**ADMISSION FORM** 

Please complete all six sides then sign the last page.

The General Data Protection Regulation (UK 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, http://www.rackhamprimaryschool.com 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.

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| **CHILD’S DETAILS** |
| Legal Surname (as it appears on child’s birth certificate) |  |
| Legal Forename (as it appears on child’s birth certificate) |  |
| Middle Name(s) |  |
| Preferred Forename |  |
| Gender | MALE / FEMALE |
| 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)  |

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| **OTHER CHILDREN** |
| Please give the name, date of birth and gender of siblings.  |
| Name | Date of Birth | Gender |
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| **DETAILS OF CONTACTS**Please provide details of three parents/guardians/contactsand place them in the order you wish them to be contacted in an emergency |

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| **PRIORITY CONTACT 1** |
| Title  |  | Forename |  | Surname |  |
| Relationship to Student |  | Parental Responsibility | YES / NO |
| \* Date of Birth |  | \* NI Number |  |
| Home Address |  |  |
| Postcode |  |
| Place of work |  |
| Telephone Numbers *Please rank to indicate the best number on which to contact you* | Home |  |  |
| Mobile |  |  |
| Work |  |  |
| We will use the email 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 email address below, you are indicating your consent to electronic communications. |
| Email Address |  |

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| **PRIORITY CONTACT 2** |
| Title  |  | Forename |  | Surname |  |
| Relationship to Student |  | Parental Responsibility | YES / NO |
| \* Date of Birth |  | \* NI Number |  |
| Home Address |  |  |
| Postcode |  |
| Place of work |  |
| Telephone Numbers *Please rank to indicate the best number on which to contact you* | Home |  |  |
| Mobile |  |  |
| Work |  |  |
| We will use the email 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 email address below, you are indicating your consent to electronic communications. |
| Email Address |  |

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| **PRIORITY CONTACT 3** |
| Title  |  | Forename |  | Surname |  |
| Relationship to Student |  | Parental Responsibility | YES / NO |
| \* Date of Birth |  | \* NI Number |  |
| Home Address |  |  |
| Postcode |  |
| Place of work |  |
| Telephone Numbers *Please rank to indicate the best number on which to contact you* | Home |  |  |
| Mobile |  |  |
| Work |  |  |
| We will use the email 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 email address below, you are indicating your consent to electronic communications. |
| Email Address |  |

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| **SEPERATED PARENT INFORMATION – For parents not living with student****PRIORITY CONTACT ……..** (Please specify contact priority) |
| Under the 1989 Children’s Act, all parents have the right to receive information about their child’s progress. |
| Title  |  | Forename |  | Surname |  |
| Relationship to Student |  | Parental Responsibility | YES / NO |
| \* Date of Birth |  | \* NI Number |  |
| Home Address |  |  |
| Postcode |  |
| Place of work |  |
| Telephone Numbers *Please rank to indicate the best number on which to contact you* | Home |  |  |
| Mobile |  |  |
| Work |  |  |
| We will use the email 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 email address below, you are indicating your consent to electronic communications. |
| Email Address |  |
| Court Case | YES / NO |
| Address can be Disclosed | YES / NO |

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| **SERVICE CHILDREN IN SCHOOL** |
| Schools are 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 indicate if your child is a 'service child in education'.  |
| No | Yes | I do not wish a service children indicator to be recorded |

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| **ETHNIC AND RELIGIOUS INFORMATION** |
| To help us and the local authority in monitoring equal opportunities you are asked to complete the following: Family’s Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry, or family history. Ethnic background is not the same as nationality or country of birth.) |
|  |  |  |  |  |
| White – British |  |  | Any other Asian background (This includes African  |  |
| White - Irish |  | Asian, Nepali, Sinhalese, Sri Lankan Tamil….) |  |
| White - Traveller of Irish Heritage |  |  | Black or Black British -Caribbean |  |
| White - Gypsy/Roma |  |  | Black or Black British -African |  |
| White - Any other White background |  |  | Any other Black background |  |
| Mixed - White and Black Caribbean |  |  | Chinese |  |
| Mixed - White and Black African |  |  | Any other ethnic group – **please state.**  |
| Mixed - White and Asian |  |
| Mixed - Any other mixed background |  |
| Asian or Asian British - Indian |  |
| Asian or Asian British - Pakistani |  |  |  |  |
| Asian or Asian British - Bangladeshi |  |  | I do not wish an ethnic background to be recorded |  |

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| Date of arrival in UK (if relevant)  |  |
| First language |  |
| Other language(s) |  |
| Religion |  |
| If there are any religious or cultural practices of which the school should be aware, please specify. |  |

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| **EMERGENCY CONSENT** |
| Please indicate below if you agree to the school acting ‘in loco parentis’ in an emergency should the school be unable to reach any of the contacts you have listed who have parental responsibility.  **Please delete one*** **I agree** to the school acting ‘in loco parentis’ in an emergency.
* **I do not agree** to the school acting ‘in loco parentis’ in an emergency.
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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. Please indicate below if you wish us to use plasters on your child.  **Please delete one*** **I give** permission for the school to use plasters on my child, should the need arise.
* **I do not give** permission for the school to use plasters on my child.
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| **MEDICAL DETAILS** |
| Doctor |  |
| Telephone Number |  |
| Address |  |
| Please state any medical conditions of which you wish the school to be made aware of.(e.g. asthma, epilepsy, allergies) |
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| Please state if your child has a medically diagnosed food allergy or intolerance. |
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| Does your child have any Special Needs Provision? | YES / NO  |
| If YES, please delete accordingly: \*SEN Support / \*EHCP / \*Statement |

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| **DIETARY NEEDS** |
| Please indicate any dietary requirements below: |
| VegetarianVeganGluten freeNo artificial colouringsNo dairy produce |  | No pork or other pig productsNo nutsNo citrus fruitsHalal foods only (not available in school)Other: please specify below |  |
| Please specify any other dietary needs: |
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| **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. |
| School BusPublic Transport BusBicycleWalk |  | TaxiCar/VanCar shareOther |  |
| Any additional information: |

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| Who will be collecting your child at the end of afternoon school? |
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| Please indicate if there is anybody who is not authorised to collect your child from school |
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| **PERMISSION FOR VISITS DURING THE SCHOOL DAY** |
| I give my permission for my child to be taken in supervised groups to local nearby venues for educational purposes. |
| Signature |  |
| Name |  |
| Print |  |

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| **DECLARATION** |
| I certify that, to the best of my knowledge, the information on this form is correct.  |
| Signature | (Parent/Guardian) |
| Print |  |
| Date |  |