

 Valley Primary School

 Reception Admissions 2025

Admissions Forms

Please complete and return to the school office or email to:

 admin@valley.bromley.sch.uk

Pupil Admissions Form

Home School Agreement Form

Images Consent Form

Dietary Allergies / Preferences Form

Parent Partnership Booklet (please complete prior to home visit)

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# **Pupil Admissions Form**

Please complete all sections of this form

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| **PUPIL ADMISSION INFORMATION** |
| **PLEASE ENSURE YOU HAVE COMPLETED THIS FORM IN FULL & RETURN WITH A COPY OF YOUR CHILD’S BIRTH CERTIFICATE** |
| **CHILD FULL NAME:** |  |   |
| **DATE OF BIRTH**: |  |  **BOY/GIRL** |  |  |
| **ADDRESS:** |  |  |  |  |
|  |  |  | POSTCODE:  |  |
|  |  |
| **DETAILS OF PARENTS OR GUARDIANS WITH WHOM THE CHILD RESIDES** |
| **PRIMARY CONTACT:**  | **SECONDARY CONTACT:** |
| **Full Name:** | **Full Name:** |
| Relationship to child: | Relationship to child: |
| Tel No: Home: | Tel No: Home: |
| Parental responsibility: Yes/No | Parental responsibility: Yes/No |
| Work: | Work: |
| Mobile: | Mobile: |
| E-mail: | E-mail:  |
| Providing an e-mail address will allow us to send you Newsletters, class letters, invitations to open evenings, etc. using a data protected safe system called Arbor.  |  |
| **DETAILS OF *PARENT OR GUARDIAN*, NOT LIVING WITH CHILD**  |
| **Full Name:** |  |
| Relationship to child: |  |
| Address:  |   |
|  |  Postcode:  |
| Telephone Nos. | Parental Responsibility Yes/No |
|  |

|  |
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| **DAYTIME EMERGENCY CONTACT NUMBERS – NOT INCLUDING PARENTS** We require a **minimum of two** other people (not including yourselves, who can be contacted in the event that we cannot contact the parents/guardians In case of emergency.  **Please place in order of contact priority.** |
|  |
| **1)** **Name**: | **2)** **Name**: |
| Tel.No. home/work/mobile | Tel.No. home/work/mobile |
| Relationship to Child: | Relationship to Child: |
| **3)** **Name**: | **4)** **Name**: |
| Tel.No. home/work/mobile | Tel.No. home/work/mobile |
| Relationship to Child: | Relationship to Child: |
|  |
| **PREVIOUS SCHOOL/NURSERY/PLAYGROUP** |
| Name:  |  | Address: |  |  |
| Education Authority: |  |  |  |  |
| Attended: | From: | To: |  |  |  |  |

|  |  |
| --- | --- |
| **DOCTOR’S DETAILS** | **PLEASE LIST BELOW ANY MEDICAL CONDITIONS (INCLUDING HIV/HEPATITIS) OR SPECIAL NEEDS YOUR CHILD HAS** |
| Name: |  |
| Address: |
| **PARENT MEDICAL DETAILS** Name: Please detail any medical issues which you (the parent) have, which the school should be aware of, whereby it may raise concerns if your child is not in school and we are unable to contact you. i.e. epilepsy, diabetes, anaphylaxis etc:**PARENT’S LANGUAGES**Spoken at Home: (Main language):Other Languages:**HAVE YOU OR YOUR CHILD PREVIOUSLY BEEN KNOWN TO SOCIAL SERVICES OR RECEIVED SUPPORT?****ARE YOU OR YOUR CHILD KNOWN TO SOCIAL SERVICES OR RECEIVING SUPPORT?** If yes please provide details on a separate sheet.  **Yes / No** If yes please provide details on a separate sheet.  **Yes / No**  |
|  **YOUR CHILD'S RELIGION Please Highlight****YOUR CHILD'S ETHNIC ORIGIN Please Highlight**

|  |  |
| --- | --- |
| Bangladeshi | White- Irish |
| Black – African | White and Asian |
| Black – Caribbean | White and Black African |
| Chinese | White and Black Caribbean |
| Gypsy | Any other Asian background |
| Gypsy/Roma | Any other Black background |
| Roma | Any other Ethnic group |
| Traveller of Irish heritage | Mixed background |
| Indian | White background |
| Pakistani | White - British |

**YOUR CHILD’S LANGUAGE ABILITIES**

|  |  |
| --- | --- |
| First Language |  |
| Home Language |  |

 |

|  |  |
| --- | --- |
| Anglican | Jewish |
| Baptist | Muslim |
| Christian | No religion |
| Christian other | Other religion |
| Church of England | Roman Catholic |
| Greek Orthodox | Seven Day Adventist |
| Hindu | Not Disclosed |
| Jehovah Witness |  |

 **YOUR CHILD’S NATIONALITY****R CHILD'S RELIGIN? Please Tick** **YOUR CHILD’S COUNTRY OF BIRTH****R C HILD'S RELIGION? Please**  |

|  |
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| **USE OF IMAGES** |

Parents and guardians are permitted to take photographs and record videos at designated school events, as long as they agree to our conditions. Photos taken at these events are for your own personal use only. They may be shared by email with friends and family, but must not be published on any internet site. This includes Facebook, Twitter, YouTube, Instagram and all other social media services. We will request detailed consents to use images on a separate form.

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| **LOCAL EDUCATIONAL VISITS** |
| I agree for my child to take part in local visits and other activities that take place off school premises | Yes/No |
| I agree for my child to be given first aid or urgent medical treatment during any school trip or activity | Yes/No |

The trips and activities covered by this consent include all local visits. The school will send you information about each visit before it takes place. You can, if you wish, tell the school that you do not want your child to take part in any particular visit.

**Medical information**

Please detail below any medical condition that your child suffers from and any medication your child should take during off-site visits:

…………………………………………………………………………………………………………………………………………………..……………………………

……………………………………………………………………………………………………………………………………………………..…………………………

…………………………………………………………………………………………………………………………………………………………………..……………

**INTIMATE CARE CONSENT**

From time to time, it might be necessary for your child to receive intimate care from a member of staff (male or female) such as assistance with the changing of wet or soiled underwear. Please consult the school’s Intimate care policy on the school website for further details. Please indicate in the table below by adding a tick in one of the boxes if you consent for staff at school to provide intimate care to your child as and when the need arises.

|  |  |
| --- | --- |
| I give my permission for staff at school to provide intimate care to my child. |  |
| I DO NOT give permission for staff at school to provide intimate care to my child. |  |

**NOTE: If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.**

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| **PARENTAL CONSENT** |

Under data protection law, individuals have a right to be informed about how the Trust uses any personal data that we hold about them. We comply with this right by providing ‘privacy notices’ (sometimes called ‘fair processing notices’) to individuals where we are processing their personal data. Our Privacy Notices are available online at: [Mosaic Schools Learning Trust - Data Protection & Privacy Notices](https://www.mosaicschoolslearningtrust.org/data-protection-privacy-notices)

You have a right to ask for a copy of the information held by us in our records. You also have the right to require us to correct any inaccuracies in the information.

 Parents can contact our Data Protection Officer via the School Office.

**Please sign below in the presence of a member of Valley Primary School Staff.**

**Your signatures *WILL NOT BE VALID* unless witnessed by a staff member of Valley Primary School.**

|  |  |
| --- | --- |
| **PRIMARY PARENT/GUARDIAN** | **PARENT/GUARDIAN** |
| **Parent’s Signature:** | **Parent’s Signature:** |
| **Print Name:** | **Print Name:** |
| **Date:** | **Date:** |

**PLEASE ENSURE YOU RETURN A COPY OF YOUR CHILD’S BIRTH CERTIFICATE WITH THIS ADMISSION FORM**

# **Images Consent Information**

During your child’s time at school, we will require parental consent for certain activities, and to avoid the need to contact you for permission on each occasion, we would ask you to complete a blanket permission form.

In addition, the school will use photographs and video of children for various purposes. The use of images can be very useful within school, and we will always use these images with due regard for the safety of the children and their confidentiality. Your child’s full name (first name and surname) will never be published alongside their photograph. In accordance with the requirements of GDPR, we will usually ask for your consent to use these images, although there are some specific circumstances when we will use images without consent.

**When we will ask for your consent**

We will always request your consent to use images;

* In displays in school
* On the school’s website
* In marketing material for the School or Trust
* On social media, for example the school’s Twitter / Instagram account

We will only ask for this consent once, unless there is a specific need when we would ask for additional consent for that individual event (.for example, for a specific marketing campaign). **You do have the right to withdraw your consent at any time.**

**When we will not ask for consent**

Although we will usually seek consent to use images, there are occasions when we will not do so.

* Sharing child protection concerns and records with the appropriate people or agencies
* Identification purposes within the pre-school
* Where photos are required as part of curricular records, for example as part of the EYFS curriculum
* Where there is a vital interest, for example providing allergy information

In these circumstances you may still have the right to object to their use but the law may still allow us to use them in any case. Please contact the Trust’s Data Protection Officer (see below) if you have any questions regarding image use where we don’t ask for consent.

Please complete the consent form on the reverse of this letter and return it to the school as soon as possible. We will not be able to undertake any of the activities, or use your child' s image without signed consent.

# **Images Consent Form**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We would like your consent to take photos and/or video your child as described below.

The school, as part of Mosaic Schools Learning Trust follows the letter and spirit of the Data Protection Act 2018 and respects the right to choose where certain personal data is used. Please note that all Trust schools will use such images responsibly and with the safeguarding of children as paramount.

Please clearly write **YES** or **NO** next to each consent type:

1. I consent to the use of photos of my child to be used on the school website: …………………..
2. I consent to the use of photos of my child to be used in internal displays:…………………….
3. I consent to the use of photos of my child to be used on social media (subject to the specific Social Media Policy)………………….
4. I consent to the use of videos of my child to be used on the school’s website :……………………
5. I consent to the use of filmed lessons to be used in training material for teachers:…………………

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Withdrawal of consent (or granting of consent where previously withdrawn)

If you change your mind at any time, you can let us know by speaking to your child’s teacher or the school office.

If you have any other questions, please get in touch.

You can contact our Data Protection Officer at **DPO@mslt.org.uk**

# **Home School Agreement Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Valley Primary** **Home-School Agreement** | **As a school,**  ***we will…..*** | **As a parent,**  ***I will….*** | **As a pupil,**  ***I will……*** |
| **Staying** **Safe** | Provide a safe and caring place to work and make sure that pupils are taught how to take their personal safety seriously both within the real and virtual world. | Help my child take greater responsibility for their own personal safety in the real and virtual world; let the school know about any changes of circumstance affecting my child. | Take care of myself and others in the real and virtual world and tell an adult if I think something’s unsafe or when I am worried or concerned. |
| **Being** **Healthy** | Provide high quality PE, Health Education and a good school meal service. Take pupils off-site whenever we can and provide a good range of after-school clubs. | Let my child have a school meal or provide a balanced healthy lunchbox; encourage my child to get out and about and perhaps join after school clubs. | Make healthy choices and try a range of activities or clubs. |
| **Enjoying & Achieving****(Attendance & Learning)** | Monitor attendance and punctuality and provide support with attendance issues. | Ensure that my child attends daily, on time, in the correct uniform and with all the things they need; encourage them to take responsibility for having everything they need. | Come to school every day in my uniform, be on time and bring all the things I need. |
| Provide a broad and balanced curriculum including homework. Teach to a high standard and let you know what your child is learning and how you can help. | Support my child by finding out what they are learning and helping them with homework, reading, spelling and tables. | Work as hard as I can on all my class work and make the same effort with all of my homework. |
| Keep you informed about general school matters and your own child’s work and progress. | Get to know about my child’s life at school and attend parents’ evenings. | Talk to my family about what I am learning at school. |
| **Make a Positive Contribution****(Relationships & Behaviour)** | Work with you and your children to foster good relationships between us all – children and adults. | Support my child by working in partnership with the school and solving problems together remembering to treat staff, pupils and other parents with courtesy and respect. | Do my best to get on with everyone and tell an adult if something is worrying me or if something important happens. |
| Expect and reward high standards of behaviour both in the real and virtual world. | Respect my own child’s rights, and the rights of other children and their families. | Respect my own rights and the rights of other people. |
| **Achieving** **Economic Wellbeing** | Help pupils plan for their future, including moving on to secondary school and give them opportunities for learning about the next stage of their education and the word of work including opportunities to learn about money management. | Involve my child when we make family decision and talk about my own work and career; ask my child to help with spending decisions to develop their maths. | Think about what job I might want to do and find out about it; work towards my goals; learn how to manage my own money. |

# **Home School Agreement Form**

Valley Primary School is a caring community with learning at its heart. School staff encourage children to aim high, be honest and work together. Senior Leaders and Governors work with colleagues and other partners to promote high standards and teamwork. There is a sense of purpose, fun and enjoyment in the school which is nurtured and sustained. The school has a long record of success and leaders work to ensure that we keep the best of what we have while continually striving to improve and build on strong foundations.

The Home-School Agreement is based on the principles and values on which this school is based and to which the Governors, Headteacher and all the staff subscribe. It is hoped and expected that parents and pupils are equally committed to the same values and, key to this, is the partnership we develop between parents, pupils and staff at Valley Primary School.

Name of Child: …………………………………………………………….… (Print)

Class: ………………………………..

Signed: …………………………….…………………. (Parent)

Signed: ………………………………………………………. (Child)

Date: ………………………………

Signed

  

.,

**t**

(Chair of Governors & Headteacher)

Date: September 2022

# **Dietary Allergies / Preferences Form**

Each morning at registration, children will choose their meal option for that day with their teacher – either a hot meal from the school menu, or if you prefer, children can bring in a healthy, nut-free packed lunch from home.

Our daily school menus run on a 3 week rota and change each full term. There is a vegetarian and a halal option available each day and we also cater for children with specific allergies that have been certified by a medical professional.

Please complete the form below if your child has any specific dietary requirements:

Child’s name: …………………………………………………………………….. Class: ………………………………..

**PLEASE LIST ANY RESTRICTIONS ON FOOD DUE TO ALLERGIES, RELIGION OR MEDICAL GROUNDS.**

**FOOD ALLERGIES WILL NEED WRITTEN CERTIFICATION BY A MEDICAL PROFESSIONAL.**

Allergies:

Religious:

Medical:

Date: …………………………………………….

Parent/Carer Signed: ………………………………………….……………….

# https://staffs-tech.com/wp-content/uploads/2020/04/Arbor-Logo-For-white-backgrounds.png**Breakfast and After School Care Clubs**

**Parental Consent to Valley Care Club Terms and Conditions:**

I have read and understood the terms and conditions of Valley Primary School’s Breakfast and After School Care Clubs at [Breakfast/After School Club | Valley Primary School](https://valleyprimary.co.uk/parents/breakfast-after-school-club)

and I agree to abide by them:

Full Name of Pupil:……………………………………………………………………………………………….

Name of Parent (please print)…………………………………………………………………………….

Parent Signature:………………………………………………………………………………………………..

Date:……………………………………………………………………………………………………………………

# **All About Your Child**

Your child is starting a new learning journey with us in September, building upon the knowledge, skills, attitudes and understanding they have developed with you at home and at pre-school or nursery. Please complete the following Parent Partnership Booklet, prior to the home visit.

We aim to share information on your child’s interests, level of independence, and approach to learning we can plan our provision accordingly. It is also an opportunity to ask any questions you may have and for your child to get to know the adults in his or her new class.

This is the first stage of working together with you to enable your child to have the best possible year in Reception; essential for developing a love of learning that will underpin their education at Valley Primary School.

We very much look forward to meeting you and your child.

|  |  |
| --- | --- |
|  | **Please complete prior to the home visit as this information will form part of the teacher / parent discussion.** |
|  |  |
| **CHILD’S DETAILS** |
| CHILD FULL NAME: |  |
| KNOWN AS (PREFERRED NAME): |  |
| DATE OF BIRTH: |  |  |

# **Parent Partnership Booklet**

|  |
| --- |
| **FAMILY** |
| Mother’s Name |  |
| Father’s Name |  |
| Does your child live with both parents? |  |
| Who is the main carer? |  |
| Who has parental responsibility? |   |
| Are there any other adults living in the family home ? If so, what is their relationship to the child ? |  |
| Number of other siblings in the home/age of siblings? | Number | Ages |

|  |
| --- |
| **ALL ABOUT YOUR CHILD – LANGUAGE & CULTURE** |
| What is the main language spoken at home?  |  |
| Are any other languages spoken at home? |  |
| How would you say your child’s fluency in English is? |  |
| What is your cultural/ethnic background? |  |
| Religious background / festivals which are celebrated by your family? |  |

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| --- |
| **ALL ABOUT YOUR CHILD - WELLBEING** |
| Please tell us about your child’s emotional well-being. What makes them happy?  |  |
| Does your child like playing and sharing with others? |  |
| Do they have any particularly strong likes or dislikes? |  |

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| --- |
| **MEDICAL & DIETARY** |
| Does your child suffer from asthma and/or allergies? |  |
| Does your child suffer from any other serious health conditions, if so please specify? (*If your child requires medication in school, this will be administered by the office team. Exceptions to this are asthma inhalers, which are kept in the classroom and can be given by a member of the Reception Team)* |  |
| Does your child have any dietary requirements? |  |
| KS1 children have fruit each day provided by the Government School Fruit Scheme. Does your child generally like fruit? *(No other snacks are needed in school, but named water bottles will be needed)* |  |
| Does your child like milk?(*We provide a daily carton of milk free of charge for Reception children only up to their 5th birthday)*  |  |

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| **STARTING SCHOOL & PREPARATION** |
| Have there been any recent changes which may affect how your child settles into school? (eg a new baby, hospital stay, house move) |  |
| How does your child feel about starting school? |  |

|  |
| --- |
| **ALL ABOUT YOUR CHILD – DEVELOPMENT** |
| Does your child get dressed and undressed without help?***\*please encourage them to do this at home so they can be confident when changing for PE or putting on coats etc.*** |  |
| Is your child able to go to the toilet and attend to their personal care independently? |  |
| Are there any other agencies involved with your child?(such as Speech and Languages, Educational Psychologist, Health, Social Services) |  |

|  |
| --- |
| **WOULD YOUR CHILD LIKE TO DRAW IN THIS SPACE BELOW** |
|  |

|  |
| --- |
| **WOULD YOUR CHILD LIKE TO WRITE IN THIS SPACE BELOW** |
|  |

**Thank you for your help and co-operation.**

**We look forward to welcoming you and your child to Valley Primary School**

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| --- |
| **ADDITIONAL NOTES FROM HOME VISIT**  |
| + |