

PUPIL ENROLMENT FORM

ST ANDREW'S C.E. PRIMARY SCHOOL, CHINNOR



Please complete each side of this form for your child. The information will be used for administrative purposes within this school. It will be sent on to your child's next school or other educational institution and also to the Local Authority (LA) and School Nurse Service to enable them to maintain their records. The provision of accurate information helps this school and the LA to see that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information you give and, from time to time, we may ask you to confirm that it is correct. The County Council is entitled to collect this information under the provisions of the Data Protection Act 1988.

Please be aware that completion of this form does not guarantee a place for your child if this has not been notified to you in writing by Oxfordshire County Council.

PLEASE COMPLETE CLEARLY USING BLOCK CAPITALS

SECTION 1: PUPIL'S DETAILS	
Legal Surname:	Forename:
Preferred Surname:	Preferred Forename:
Middle Name:	Male/Female
Date of Birth:	

Address	
House No/Name:	Street:
Town/City:	County:
Postcode:	Is this the pupil's home address? Yes/No

Additional Pupil Address	
House No/Name:	Street:
Town/City:	Postcode:

If your child has any siblings already at our school please provide names below:

SECTION 2: CONTACT DETAILS

To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent of a pupil. Please note that this includes: mother; married father- even if separated or divorced from the mother; unmarried father- provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child.

If any parents who do not live with the pupil wish to receive copies of school correspondence e.g. newsletters, pupil report, please notify the school.

YOU MUST PROVIDE AT LEAST 2 CONTACTS WITH SEPARATE PHONE NUMBERS

CONTACT 1

Mr/Mrs/Ms/Miss/Other:	Male/Female
Surname:	Forename:
Relationship to pupil e.g. Mother/Father:	
Does this contact have parental responsibility?	Yes/No

Address

House No/Name:	Street
Town/City:	Postcode:

Telephone

Home telephone number:	Mobile Number:
Work Number:	Alternative:
Email address:	

The school communicates via the School Comms electronic messaging system. The email address you provide will be used for such communications. Please inform school of any changes. A mobile number is also required to allow access to the School Gateway booking system.

CONTACT 2

Mr/Mrs/Ms/Miss/Other:	Male/Female
Surname:	Forename:
Relationship to pupil e.g. Mother/Father:	
Does this contact have parental responsibility?	Yes/No

Address

House No/Name:	Street
Town/City:	Postcode:

Telephone

Home telephone number:	Mobile Number:
Work Number:	Alternative:
Email address:	

CONTACT 3

Mr/Mrs/Ms/Miss/Other:	Male/Female
Surname:	Forename:
Relationship to pupil e.g. Mother/Father:	
Does this contact have parental responsibility?	Yes/No

Address

House No/Name:	Street
Town/City:	Postcode:

Telephone

Home telephone number:	Mobile Number:
Work Number:	Alternative:
Email address:	

SECTION 3: MEDICAL INFORMATION

Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child? This information will be available to relevant officers at the LA, school staff and to the School Health Nurse Service and any other National Health Service professionals, as required.

GP Name:	Telephone number:
Surgery Name:	
Town/City:	Postcode:

In the event of an emergency do we have your consent to contact your child's medical practice directly? Yes/No

Has your child has his/her pre-school booster?	Yes/No
Do you consent to your child's vision being screened by the School Health Nursing Service?	Yes/No

Does your child suffer from:		Does your child have any problems with:	
Asthma	Yes/No	Mobility	Yes/No
Epilepsy	Yes/No	Behaviour	Yes/No
Diabetes	Yes/No	Hearing	Yes/No
Bowel or Bladder conditions	Yes/No	Speech	Yes/No
Serious allergies	Yes/No	Vision	Yes/No
Any other medical conditions	Yes/No	Does your child wear Glasses?	Yes/No

Does your child have special educational needs?	Yes/No
Does your child require regular prescription medication?	Yes/No
Does your child suffer from any condition which may affect his/her participation in PE/Sport/Swimming?	Yes/No
Does your child have any food allergies/intolerances?	Yes/No
Does your child require a special diet?	Yes/No

If you have answered Yes to any of the above, please provide details below:

Would you like the opportunity to discuss your child's health with the school?
Yes/No

SECTION 4: ETHNIC MONITORING

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the Schools' and the Local Authority's equal opportunities policies and practices in maximising your child's progress and achievement. White British should include any pupils from England, Scotland, Wales and Northern Ireland. White Irish should include any pupils from the republic of Ireland.

White British		Asian or Asian British - Indian	
White Irish		Asian or Asian British - Pakistani	
White Traveller of Irish heritage		Asian or Asian British – any other Asian background	
Any other white background		Black or Black British - African	
White Gypsy/Roma		Black or Black British – Caribbean	
Mixed – any other mixed background		Black or Black British – any other background	
Mixed – White and Asian		Chinese	
Mixed White and Black African		Any other ethnic group	
Mixed and White Black Caribbean		Prefer not to answer	
Asian or Asian British Bangladeshi		Other (Please specify)	

What is your Child's Nationality?	
What is your Child's country of birth?	

First language – the one used at home:	
Is English an additional language?	Yes/No
Any additional languages?	

Please tick your child's religion (optional). Please tick one box only.			
Christian		Jewish	
Roman Catholic		Buddist	
Hindu		No Religion	
Muslim		Other	
Sikh		If Other please state:	

SECTION 5: PREVIOUS SCHOOLS

Please provide details of all previous educational setting including Private Nursery, Pre-school, Primary School attended by your child, most recent first.

Name of School or Setting	
Address:	
Post Code:	
Date of arrival:	
Date of leaving:	
Reason for leaving:	

Name of School or Setting	
Address:	
Post Code:	
Date of arrival:	
Date of leaving:	
Reason for leaving:	

Name of School or Setting	
Address:	
Post Code:	
Date of arrival:	
Date of leaving:	
Reason for leaving:	

Name of School or Setting	
Address:	
Post Code:	
Date of arrival:	
Date of leaving:	
Reason for leaving:	

SECTION 6: ADDITIONAL INFORMATION

Does either parent serve in the Armed Forces?	Yes/No
Are you receiving Income Support/ Job Seeker's Allowance?	Yes/No
* <u>Only if 'Yes' to either of the above</u>, please provide the following to apply for Free School Meals:	
Parent 1: National Insurance or NASS Number	
Date of Birth:	
Parent 2: National Insurance or NASS Number:	
Date of Birth:	

*This information will be used by the council to check eligibility to claim additional grant money (Pupil Premium) from central government. It will not be used for any other purposes and will remain confidential to the council.

If child is in care please give details below:

Start of placement:	
Care Authority:	
Has your child been adopted?	Yes/No

SECTION 7: YOUR SIGNATURE

Please sign and date below:

Signature:	
Name:	
Relationship to child:	
Date:	

SECTION 8: PERMISSIONS

Child's name:

1. Photographs/Digital Images and Videos

I consent to photographs, digital images and digital videos/films of the child named above, appearing in printed publications, on the school website, or on official school social media, where the identity of my child will be protected. I understand that the images will be used for educational purposes or for other school promotional activities including the recording of productions, assemblies etc. which may be distributed or sold to other parents of children in school. I also acknowledge that the images/videos may also be used in and distributed by other media, such as CD-ROM.

I also consent to examples of my child's work being published on the school web site or in other media, subject to strict confidentiality of personal information.

Parent/Carer Signature:

Date:

2. Local Visits

During the course of the year and as part of their school work your son/daughter will be given the opportunity to participate in events or lessons within the school locality but not always on the school site, for example, visiting the library or representing the school at sport. We are seeking to gain your consent for us to operate a single permission letter to cover these events. You will ALWAYS be informed of such events before they take place.

This single letter of consent will cut down on paper work and avoid last minute phone calls being made when slips have not been returned. Where school visits exceed the locality boundary, we will always inform you and seek further authority from you as parent or carer

I give consent for my son/daughter to take part in activities within the school locality throughout the school year. I wish to be informed of each activity prior to the date and expect the school to provide appropriate consent forms when activities are not in the locality.

Parent/Carer Signature:

Date:

3. Film Permission

Occasionally pupils may watch a film which has a U or PG Rating in School or at Wrap Around Care. Please provide permission below:

Parent/Carer Signature:

Date:

4. Pupil Collection

It is essential that we work together to ensure your child arrives home safely at the end of the school day. It would be very helpful for us to have written information about your arrangements for your child to get home. Teachers can then keep this to hand when pupils are dismissed from class.

We also know that occasionally emergencies crop up and circumstances can change. Parents will need to inform us if they have asked an adult other than those named below to collect their child. A verbal message to the class teacher, phone call to the office or quick note will keep us up to date. Staff will keep children at school rather than allow them to leave with an unauthorised person (even if known to the child) until everything is checked. This is not only a safeguard but also re-inforces the message we give to children about not going with adults unless they have parental permission.

Child's Name:
My child will be collected by:
In my absence I authorise the following adults to collect my child from School or Wrap Around Care:
1.
2.
3.
4.
5.
6.

Years 4,5 and 6 only
My child has permission to come home after <u>School</u> without an adult
Yes/No
Years 4,5 and 6 only
My child has permission to come home after <u>Wrap Around Care</u> without an adult
Yes/No

Parent/Carer Signature:	Date:
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5. E-Learning Code of Conduct

This code of conduct applies at all times, in school hours, whilst using school equipment. Internet, e-mail and access to a Learning Platform will be provided for you to conduct research, communicate with others as well as learning resources but only on the understanding that you agree to follow this code. At all times you should use e-Learning resources in an appropriate and responsible manner.

THE CODE

You should:

- ☺ Only access sites which are appropriate for use in school.
- ☺ Be aware that your actions on the Internet and when using e-mail can be seen and monitored.
- ☺ Be careful of what you say to others and how you say it. Never give your name, home address, telephone numbers or any personal information about yourself or others to any strangers you write to or communicate with on the Internet. Never arrange to meet strangers who approach you whilst on the computer; anyone can pretend to be someone else. Someone pretending to be a friend may not have your best interests at heart.
- ☺ Treat others as they would expect to be treated e.g. show respect and be polite. Remember that something that may seem like a joke to you could upset someone else.
- ☺ Always tell your teacher or another adult if you ever see, hear or read anything which makes you feel uncomfortable while using the Internet, e-mail or Learning Platform.
- ☺ Check with a teacher before: sending e-mail downloading files completing questionnaires or subscription forms opening e-mail attachments

Pupil

My Parents/Carers and I have read the E-Learning Code of Conduct and I agree to follow it.

Pupil's Signature:	Date:
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Parent/Carer

I have read, discussed and explained the E-Learning Code of Conduct to my son/daughter. I understand that if he/she fails to follow this code, his/her individual access will be withdrawn and I will be informed.

Parent's/Carer's Signature:	Date:
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