****

 **Child’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal First Name\*: | Click or tap here to enter text. | Legal Last Name\*:  | Click or tap here to enter text. |
| Pref. First Name: | Click or tap here to enter text. | Pref. Last Name: | Click or tap here to enter text. |
| Middle Name: | Click or tap here to enter text. | Former Last Name: | Click or tap here to enter text. |
| Sex\*: | Male [ ]  Female [ ]  | Gender Identity: | Choose from list |
| Preferred Pronouns: | Choose from list | Date of Birth\*: | Click or tap to enter a date. |
| Youth Support Service Agreement: | No [ ]  Yes [ ]   | Service Children in Education: | No [ ]  Yes [ ]   |
| (Parent or parents who are Service Personnel, serving in regular HM Forces military units of all forces and exercising parental care and responsibility) |
| Young Carer: | No [ ]  Yes [ ]   |
| Child’s full home address: | Click or tap here to enter text. |
| Click or tap here to enter text. | Postcode: | Postcode |

**\* Indicates a required field**

|  |  |  |
| --- | --- | --- |
| Official School Use Only | Birth Certificate seen: | Yes [ ]  No [ ]  |

 **Parent/Carer Details 1 *Priority 1***

Parent/carer with whom the child normally resides/Priority 1

|  |  |
| --- | --- |
| Title\*: | Title |
| First Name\*: | Click or tap here to enter text. | Last Name\*: | Click or tap here to enter text. |
| Sex\*: | Male [ ]  Female [ ]  | DOB\*: | Click or tap to enter a date. |
| Relationship to child\*: | Choose from list |
| Parental responsibility?  | Yes [ ]  No [ ]  | If no, please explain: Click or tap here to enter text. |
| Court Order?  | Yes [ ]  No [ ]  | If yes, please explain: Click or tap here to enter text. |
| Contact numbers |
| Home: | Click or tap here to enter text. | Mobile\*: | Click or tap here to enter text. |
| Work: | Click or tap here to enter text. |
| Email address\*: | Click or tap here to enter text. |
| Address\*: | Click or tap here to enter text. |
| Click or tap here to enter text. | Post Code\*: | Postcode |

|  |
| --- |
| Other relevant information: |
| Click or tap here to enter text. |

 **Parent/Carer Details 2 *Priority 2***

|  |  |
| --- | --- |
| Title\*: | Title |
| First Name\*: | Click or tap here to enter text. | Last Name\*: | Click or tap here to enter text. |
| Sex\*: | Male [ ]  Female [ ]  | DOB\*: | Click or tap here to enter text. |
| Relationship to child\*: | Choose from list |
| Parental responsibility?  | Yes [ ]  No [ ]  | If no, please explain: Click or tap here to enter text. |
| Court Order?  | Yes [ ]  No [ ]  | If yes, please explain: Click or tap here to enter text. |
| Contact numbers |
| Home: | Click or tap here to enter text. | Mobile\*: | Click or tap here to enter text. |
| Work: | Click or tap here to enter text. |
| Email address\*: | Click or tap here to enter text. |
| Address\*: | Click or tap here to enter text. |
| Click or tap here to enter text. | Post Code\*: | Postcode |

|  |
| --- |
| If not residing at the same address as child please fill in this section  |
| Correspondence/report required? | Yes [ ]  No [ ]  |

|  |
| --- |
| Other relevant information: |
| Click or tap here to enter text. |

*Please provide two further contacts in cases where parents/carers are not contactable in school hours*.

 **Additional Emergency Contact *Priority 3***

|  |  |
| --- | --- |
| Title\*: | Title |
| First Name\*: | Click or tap here to enter text. | Last Name\*: | Click or tap here to enter text. |
| Sex\*: | Male [ ]  Female [ ]  | DOB\*: | Click or tap to enter a date. |
| Relationship to child\*: | Choose from list |
| Parental responsibility?  | Yes [ ]  No [ ]  | If no, please explain: Click or tap here to enter text. |
| Court Order?  | Yes [ ]  No [ ]  | If yes, please explain: Click or tap here to enter text. |
| Contact numbers |
| Home: | Click or tap here to enter text. | Mobile\*: | Click or tap here to enter text. |
| Work: | Click or tap here to enter text. |
| Email address\*: | Click or tap here to enter text. |
| Address\*: | Click or tap here to enter text. |
| Click or tap here to enter text. | Post Code\*: | Postcode |

 **Additional Emergency Contact *Priority 4***

|  |  |
| --- | --- |
| Title\*: | Title |
| First Name\*: | Click or tap here to enter text. | Last Name\*: | Click or tap here to enter text. |
| Sex\*: | Male [ ]  Female [ ]  | DOB\*: | Click or tap to enter a date. |
| Relationship to child\*: | Choose from list |
| Parental responsibility?  | Yes [ ]  No [ ]  | If no, please explain: Click or tap here to enter text. |
| Court Order?  | Yes [ ]  No [ ]  | If yes, please explain: Click or tap here to enter text. |
| Contact numbers |
| Home: | Click or tap here to enter text. | Mobile\*: | Click or tap here to enter text. |
| Work: | Click or tap here to enter text. |
| Email address\*: | Click or tap here to enter text. |
| Address\*: | Click or tap here to enter text. |
| Click or tap here to enter text. | Post Code\*: | Postcode |

 **Previous School Details**

Please give details of the last school that your child attended:

|  |  |
| --- | --- |
| **School:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Tel:** | Telephone Number | **Dates attended from:** | Date From | **To:** | Date To |
| **Reason for Leaving:** | Click or tap here to enter text. |

 **Siblings**

*Please give details of all siblings within the age range of 0-18 years old:*

|  |  |  |
| --- | --- | --- |
| Name | DOB | Current School / Nursery |
| Click or tap here to enter text. | DOB | Click or tap here to enter text. |
| Click or tap here to enter text. | DOB | Click or tap here to enter text. |
| Click or tap here to enter text. | DOB | Click or tap here to enter text. |
| Click or tap here to enter text. | DOB | Click or tap here to enter text. |
| Click or tap here to enter text. | DOB | Click or tap here to enter text. |
| Click or tap here to enter text. | DOB | Click or tap here to enter text. |
| Click or tap here to enter text. | DOB | Click or tap here to enter text. |

 **Ethnicity / Culture**

Please note: A person’s ethnic group describes how they see themselves. This may be based on many things, including, for example, their skin colour, language, culture, ancestry or family history*.* ***Ethnic group is not the same as nationality.***

|  |  |  |  |
| --- | --- | --- | --- |
| **White** |  | **Asian or Asian British** |  |
| British |[ ]  Indian |[ ]
| Irish |[ ]  Pakistani |[ ]
| Traveller of Irish Heritage |[ ]  Bangladeshi |[ ]
| Gypsy/Roma |[ ]  Any other Asian background |[ ]
| Any other White background |[ ]   |  |
|  |  |  |  |
| **Mixed** |  | **Black or Black British** |  |
| White and Black Caribbean |[ ]  Caribbean |[ ]
| White and Black African |[ ]  African |[ ]
| White and Asian |[ ]  Any other Black background |[ ]
| Any other mixed background |[ ]   |  |
| **Chinese** |[ ]  **Other ethnic background** |[ ]

**Please State Other:** Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Country of Birth: | Click or tap here to enter text. | Nationality: | Click or tap here to enter text. |
| Refugee/Asylum Seeker: | Yes [ ]  No [ ]  | Religion: | Click or tap here to enter text. |
| Home Language: | Click or tap here to enter text. | First Language: | Click or tap here to enter text. |
| English as additional Language: | Yes [ ]  No [ ]  |

 **Additional Information**

**Lunch Time Arrangements**

Please select one of the following lunch provision options for your child joining Armfield Academy:

Packed Lunch [ ]  School Meal [ ]  Free School Meal [ ]

|  |
| --- |
| **If your child is entitled to free school meals, please complete the free school meal form, which is available on the school website or from the main office.** |

 **Parental Consent**

**This part of the form is where we ask for parental/guardian permission. Please read carefully and give your permission where you feel appropriate. Permissions are valid from the date you sign until your child leaves our school unless you wish to withdraw your consent. To do this, you must inform us in writing.**

**Food Tasting**

As part of the curriculum, we often taste and explore a variety of foods. We need parental authorisation for children to take part in food tasting sessions that we may hold in school. Please make sure you have given details of any allergies on the medical arrangements section of this form.

I give permission for my child to take part in food tasting sessions: Yes [ ]  No [ ]

**School Visits**

As part of the curriculum, classes may need to use the local area to support their learning. Rather than requesting permission on a per outing basis, we would like permission for your child to attend these outings when necessary. This consent will cover outings taking part within school hours, either on foot or using the school minibus. These outings will of course be appropriately staffed.

I give permission for my child to participate in visits to the local area: Yes [ ]  No [ ]

**Using the Internet**

As part of the curriculum, your child may be provided with computing equipment and access to the internet. This access would be under adult supervision and children will only be asked to access age appropriate material.

I give permission for my child to access the internet when necessary in school: Yes [ ]  No [ ]

**Sun Cream Application (primary only)**

|  |  |
| --- | --- |
| Parent/Carer Name (printed):  | Click or tap here to enter text. |
| Signed:  | Click or tap here to enter text. |
| Date:  | Click or tap to enter a date. |

When the weather starts getting warmer, please make sure that your child is well protected by applying a high factor, long lasting sun cream (SPF50) just before coming to school. You can send in a bottle of your child’s sun cream (with their name on) in order for staff to re-apply when needed.

I give permission for staff at school to apply sun cream to my child: Yes [ ]  No [ ]

 **Privacy Statement - How we use your information**

**Data Protection**

To comply with the Data Protection Act 1998, we need permission to photograph or make any recordings of your child. **All photographs used will be unidentified or identified by first name only unless otherwise stated.**

I give permission for my child’s photograph to be……

**Photograph Internally**

taken as evidence of their learning (kept in school for assessment), used for displays in school, for use on Class Dojo/Class Charts visible by class parents Yes [ ]  No [ ]

**Photograph External**

Taken for reception class photograph, published in local newspaper; for annual individual photographs sold only to yourself; taken for annual class photographs sold to all parents of class; on the school website; for school publications given to other parents eg newsletter/prospectus; on Official Social Media and local press. Yes [ ]  No [ ]

*Please note that websites can be viewed throughout the world and not just in the United Kingdom.*

**Data Exchange**  Yes [ ]  No [ ]

Armfield Academy are Data Controllers for the purpose of the Data Protection Act. We collect information about our pupils and may receive information about them from their previous school/childcare setting and Learning Records Service. We hold this data and use it to:

* Support the teaching and learning of pupils
* Monitor and report on their progress
* Provide appropriate pastoral care
* Assess how well the school is doing

The information includes your contact details, national curriculum assessment results, attendance information and personal characteristics such as ethnic group, any special education needs and relevant medical information.

**We do not give information about our pupils to anyone outside the school without your consent unless the law and our rules allow us to.**

 We are required by law to pass some pupil information to the Local Authority and the Department for Education (DfE).

Pupils, as data subjects, have certain rights under the Data Protection Act, including a general right to be given access to personal data held about them by any data controller. The presumption is that by the age of 12 a child has sufficient maturity to understand their rights and to make an access request themselves if they so wish. A parent would normally be expected to make a request on a child’s behalf if the child is younger. If you want a copy of the information we hold and share about you/ your child, then please contact the school on 01253 207702.

|  |  |
| --- | --- |
| Parent/Carer Name (printed):  | Click or tap here to enter text. |
| Signed:  | Click or tap here to enter text. |
| Date:  | Click or tap to enter a date. |

 **Password (Primary Only)**

**If the parents/carers or authorised people cannot collect their child and someone else will be coming instead, the parents/carers or authorised people, need to notify the school as soon as possible and identification may be required. A confidential password is required.**

**Password:** Click or tap here to enter text.

 **Medical Arrangements**

**Emergency Consent**

*If your child requires emergency first aid treatment by qualified staff at school, or requires emergency medical treatment at hospital and we are unable to contact you, please sign below to give permission to proceed with the necessary treatment.*

I give permission for my child to receive First Aid on the premises or in an emergency, be taken to hospital for treatment. [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: | Click or tap here to enter text. | Relationship to child: | Choose from list |

**Dietary Needs**

Please give details of any dietary needs we may need to be aware of, please tick any of the following.

|  |  |  |
| --- | --- | --- |
| Artificial colouring allergy |[ ]  Food Allergy |[ ]  Gluten Free |[ ]
| Halal |[ ]  No Dairy Produce |[ ]  No pork |[ ]
| Seafood Allergy |[ ]  Vegan |[ ]  Vegetarian |[ ]
| Other | Click or tap here to enter text. |

**Medical Conditions**

Please give details of any medical condition we may need to be aware of such as Asthma, fits / convulsions and allergies. If appropriate, please also include a list of any medication the child is regularly prescribed. *(Please tick any of the following which affects your child)*

|  |  |  |  |
| --- | --- | --- | --- |
| A.D.H.D |[ ]  Allergic |[ ]  Arthritis |[ ]  Asthma |[ ]
| Cystic Fibrosis |[ ]  Diabetes |[ ]  Eczema |[ ]  Epilepsy |[ ]
| Fits/Convulsions |[ ]  Hay fever |[ ]  Hypothyroidism |[ ]  Multiple Sclerosis |[ ]
| Nut Allergy |[ ]  Respiratory |[ ]  Tuberculosis |[ ]   |  |

|  |  |  |
| --- | --- | --- |
| Hearing Difficulty |[ ]  Mobility Difficulty |[ ]  Speech & Language |[ ]
| Toileting |[ ]  Wears Glasses |[ ]

|  |  |
| --- | --- |
| Other | Click or tap here to enter text. |

**Medical Practice**

|  |  |
| --- | --- |
| Name of Doctor’s Surgery: | Click or tap here to enter text. |
| Telephone Number: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |

**Prescribed Medication**

*Please list medication that the child has to take on a daily/weekly basis*

|  |  |  |
| --- | --- | --- |
| Name of Medication | Condition Prescribed For | Required in School (Yes/No) |
| Click or tap here to enter text. | Click or tap here to enter text. | Yes [ ]  No [ ]  |
| Click or tap here to enter text. | Click or tap here to enter text. | Yes [ ]  No [ ]  |
| Click or tap here to enter text. | Click or tap here to enter text. | Yes [ ]  No [ ]  |

**Special Education Needs**

Does your child have an Educational Healthcare Plan? Yes [ ]  No [ ]

Is your child under a Paediatrician? Yes [ ]  No [ ]

If yes, please give the name of the Paediatrician: Insert name

|  |
| --- |
| Please give information regarding any support your child may need in school: |
| Click or tap here to enter text. |

 **Other Agencies / Professionals involved with your child**

Do you have any of the following in place? CAF [ ]  TAF [ ]  GIR [ ]

Name of Social Worker / Family in Need Worker *(if applicable):* Click or tap here to enter text.

|  |
| --- |
| Please give additional information regarding child may need in school: |
| Click or tap here to enter text. |

Department: Click or tap here to enter text. Contact Number: Click or tap here to enter text.

 **Previous Nursery/School Details *(nursery pupils only)***

Please give details of the last nursery/school that your child attended:

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Tel: | Click or tap here to enter text. | Dates attended from: | Date From | **To:** | Date To |
| Reason for leaving: | Click or tap here to enter text. |

|  |
| --- |
| **Notes / Any other information** |
| Click or tap here to enter text. |



Armfield Academy Blackpool is a trading name of Fylde Coast Academy Trust. Company No. 8364709 - registered in England and Wales.