

## SOUTHWOLD PRIMARY AND NURSERY SCHOOL

### ADMISSION FORM – CONFIDENTIAL

Please complete this form and return to the school office.

#### Name, Address & Telephone Information

<b>Child's Full Name</b> Click or tap here to enter text.		<b>Date of birth</b> Click or tap to enter a date.		
<b>Preferred Name</b>		<b>Gender</b> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		
<b>Child's Home Address &amp; Postcode</b> Click or tap here to enter text.		<b>Child lives with</b> Mum <input type="checkbox"/> Dad <input type="checkbox"/> Both Parents <input type="checkbox"/> Other <input type="checkbox"/>		
<b>Child's other Home Address</b> (if applicable): Click or tap here to enter text.		<b>Child lives with</b> Mum <input type="checkbox"/> Dad <input type="checkbox"/> Both Parents <input type="checkbox"/> Other <input type="checkbox"/>		
<b>Mum Name</b> Click or tap here to enter text.	<b>Mum Home and Mobile Tel No</b> Click or tap here to enter text.	<b>Mum Work Tel No</b> Click or tap here to enter text.	<b>Hours Worked</b> (e.g. 9am-5pm) Click or tap here to enter text.	<b>Place of work</b> Click or tap here to enter text.
<b>National Insurance Number</b>	Click or tap here to enter text.	<b>30 Hour code (if applicable)</b>		
<b>Dad Name</b> (if different) Click or tap here to enter text.	<b>Dad Home and Mobile Tel No</b> Click or tap here to enter text.	<b>Dad Work Tel No</b> Click or tap here to enter text.	<b>Hours Worked</b> (e.g. 9am-5pm) Click or tap here to enter text.	<b>Place of work</b> Click or tap here to enter text.
<b>National Insurance Number</b>	Click or tap here to enter text.	<b>30 Hour code (if applicable)</b>		

**Email Address**, please enter the main email address you would like communications sent to

#### Emergency Contacts

I give permission for the following people to be called and/or asked to collect/care for my child if I cannot be contacted:

<b>Name</b> Click or tap here to enter text. Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	<b>Home Tel No</b> Click or tap here to enter text.	<b>Other Tel No</b> Click or tap here to enter text.	<b>Relationship to child</b> Click or tap here to enter text.
<b>Address</b> (incl. postcode) Click or tap here to enter text.			

<b>Name</b> Click or tap here to enter text. Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	<b>Home Tel No</b> Click or tap here to enter text.	<b>Other Tel No</b> Click or tap here to enter text.	<b>Relationship to child</b> Click or tap here to enter text.
<b>Address (incl. postcode)</b> Click or tap here to enter text.			
<b>Name</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	<b>Home Tel No</b> Click or tap here to enter text.	<b>Other Tel No</b> Click or tap here to enter text.	<b>Relationship to child</b> Click or tap here to enter text.
<b>Address (incl. postcode)</b> Click or tap here to enter text.			
<b>Medical Information</b>			
<b>Name of Doctor Surgery:</b> Click or tap here to enter text. <b>Telephone No:</b> Click or tap here to enter text.			
<b>Surgery Address (incl. postcode)</b> Click or tap here to enter text.			
I give permission for the school to seek medical emergency help if required:      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Please <input checked="" type="checkbox"/> any conditions which apply</b>			
ADHD Diagnosis <input type="checkbox"/>		Mobility Difficulties <input type="checkbox"/>	
Autism <input type="checkbox"/>		Learning Difficulties (e.g. Dyslexia) <input type="checkbox"/>	
Asthma <input type="checkbox"/>		Hearing Impairment <input type="checkbox"/>	
Diabetes <input type="checkbox"/>		Visual Impairment <input type="checkbox"/>	
Epilepsy <input type="checkbox"/>		Incontinence <input type="checkbox"/>	
Speech & Language Problems <input type="checkbox"/>		Eczema <input type="checkbox"/>	
Any Other <input type="checkbox"/>			
<b>Please give details below for any condition which apply</b> Click or tap here to enter text.			
<b>Medication</b> Does your child take regular medication? If so, please give details Click or tap here to enter text.			
<b>Other Medical Information</b> Is there anything else you think we should know about your child's general state of mind, state of health or development. Click or tap here to enter text.			
<b>Allergies or Dietary Requirements (e.g. Nuts, Dairy, Medicines, Gluten Free, Vegetarian) Please <input checked="" type="checkbox"/> that apply</b>			
Fruitarian <input type="checkbox"/>		None <input type="checkbox"/>	
Halal <input type="checkbox"/>		Other <input type="checkbox"/>	
Kosher Only <input type="checkbox"/>		Pescatarian (eats fish) <input type="checkbox"/>	
No Beef <input type="checkbox"/>		Vegan <input type="checkbox"/>	
No Fish <input type="checkbox"/>		Vegetarian <input type="checkbox"/>	
No Lamb <input type="checkbox"/>			
No Pork <input type="checkbox"/>			
<b>Other Agencies</b> Has your child been involved with any other agencies, e.g. Social Services, Educational Welfare Office, Psychologist, Child & Family Guidance etc. If so please give a contact name and the name of the agency. Click or tap here to enter text.			

### Ethnic & Cultural Information

<b>Ethnicity</b>					
Bangladeshi	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
Black Caribbean background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any other mixed	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
Japanese background	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Any other White	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	White British	<input type="checkbox"/>	Any other Ethnic background	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Refuse to answer	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>		

**Nationality** [Click or tap here to enter text.](#)      **Country of Birth** [Click or tap here to enter text.](#)  
**Pupils First Language** [Click or tap here to enter text.](#)      **Pupils Home Language** [Click or tap here to enter text.](#)  
**English as an Additional Language Y/N** [Click or tap here to enter text.](#)

**Asylum Status**  
 Asylum seeker       Refugee       Not Applicable

**Traveller Status**  
 Gypsy/Roma (Housed)       Gypsy/Roma (Traveller)       Not Applicable   
 Occupational (Traveller)       Traveller (Other)

**Religion**  **Atheist**       **Christian**  **Hindu**  **Muslim**  **None**  **other please specify**

**Additional Information**

**Travelling to school**  
 (please  the most used method) Walk  Car  Cycle  Bus  Taxi

**Family Circumstances**  
 Are the child's parent/parents Service Personnel? Yes  No   
 Is the child eligible for free school transport? Yes  No   
 Is the child resident with foster parents? Yes  No   
 If yes, which Authority is financially responsible for maintenance? [Click or tap here to enter text.](#)  
 Is the child a young carer Yes  No

**Welfare**  
 Is there anyone who has a court order and should not collect your child? Yes  No   
 If yes, please give details and attach a copy of the court order Attached:   
[Click or tap here to enter text.](#)

**School History**

Please give details of your child's previous education, including School, Nursery and Pre-School

School Name	School Address	Date of Admission	Date of Leaving	RFL
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Choose an item.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Choose an item.

Please indicate in the last column above, the reason for leaving **(RFL)**  
**N** – Normal completion      **F** – Family Move      **V** – Voluntary Transfer      **E** - Exclusion

### Consents

#### Parental Consent

Please circle your consent for the following

##### Changing and Cleaning

I give my permission for my child to be changed and cleaned by an unsupervised member of staff should he/she wet or soil him/herself or for any other incident where his/her clothes get wet or soiled

Yes  No

##### Local Walks

I give permission for my child to leave the school grounds for local visits (within walking distance of the school (e.g. Library, shops etc.)

Yes  No

##### Food Tasting

Taster days happen throughout the year, please confirm you are happy for your child to participate. Please ensure you have listed any food allergies in the medical section of this form

Yes  No

##### School Minibus

I give permission for my child to travel in the school minibus where required as part of the school day or extracurricular activities

Yes  No

##### Use of photographs

- I give permission for my child's photograph/image to be used in class displays of topic work, school events and trips
- I am happy for my child's photograph/image to be used in the school prospectus and other printed publications that we produce for promotional purposes
- I am happy for my child's photograph/image to be used on our website
- I am happy for my child's photograph/image to be used on video or webcam
- I am happy for my child's photograph/image to be used in the media
- I am happy for my child's name to appear on/with any of the above

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

#### Internet Access

Please read and tick the following statements

As the parent or legal guardian of this pupil, I give permission for my child to access the internet. I understand that internet access is intended for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide online safety but the school cannot be held responsible if pupils access unsuitable websites.

I accept the above paragraph                       I do not accept the above paragraph

In relation to the school website, I accept that if the school considers it appropriate, my child's schoolwork may be chosen for inclusion on the website.

I accept the above paragraph                       I do not accept the above paragraph

## Declaration

**Declaration**

I confirm the above information to be correct to the best of knowledge at the time of completion. I agree to notify the school of any change in my child's circumstances.

Name: (Mum)

Click or tap here to enter text.

Mrs  Ms  Miss

Name: (Dad)

Click or tap here to enter text.

X

\_\_\_\_\_  
Signature

X

\_\_\_\_\_  
Signature

Click or tap to enter a date.

Click or tap to enter a date.

**DATA PROTECTION STATEMENT**

The purpose of this form is to collect data for further processing within the school/LEA systems. Your signature on this form implies your consent for the school/LEA to process the data. The data will be processed in accordance with the purposes notified by the school/LEA to the Data Protection Commissioner's office and are subject to the Data Protection Act 1998. The information given will be entered onto a computer and will form part of the School's database.