

Rye Community Primary School

Admission Form

To be completed once a school place has been granted.

Please ensure you complete all sections, using a ball point pen in BLACK ink and BLOCK CAPITALS

If you have any questions about the application form and how to complete it please contact the School Office.

Rye Community Primary believes strongly in comprehensive education and serving its community.

We have an open access policy and are non-selective.

PUPIL INFORMATION – CONFIDENTIAL		
LEGAL SURNAME As on Birth Certificate (refer to note 1)		
FORENAME As on Birth Certificate (refer to note 1)		
MIDDLE NAMES As on Birth Certificate (refer to note 1)		
HOME ADDRESS:		
Post Code:	T	
DATE OF BIRTH:	GENDER (Male) or (Female):	
ETHNIC ORIGIN Tick one box only (refer to note 2) White British	_	
Mixed White & Black Caribbean Mixed White & Black African	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Indian ☐ Pakistani ☐ Bangladeshi ☐ Any other Asian b Any other Black background ☐ Chinese ☐ Any other ethnic		
NATIONALITY:	COUNTRY ISSUING PASSPORT:	
LANGUAGE SPOKEN AT HOME (refer to note 3):	RELIGION:	
Can your child read in this language YES/NO		
Can you child write in this language YES/NO		
NURSERY/PRE-SCHOOL DETAILS (only complete if you child is joining a	Reception class)	
Name:		
Telephone number:		
Dates attended: From: To:		
Full or part time:		
PREVIOUS SCHOOL TO RYE COMMUNITY PRIMARY (and address if not local):		
Dates attended From: To:		
Reason for leaving:		
MEANS OF TRAVEL TO RYE COMMUNITY PRIMARY (refer to note 7)		
Walk ☐ Public Bus ☐ Dedicated School Bus ☐ Train ☐ Taxi ☐ Car ☐ Bicycle ☐ Car Share with child/children ☐ LUNCH ARRANGEMENTS (refer to note 8)		
School Meals Packed Lunch		
FREE SCHOOL MEALS		
We believe that it is important for anyone who think they have an entitlement to free school meals to apply for this support. To apply for Free School Meals, please collect an application form from the School Office.		
Are you currently receiving Pupil Premium at primary/current setting? Yes□ No□		
Do you think you are entitled to Free School Meals? Yes ☐ No		

FAMILY INFORMATION (*refer to note 4)		
NAME 1 - *Brother/Sister or Step-Brother/S	tep-Sister	
DATE OF BIRTH		
NAME 2 - *Brother/Sister or Step-Brother/S	tep-Sister	
DATE OF BIRTH		
HOME INCORMATION (Places provide)	information for both no	vents/ston navont/navtnov/savov/athor
HOME INFORMATION (Please provide information for both parents/step-parent/partner/carer/other Fields marked* are optional, but if you complete them we can check whether your child qualifies for Free School Meals and pupil premium which gives additional funding to the school.		
PUPIL LIVES WITH (please tick): Both pare	ents 🗌 Mother 🔲 F	ather □ Step-parent □ Partner □ Other □
Under the terms of the Children Act 2006 the married parents or the unmarried mother of the child have parental responsibilities automatically. Unmarried fathers named on the birth certificates of children born after 1st December 2003 in England and Wales, 4th May 2006 in Scotland and 15th April 2002 in Nothern Ireland also automatically have parental responsibilities. Other people including step-parents, cohabitees, grandparents and other relations and foster carers, may aquire parental responsibility in a variety of ways such as being granted a residence order, which automatically confers parental responsibility on the applicant(s). Please list all those with parental responsibility. We will use email to send out letters and information as well as sending out Progress & Tracking Summery Sheets. Texts will also be sent for reminders or urgent information regarding non-attendance. Therefore, please ensure all email addresses and mobile numbers are listed below and we are informed of any changes immediately.		
PARENT/CARE DETAILS – PRIORITY 1	Parental Responsibility	y: □Yes □No
	Should correspondence	e be addressed to this person? \Box Yes \Box No
Full Name (Mr/Mrs/Ms/Miss or other) Relationship to child		
Address		
		Post Code
Home Telephone Number		Mobile Phone
Primary E-mail Address (essential for communication)		
Work Telephone Number		Work E-mail
National Insurance Number*		DATE OF BIRTH
PARENT/CARE DETAILS – PRIORITY 2	Parental Responsibility Should correspondence	r: □Yes □No e be addressed to this person? □Yes □No
Full Name (Mr/Mrs/Ms/Miss or other) Relationship to child	·	·
Address		Deat Code
		Post Code
Home Telephone Number		Mobile Phone
Primary E-mail Address (essential for co	mmunication)	
Work Telephone Number		Work E-mail
National Insurance Number*		DATE OF BIRTH
PARENT/CARE DETAILS – PRIORITY 3	Parental Responsibility Should correspondence	y: □Yes □No e be addressed to this person? □Yes □No
Full Name (Mr/Mrs/Ms/Miss or other) Relationship to child	·	·
Address		
		Post Code
Home Telephone Number		Mobile Phone

Primary E-mail Address (essential for communication)		
Work Telephone Number	Work E-mail	
EMERGENCY CONTACTS – Please do not leave blank (refer to not	e 5)	
Emergency Contact 1 Full Name Address	Relationship to child	
Post Code	Home Telephone Number	
Telephone Number (daytime)	Mobile Phone	
Emergency Contact 2 Full Name Address	Relationship to child	
Post Code	Home Telephone Number	
Telephone Number (daytime)	Mobile Phone	
WELFARE - Confidential		
1. Is your child currently a Looked After Child? Yes ☐ 2. Has your child previously been a Looked After Child? Yes ☐ 3. Is your child adopted? Yes ☐ 4a. Is your child under a Child Protection Plan? Yes ☐ 4b. If yes, please specify: Child in Need ☐ Child Protection ☐ To enable your child to benefit from additional funding, you will need to inform Ry guardianship order. As this is a particularly sensitive declaration, please be assured below. The additional funding provided by the DfE, will help to give extra support to Please tick box if applicable: ☐	d of our confidentiality in respect to this information by ticking the bow	
PUPIL ACADEMIC INFORMATION - Additional Learning Needs		
Does your child receive any additional help or support?	Yes□ No□ <i>If Yes, please complete section below</i>	
SEN Support □ Education Health & Care Plan □		
PUPIL MEDICAL INFORMATION		
As well as medical information which includes long term or on-going medical cond and consent forms regarding the administration of medicines. We ask you to give be may affect the education of your child. Please note that this information will be strucked.	below any information which you may feel we ought to be aware of which	
Please complete below		
DOCTOR'S NAME		
DOCTOR'S ADDRESS AND TELEPHONE NUMBER	Telephone Number:	
MEDICAL/DETAILS: Please give any information regarding any medical conditions your child may have (e.g. diabetes, epilepsy, asthmatic, allergies, ADHD, ASD, Dyslexia, Dyspraxia, serious illness or major surgery etc). PLEASE SPECIFY CONDITIONS:		
CONTINUAL MEDICATION (e.g. take Ritalin, Ventolin etc):		
PLEASE SPECIFY SPECIAL DIFFICULTIES WITH SPEECH, HEARING, VISION OR DIETARY:		

1. Does your child have an EpiPen or an Anapen? Yes ☐ No ☐ 2. Does your child have a written risk management plan for allergy at school? Yes ☐ No ☐ 3. Does your child have a written emergency action plan for allergic reactions or anaphylaxis? Yes ☐ No ☐		
MEDICAL TREATMENT/ANAESTHETIC CONSENT On those rare occasions when child sustains a bad injury or becomes seriously ill, we always do our very best to contact home to discuss medical treatment. However, when students are away from school, on a field course, excursions or sports fixtures it may not be possible to contact you immediately, and we therefore ask you to agree to the person in charge of any visit/fixture away from school to give consent on your behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given. This consent will cover the full period of time your child attends Rye Community Primary and you should inform Rye Community Primary immediately by letter if you wish to change this information. If you do not give consent for an anaesthetic to be administered or for any other urgent medical treatment to be given, please advise us by letter.		
Community Nursing − I agree to my child having Community School Nursing Team health checks: Yes ☐ No ☐ If neither box is ticked, we assume that you require Community School Nurse input.		
Signature of Parent(s)/Carer (1)	(2)	
Date	Please return to Rye Community Primary - Admissions	

Confidentiality and Data Protection

Personal information that you provide will be used carefully and help Rye Community Primary to give your child the best possible support. It is important therefore that you fill in this form as accurately as possible. The personal information you give will be held on computer systems at the school and by the Children's Services Department and is covered by data protection legislation. Some of the data you give is required by the Department for Education (DfE) for local and national statistics. Please be assured that access to information is strictly limited and protected.

1. Surname and Forenames:

This is a legal requirement and all names must be the same as on Child's Birth Certificate. Legally we are obliged to maintain our records with birth certified names unless legal authorisation has been obtained. Especially important when sitting external examinations. However please write preferred forename and/or surname in 'known as name' section.

2. Ethnic Background & National Identity:

Ethnic origin relates to the origins of your family, rather than nationality. Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Educational Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

3. Home Language & Language Spoken at Home:

Please state your child's main mother tongue if English is a **second or additional language**. This information is also a requirement by the Department for Education (DfE). It will also help the Authority to target bilingual support for staff where appropriate.

4. Family Information:

Please list here the names and dates of birth of any brothers, sisters, step brothers and step sisters.

5. Emergency Contacts:

It is very important to provide details of a person who may be contacted in the event of an emergency if parents/carers are not available. Please also state the relationship with the family. We are happy to accept any contact including neighbours and close friends.

Please DO NOT leave this section blank.

6. Communication

As part of our on-going commitment to keep parents fully informed we use an email as our primary communication system. We will use email to send out letters & information as well as sending out Progress & Tracking Summary Sheets. Please keep us updated with current email addresses.

7. Means of Travel:

If you tick the "Bicycle" box you will need to read the Academy Rules for Cyclists:

- **7.1** The safety of cyclists to and from school is the responsibility of the child's parent/carer. We recommend that a cycle helmet be worn.
- **7.2** Bicycles and associated equipment are the responsibility of the owner when they are brought onto the school grounds. The school cannot accept any insurance liability for theft or damage to bicycle equipment.
- **7.3** Cyclists who are reported by any member of the public as behaving in a manner considered to be disruptive, either to or from school may be banned from bringing their bicycles onto the school premises (other sanctions may also apply).
- **7.4** Cyclists must dismount at the school gate and wheel their cycles within the school grounds.
- **7.5** It is likely that your child will receive advice on aspects of road safety and be offered help in matters of crime prevention during their time at the school. We hope that these learning opportunities benefit all students of the school but in no way do these activities affect the school's liability in these matters.

8. Lunchtime Arrangements:

Please note that students are not allowed off the school premises at any time during the day unless there is a covering letter from the parent or carer.