

## **ADMISSION FORM 2022-23**

Please complete all sides then sign the last page.

The General Data Protection Regulation (GDPR), provisions of the Data Protection Act 2018 (DPA 2018) 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 Education Welfare Benefit Service, Cambridgeshire County Council, and other relevant bodies administering public funds, who collect and use information about you so that we can provide your child(ren) with entitlement to education benefits under The Education Act 1996.

By signing this form, I confirm I understand that data will 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.

Full details about how we use this data and the rights you have around this can be found in our Data Policy on our website, <a href="https://www.burrowmoor.net">www.burrowmoor.net</a> where you will also find our Privacy Notices. If you have any data protection queries, please contact our Data Protection Officer whose contact details are on our Privacy Notice.

CHILDS DETAILS
Legal Surname (as it appears on child's birth certificate)
Legal Forename
Middle Name(s)
Preferred Forename
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)
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		
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# DETAILS OF CONTACTS WITH PARENTAL RESPONSIBILTY

### **PRIORITY 1**

Title			Surname			For	ename	
Date of Bi	rth*				NI number*			
Home Add	dress							
		Post	tcode					
Telephone Numbers	Э							se rank to indicate the best ber on which contact you
		Hon	ne					
		Mob	ile					
		Wor	k					
We will use the e-mail address below to communicate with you when sending out newsletters and other messages including those specific to your child (for example following up on an absence when we cannot reach you by telephone). By giving an e-mail address below, you are indicating your consent to electronic communications.						en we cannot reach you by		
E-mail add	dress				<u> </u>		<u> </u>	

### **PRIORITY 2**

Title			Surname			For	ename	
Date of Bi	of Birth*			NI number*				
Home Add	dress							
		Post	code					
Telephone Numbers	е			•				se rank to indicate the best ber on which contact you
		Hom	ne					-
		Mob	ile					
		Wor	k					
We will use the e-mail address below to communicate with you when sending out newsletters and other messages, including those specific to your child (for example following up on an absence when we cannot reach you by telephone). By giving an e-mail address below, you are indicating your consent to electronic communications.								

Title	Surname		Forename	e
Date of Birth*		NI number*		
Home Addres	S	<u> </u>		
	Postcode			
Telephone Numbers				Please rank to indicate the besinumber on which contact you
	Home			•
	Mobile			
	Work			
including thos	se specific to your child		an absence	newsletters and other messages, e when we cannot reach you by electronic communications.
E-mail addres	S			
		EMERGENCY CONTACT DE	ETAILS	
		to be collected from schoo		provide details of at least three

or contact numbers.

Priority	Name	Contact Number	Relationship to	Parental
			child	Responsibility
1				YES/NO
2				YES/NO
3				YES/NO
4				YES/NO

# SEPARATED PARENT INFORMATION – For parents not living with pupil

Inder the 1989 Children's Act all parents have the right to receive information about their child's progress.					
TitleSurname	Forename				
Relationship to student	Parental responsibility YES / NO				
*Date of Birth*	NI Number				
Home address					
	Postcode				
Home telephone number	Home email				
Mobile Number	Work telephone number				

Court Case Yes/No

Address can be Disclosed Yes/No

		MEDICAL DETAILS	
Doct	or	Telephone number	
Addr	ess		
Pleas	se state any medical conditions of which y	you wish the school to be made	aware, (e.g. asthma, epilepsy, allergies)
Pleas	se state if your child has a medically diagr		3
Does	s your child have any Special Needs Provi	ision YES/NO	
	S *SEN Support / *EHCP *Statement?		
	PE	ERSONAL INFORMATION	
1.	Family's Ethnic Origin. (Our ethnic backg things, including, for example, our skin same as nationality or country of birth.)  White - British White - Irish White - Traveller of Irish Heritage White - Gypsy/Roma White - Any other White background Mixed - White and Black Caribbean Mixed - White and Black African Mixed - White and Asian Mixed - Any other mixed background Asian or Asian British - Indian Asian or Asian British - Pakistani	ground describes how we think o colour, culture, ancestry or fam  Any other Asian Asian, Nepali, Sin Black or Black Bri Black or Black Bri Any other Black b Chinese	f ourselves. This may be based on many ily history. Ethnic background is not the background (This includes African halese, Sri Lankan Tamil) itish -Caribbean
	Asian or Asian British - Bangladeshi	I do not wish an e	ethnic background to be recorded
<ol> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	Date of arrival in UK (if relevant)  First language  Religion  If there are any religious or cultural praction	Other language(s)	
6.	Please give the name, DOB and gender of	of any other siblings in the school	ol
	Name	Date of Birth	Male / Female
	Name		
	Name		

### 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.

Who will be collecting your child at the end of afternoon school?  Please indicate if there is anybody who is not authorised to collect your child from school  Password that will be given to others picking up not on your list  certify that, to the best of my knowledge, the information on this form is correct.  Signature:	School Bus	Public Transport Bus	Bicycle	Walking						
Who will be collecting your child at the end of afternoon school?  Please indicate if there is anybody who is not authorised to collect your child from school  Password that will be given to others picking up not on your list  certify that, to the best of my knowledge, the information on this form is correct.  Signature:	Taxi	Taxi Car/Van Car Share Other								
Please indicate if there is anybody who is not authorised to collect your child from school  Password that will be given to others picking up not on your list  certify that, to the best of my knowledge, the information on this form is correct.  Signature:	Any additional information									
Password that will be given to others picking up not on your list  certify that, to the best of my knowledge, the information on this form is correct.  Signature:	Who will be collecting your child at the end of afternoon school?									
certify that, to the best of my knowledge, the information on this form is correct.  Signature:	Please indicate it	Please indicate if there is anybody who is not authorised to collect your child from school								
Signature :	Password that will be given to others picking up not on your list									
Date	I certify that, to the best of my knowledge, the information on this form is correct.									
	Signature Parent/Guardian									
	Date									
For Office use										

	Staff name	Date
Birth certificate seen and PR checked		
Loaded onto SIMS		
Loaded onto ParentPay and login issued to parents		
Note of any medical/diet needs add to class information		