |
| **Home Phone:** | **Mobile:** | **Work Phone:** | **Main Phone (please circle)** |
|  |  |  | **Home Mobile Work** |
| **Emergency contact:** Yes/No | **Authorised to collect:** Yes/NoPlease note that if someone will be collecting your child who is not listed, you will need to inform the school on the day. |

**Parent / Carer E-Safety Acceptable Use Agreement**

Digital technologies have become integral to the lives of children and young people, both within schools and outside school. These technologies provide powerful tools, which open up new opportunities for everyone. They can stimulate discussion, promote creativity and stimulate awareness of context to promote effective learning. Young people should have an entitlement to safe internet access at all times, including in and out of school.

**This Acceptable Use Policy is intended to ensure:**

* that young people will be responsible users and stay safe while using the internet and other communications technologies for educational, personal and recreational use.
* that school users are protected from accidental or deliberate misuse that could put the security of the systems and users at risk.
* that parents and carers are aware of the importance of e-safety and are involved in the education and guidance of young people with regard to their on-line behaviour.

The school will ensure that pupils will have safe access to digital technologies to enhance their learning and will, in return, expect the pupils to agree to be responsible users.

Parents are requested to sign the permission form below to show their support of the school in this important aspect of the school’s work.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission Form**

Parent / Carers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent / carer of the above pupil, I give permission for my son / daughter to have access to the internet and to ICT systems at school.

***For Parents/Carers of Pupils in Key Stage 1 and above***

I know that my son / daughter has signed an Acceptable Use Agreement and has received, or will receive, e-safety education to help them understand the importance of safe use of technology and the internet – both in and out of school.

***For Parents/Carers of Pupils in Early Years Foundation Stage***

I understand that the school has discussed the Acceptable Use Agreement with my son / daughter and that they have received, or will receive, e-safety education to help them understand the importance of safe use of technology and the internet; both in and out of school.

I understand that the school will take every reasonable precaution, including monitoring and filtering systems, to ensure that young people will be safe when they use the internet and ICT systems. I also understand that users are responsible for the nature and content of materials accessed on the internet and mobile technologies.

I understand that my son’s / daughter’s activity on the ICT systems will be monitored and that the school will contact me if they have concerns about any possible breaches of the Acceptable Use Policy.

I will encourage my child to adopt safe use of the internet and digital technologies at home and will inform the school if I have concerns over my child’s e-safety.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Data Protection Regulations 2018**

The information provided by you will be used for school administration. All this information will be held on the school computer and as a paper copy. It will be treated as confidential and is covered by the GDPR. The information will be shared by other third parties as required by law.

This information will be retained by the school in line with legal requirements. Please refer to our privacy notice on our website.

Any further information who wish to provide the school:

I confirm that this information is correct:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information on this form will be processed in accordance with the General Data Protection Regulation (EU) 2016/679

**FREE SCHOOL MEALS AND PUPIL PREMIUM GRANT**

**Information about you and your child – please complete one form for each child.**

**Do you currently receive free school meals for this child or any other children? Yes No**

**Guardian Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Parent/Guardian Surname** | **Parent/Guardian Forename** | **Parent/Guardian Date of Birth** | **National Insurance or NASS Number** |
| **1** |  |  | **DD** | **MM** | **YYYY** |  |  |  |  |  |  |  |  |  |
| **2** |  |  | **DD** | **MM** | **YYYY** |  |  |  |  |  |  |  |  |  |

**Child Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Surname** | **Child’s Forename** | **Child’s Date of Birth** | **School** | **Year Group (From Sep 2019)** |
|  |  | **DD** | **MM** | **YYYY** |  |  |

**Current Address**

|  |
| --- |
|   Postcode: |

**Daytime Telephone Number**

|  |
| --- |
| **Mobile: Home:** |

Since September 2014 all children who are in Reception, Year 1 and Year 2 will be offered a free healthy school lunch, to help us plan, please answer the following:

**Does your child currently have a school lunch? Yes No**

**From September, my child will require a school lunch? Yes No**

**Will your child require a menu to meet special dietary needs? Yes No**

If yes, please provide a brief description (e.g. gluten free...)

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| --- |
|  |

**Thank you for completing this form – please return it to your child’s school as soon as possible. If you have any questions please ask your school.**