|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname:****(please print)**  |  | **Forename(s):****(please print)** **Preferred Forename:** |  |  |
| **Date of Birth:** | DD | MM | YY | ✓Male 🞏✓Female 🞏 |  |  |
| / / |  |
|  | Address: |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  Post Code: | Position in family(please circle) | 1 | 2 | 3 | 4 | 5 | 6 |
| **Parent or Carer (1)**  | **Parent or Carer (2)**  |
| Surname:  *Mr /Mrs/Miss/Ms/Other* |  | Surname:  *Mr /Mrs/Miss/Ms/Other* |  |
|  |  |  |  |
| Forename(s): | Forename(s): |
| Relationship to pupil: | Relationship to pupil:  |
| Address:  | Address:  |
| (if different to child) | (if different to child) |
| Home telephone:  | Home telephone:  |
| \*Date of Birth: | \*Date of Birth: |
| \*NI Number: | \*NI Number: |
| Home e-mail address: | Home e-mail address: |
| Place of work:  | Place of work:  |
| Occupation/Job Title: | Occupation/Job Title: |
| Work telephone: | Work telephone: |
| Daytime telephone:  | Daytime telephone:  |
| Mobile telephone:  | Mobile telephone:  |
| Parental responsibility: Yes 🞏 No 🞏 | Parental responsibility: Yes 🞏 No 🞏 |
| Contact priority: 1st 🞏 2nd 🞏  | Contact priority: 1st 🞏 2nd 🞏  |
| 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.For further information on the handling of personal data, please see a copy of the Privacy Notice at<http://www.cambridgeshire.gov.uk/info/20044/data_protection_and_foi/148/information_and_data_sharing/5> |
| **Is there any legal order relating to this child? Yes** 🞏 **No** 🞏**If yes, please provide written proof, attaching a copy to this document** |
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| Please give below details of all persons who have any legal responsibility for this pupil and anyone else who shouldbe contacted should an emergency arise when you are unavailable indicating relationship (e.g. step-parent, aunt). |
| Surname: *Mr /Mrs/Miss/Ms/Other*  |  | Surname: *Mr /Mrs/Miss/Ms/Other* |  |
|  |  |  |  |
| Forename(s): | Forename(s): |
| Relationship to pupil: | Relationship to pupil: |
| Address: | Address: |
|  |  |
|  |  |
| Home telephone:  | Home telephone:  |
| Place of work: | Place of work: |
| Daytime telephone: | Daytime telephone: |
| Mobile telephone: | Mobile telephone: |
| Parental responsibility: Yes 🞏 No 🞏 | Parental responsibility: Yes 🞏 No 🞏 |
| Contact Priority: 1st 🞏 2nd 🞏 3rd  🞏 4th 🞏 | Contact Priority: 1st 🞏 2nd 🞏 3rd 🞏 4th 🞏 |
|  |
| **IT IS ESSENTIAL THAT YOU NOTIFY THE SCHOOL OF ANY CHANGES TO THIS CONTACT INFORMATION WITHOUT DELAY** |

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| **EMERGENCY MEDICAL CONSENT** – please indicate your consent for the School to act in the best interests of your child should we be unable to make contact with you in a medical emergency.  I **agree** to the school acting in the best interests of my child in a medical emergency. I **do not agree** to the school acting in the best interests of my child in a medical emergency. |

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| GOING HOME ARRANGEMENTS Please print in block capitals the name of the person(s) who will usually collect your child from school. Any changes to this arrangement must be written in the school **‘Going Home Arrangements’** book. Only adults authorised by you will be allowed to take your children home. Please note that your named emergency contacts on the previous page will only be allowed to collect your child if they have been added to your going home arrangements list. Please be advised that any persons under the age of 14 years will not be permitted to collect your child unless separate agreement has been sought from and agreed by the Headteacher or EYFS Leader. |
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| **PLEASE LET THE SCHOOL KNOW IF THERE IS ANY PERSON WHO YOU DO NOT WISH TO HAVE CONTACT WITH YOUR CHILD** |

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| EDUCATIONAL HISTORY: PLEASE GIVE DETAILS of PRE-SCHOOLS ATTENDED |
| Last school / nursery attended: | Other schools / nursery attended: |
| School Name: | School Name: |
| Address: | Address: |
| Post Code:  | Post Code:  |
| Telephone No:  | Telephone No:  |
| Dates:  | From \_\_ / \_\_ / \_\_ | To \_\_ / \_\_ / \_\_ | Dates:  | From \_\_ / \_\_ / \_\_ | To \_\_ / \_\_ / \_\_ |

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| ETHNICITY / CULTURAL BACKGROUND INFORMATION AS REQUIRED BY THE DfESPlease enter the appropriate information for your child **in each of the 3 columns** below.Please note**:** Ethnic background relates to ethnic and cultural background - it does not refer to Nationality. (For clarification please refer to the Ethnic Monitoring Category information attached.) |
| Ethnic Background | Home Language | Religion |
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| MEDICAL INFORMATION |
| **Doctor:** |  | **Address:** |
| **Surgery:** |  |  |
|  |  | **Tel No:** |
| Please complete the following to help us take care of your children while they are at pre-school. |
| **ASTHMA** please tick |  None |  | Mild |  | Severe | Please give some indication of what causes an attack below: |
|  |
|  |
|  |
|  |
| **DIABETES** please tick |  None |  | Diet |  | Insulin | Please give any advice or information you think we may need: |
|  |
|  |
|  |
| OTHER CONDITIONS |
|  please tick | Mild |  | Severe | please tick | Mild |  | Severe |  |
|  |
| Sickle Cell  |  |  |  | Persistent tonsillitis |  |  |  |  |
| Sickle Cell Trait |  |  |  | Glue ear / grommets |  |  |  |
| Anaemia |  |  |  | Hearing impaired |  |  |  |
| Eczema |  |  |  | Visually impaired |  |  |  |
| Allergies Please specify below  |  |  |  | Other Please specify below |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| Please give details of any other medical needs you would like the School to be aware of:(If you wish the school to administer medications to your child you **MUST** complete a medical consent form**for each** medicine. Forms are available from the Office.) |
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| **DIETARY NEEDS** |
| Please indicate whether your child has any of the following dietary needs or foods he/she has to avoid: |
|  please tick please tick |
| Vegetarian |  | Halal foods only |  |  |
| Vegan |  | If Halal food only can your child eat fish? | Yes | No |  |
| Gluten free |  | No citrus fruits |  |  |
| No artificial colourings |  | No nuts |  |  |
| No pork or other pig products |  | Other: please specify below |  |  |
| No dairy produce |  |  |  |  |
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| Please use this space to let us know if there is anything else you feel may affect your child during the school session that we should be aware of: |
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| We have trained first aiders in school. However, should the need arise to use a plaster on your child we need your permission. We will only use hypo-allergenic plasters. Please indicate below whether or not you wish us to use plasters on your child I give permission for the school to use plasters, should the need arise, for my child.  I do not wish the school to use plasters on my child. |

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| **GENERAL INFORMATION** |
|  | Does your child speak English? (please ✓as appropriate) |  | Yes 🞏 No 🞏 |  |
|  | What, if any, other language(s) can your child speak? |  |  |
|  | Does your child have any physical problems, e.g. hearing/speech?  |  |  |
|  | Does your child wear glasses? |  | Yes 🞏 No 🞏 |
|  | Does your child have a statement of Special Educational Needs? | Yes 🞏 No 🞏 | If your answer is **YES** to any of these questions please attach details, including a contact name |
|  | Have you had contact with the \*Education Welfare Service?  | Yes 🞏 No 🞏 |
|  | Is this application on behalf of a child ‘looked after’ by \*Social Services? | Yes 🞏 No 🞏 |
|  | Has your child been excluded from school in the last two years? | Yes 🞏 No 🞏 |
|  | Have you had contact with \*Social, \*Behaviour or \*Psychological Services?  | Yes 🞏 No 🞏 |

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| **SCHOOL RECORDS**I give permission for my child’s school records to be shared with other educational settings as appropriate for example their Learning Journey. |
|  |

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| **MODE OF TRAVEL TO SCHOOL (please ✓ choose one)** |
|  Walk |   | Bicycle  |  | Car |  | Public transport |  |  Taxi |  | School coach |  |  |
|  |

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| **SERVICE PERSONNEL (please ✓ choose one)****Please indicate below if you are employed by any of the following ‘Services’:-** |
|  Air Force  |  |   Army  |   |  Navy |   |  |
|  |

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| PRESS AND PUBLICITY PHOTOGRAPHS |
| On occasions, throughout your child’s time with us, we will invite the press to photograph certain events such as school plays, special assemblies, etc. The press may insist on publishing the child’s name if photographed in a small group. Our school may also be used for photographs for Cambridgeshire County Council publications. We also include photographs of our children in our school prospectus and other school information from time to time, including our website. Please tick one of the boxes below. |
| I give permission for my child to be photographed in school and to have their **full name** published.  |  |  |
|  |  |  |
| I give permission for my child to be photographed in school and to have their **first name** published. |  |  |
|  |  |  |
| I give permission for my child to be photographed in school but do not wish **any of their names** to be published. |  |  |
|  |  |  |
| I **do not wish** my child to be photographed in school. |  |  |
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| SCHOOL**TRIPS** | From time to time your child will be given the opportunity to participate in local excursions for routine sporting fixtures, environmental studies, library and shop visits as well as regular walks around the whole school site. In signing this form it is assumed that you have given permission for such activities. Please be assured that the children are supervised at all times whilst in our care. |

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| DATA PROTECTION | DATA PROTECTION - Information collected by Isle of Ely Primary School will be shared, for specific purposes, from time to time with; Local Authorities, DCSF, and to agencies that are prescribed by law, such as the Qualifications and Curriculum Authority (QCA), Ofsted, the Learning and Skills Council (LSC), the Department of Health (DH), Primary Care Trusts (PCT) and ContactPoint. All these are data controllers in respect of the data they receive. All information will be handled in line with the requirements set down by the Data Protection Act 1998. For further information please contact the Headteacher.Please be advised that Isle of Ely Primary School will share information if:-* there is evidence a child is suffering or at risk of suffering harm or;
* there is reasonable cause to believe a child is suffering or at risk of suffering harm or;
* to prevent significant harm to children or serious harm to adults.
 |

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| --- | --- | --- |
| Signature of Parent or Carer:  | Date: |  |
| Signature of Parent or Carer: | Date: |  |

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Upon submission of this admission form to the school please also bring your child’s original ‘long’ birth certificate. This is required so that we can ensure your child is being educated in the correct year group and also that persons with parental responsibility may be recorded correctly.

|  |
| --- |
| **OFFICE USE ONLY** |
| **Admission Date:**  | \_\_ / \_\_ / \_\_ | **Long Birth Certificate Seen** | **Yes** |  | **No** |  | **Long Birth Certificate seen by:** |  |
| **Date** |  |

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