



LEAVENING C P SCHOOL AND NURSERY

Pupil Admission Form

PUPIL INFORMATION

| | | | |
|---|-------------------------|--|-----------|
| SURNAME | | NAME KNOWN BY | |
| ALL FORENAMES | | DATE OF BIRTH | |
| GENDER | | | |
| If your child has a different name on his/her birth certificate, please write it here | | | |
| If the name is different has it been changed legally? | | YES/NO Please delete as appropriate | |
| PREVIOUS SCHOOL(S) NAME & PHONE NO | | | |
| HOME ADDRESS | | | POST CODE |
| HOME PHONE NUMBER | NATIONALITY | COUNTRY OF BIRTH | |
| ETHNIC GROUP | RELIGION | FIRST LANGUAGE | |
| TRANSPORT - How does your child travel to school? | LANGUAGE SPOKEN AT HOME | | |
| OTHER CHILDREN - Please indicate the name and relationship of any other children in your household and the school they attend | | | |
| HEALTH DETAILS - Please mention anything that might affect schooling e.g. wears glasses, deafness, asthma, allergies, ongoing medication etc. THIS IS IMPORTANT | | | |
| NAME & PHONE NO OF FAMILY GP | | | |
| OTHER INFORMATION Please give any other details which will help the school staff to get to know and understand your child e.g. one-parent family, lives on isolated farm etc | | | |

PARENT INFORMATION

| | | | | |
|--|---------------|---------------|----------|-----------------------|
| | MOTHER | FATHER | | |
| NAME | | | | |
| TITLE (MR, MRS, MS, MISS, DR, REV ETC) | | | | |
| HOME ADDRESS (if different to child's address) | | | | |
| POST CODE | | | | |
| HOME TELEPHONE NO | | | | |
| MOBILE NO | | | | |
| EMAIL ADDRESS – please write clearly as most of our correspondence is via email. | | | | |
| Please indicate which parent you would prefer to be our first point of contact. | | | | |
| In cases of emergency, please give an address and telephone number for your workplace. | | | | |
| NAME AND ADDRESS OF CARER IF DIFFERENT FROM ABOVE | | | | |
| PLEASE ALSO PROVIDE DETAILS OF OTHER EMERGENCY CONTACTS SHOULD THE PARENTS NOT BE AVAILABLE. (i.e. friend, relative, childminder, neighbour) | NAME | ADDRESS | PHONE NO | RELATIONSHIP TO CHILD |
| | | | | |

PLEASE NOTE; A PARENT WILL ALWAYS BE OUR FIRST POINT OF CONTACT UNLESS YOU INDICATE OTHERWISE.

PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES TO THE ABOVE INFORMATION IN ORDER FOR US TO UPDATE OUR RECORDS

For Office Use Only

Birth Certificate seen..... Start Date.....

PLEASE PRESENT YOUR CHILD'S BIRTH CERTIFICATE TO THE SCHOOL OFFICE WHEN HANDING IN THIS FORM.

Permission Requests

Photographs

We would like to take photographs of the children in school for use on our website and our Twitter account. They would be taken in lessons, during playtimes and during P.E. as well as at specific sporting events and during times when we have visitors in the school. The local newspapers (Gazette and The Press) may also use photos of the children when publicising events at the school.

I understand that any images taken of my child will only be used by the school for electronic and printed information; including the website, displays and exhibitions publishing the school.

I understand that any images taken of my child will not be used for anything that may be viewed as negative in tone or that may cause offence, embarrassment or distress to the child or their parent or guardian.

We will not use any images unless we have your consent.

- I give my consent for images of my child to be used as stated above.
- I do not give my consent for images of my child to be used as stated above.

Please tick

School Performances

- I agree that any photographs or videos I take during school performances will be for my own use and not used for any other reason, including social networking sites.

Please tick

Medical Treatment/Plasters

- I give my permission for school to seek any necessary emergency medical treatment or advice should a parent/carer be unavailable.
- I give my permission to apply plasters if required.

Please tick

Internet Use

As a school user of the Internet, I agree to comply with the rules on its use. I will use the Internet in a responsible way and observe all the restrictions explained to me by the school.

Pupil's name..... Pupil's signature

Form/class..... Date

- As the parent or legal guardian of the above pupil, I grant permission for my son/daughter to use electronic mail and the Internet in school.

Please tick

- I understand that pupils will be held accountable for their own actions.
- I also understand that some material on the Internet may be unsuitable and I accept responsibility for setting standards for my son/daughter to follow when selecting, sharing and exploring information and media.

Please tick

Please tick all statements that apply before signing below.

SIGNED

NAME

RELATIONSHIP TO CHILD

DATE



Consent on enrolment for normal, routine educational visits



Educational visits during the school day which are part of the normal curriculum.

Schools are not required to obtain consent from parents for pupils to participate in off-site activities that take place during school hours and which are a normal part of a child's education, such as local studies and visits to a museum or library, swimming lessons etc. While parents do not have the option to withdraw their child from the school curriculum, it remains good practice to inform parents that a visit or activity is to take place

This school will inform you of any proposed educational visit of this sort by email or written letter.

Educational visits beyond the school day or which are not a part of the normal curriculum

Educational visits beyond the school day or which are not part of the normal curriculum require consent. This consent for educational visits is given on enrolment for those visits which are not further afield, residential or include adventurous activities.

This school will inform you of any proposed educational visit of this sort by email or written letter.

For visits which are further afield, residential or include adventurous activities the school will request individual consent and where appropriate further medical information.

Educational visits during the school day which are part of the normal curriculum.

| | |
|---|--------|
| <ul style="list-style-type: none"> I understand that I am not required to give consent for local educational visits during the school day which are part of the normal curriculum, but that I will be fully informed by the means described above. | Yes/No |
|---|--------|

Educational visits beyond the school day or which are not a part of the normal curriculum

| | |
|--|--------|
| <ul style="list-style-type: none"> I give consent for my child to take part in local educational visits beyond the school day or which are not part of the normal curriculum. I understand that I will be fully informed by the means described above. Further afield, residential or adventurous visits will require separate consent. | Yes/No |
|--|--------|

Medical information and contact details

| | |
|--|--------|
| <ul style="list-style-type: none"> I understand that it is my responsibility to provide timely updated medical and contact details to the school. | Yes/No |
|--|--------|

Medication

| | |
|--|--------|
| <ul style="list-style-type: none"> I understand that the Visit Leader may give the participant prescribed or non-prescribed medication for which I have given separate written consent and that I will be informed. | Yes/No |
|--|--------|

Further information

| | |
|--|--------|
| <ul style="list-style-type: none"> I understand that I can request further information about administering medication, behaviour, charging and remissions, safeguarding and other relevant policies from the school or service. | Yes/No |
|--|--------|

Consent

| | |
|--|---------------|
| Name of person giving consent and relationship | Name of child |
| | |

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Please indicate which benefit, if any, you are currently in receipt of.

- Income Support
- Income-Based Jobseekers' Allowance
- Income-Related Employment and Support Allowance
- Child Tax Credit, provided you are **not entitled to Working Tax Credit**, and have an annual household income (as assessed by HM Revenue & Customs) that does not exceed £16,190
- Support under part VI of the Immigration and Asylum Act 1999
- Guarantee element of State Pension Credit
- A "Run-on" of Working Tax Credit - the payment someone may receive for a further four weeks after they stop qualifying for Working Tax Credit

Applicants in receipt of the above benefits or credits do not need to enclose proof. You will be contacted should further information be sought.

| Name of child: | | |
|--------------------------------|--------------|-------------------------------|
| Name of adult collecting child | Telephone no | Relationship to child, if any |
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Please list the names and telephone numbers of all the adults, other than you, who may collect your child from school.

Updated June 2017