

ADMISSION FORM – to be completed by Pupils Priority 1 contact

Please complete all items then sign, where indicated, on pages 3, 5, 6 and 7.

The Data Protection Act (2018) and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school’s student records database. The information on ethnic origin and first language is needed by the school and the relevant Education Sector. This is to ensure that resources are made available when required and that the Education Service offers real equality of opportunity for all pupils.

The sections marked * are non-compulsory. If supplied, this information will be shared with relevant bodies in relation to the Education Sector.

For further information on the handling of your child’s and your personal data, please see a copy of DEMAT’S Privacy Notice at: <http://www.demat.org.uk/gdpr/>

Legal Surname _____ (as it appears on student’s birth certificate)

Legal Forename _____ (as it appears on student’s birth certificate)

Middle name(s) _____

Preferred forename _____ Gender: _____

Date of Birth _____

Home Address _____

Postcode _____ Telephone number _____

In Local Authority Care Yes/No If Yes, Name of Care Authority _____

Name & address of previous school (s) _____

If this school is overseas, please give name and address of any previous UK school attended (primary or secondary)

SERVICE CHILDREN IN SCHOOL

Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.

No		Yes		I do not wish a service children indicator to be recorded	

CHILDREN ADOPTED FROM CARE

From April 2014, schools in England can receive additional funding through the Pupil Premium Plus for children adopted from care. To enable schools to claim, parents or carer need to inform the school that they are eligible. Please indicate if your child has been adopted from care by ticking the appropriate box below:

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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I do not wish to declare this information	<input type="checkbox"/>
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CONTACT INFORMATION

Please provide details of at least three parents/guardians/contacts below and place them in the order you wish them to be contacted in an emergency. Please see note regarding priority contact 3. Under the 1989 Children's Act all parents have the right to receive information about their child's progress, therefore please ensure the details of separated parents are provided where known, even if minimal information is provided

PRIORITY 1 Parent/Carer

Title _____ Surname _____ Forename _____

Relationship to student _____ Parental responsibility YES / NO

*Date of Birth _____ *NI Number _____

Home Address _____

Postcode _____ Telephone number _____

Home email _____ Mobile telephone number _____

Place of work _____ Work phone number _____

For separated parents:
Court Case Yes/No

For separated parents:
Address can be Disclosed Yes/No

PRIORITY 2 Parent/Carer

Title _____ Surname _____ Forename _____

Relationship to student _____ Parental responsibility YES / NO

*Date of Birth _____ *NI Number _____

Home Address _____

Postcode _____ Telephone number _____

Home email _____ Mobile telephone number _____

Place of work _____ Work phone number _____

For separated parents:

For separated parents:

Court Case Yes/No

Address can be Disclosed

Yes/No

PRIORITY 3 Non-Parent/Carer

Emergency Non-parent/ carers must have read and signed the **DEMAT Privacy Notice for Emergency contacts for Non parents** <http://www.demat.org.uk/gdpr/>
A hard copy can be obtained from the school office.

Please note that until this is received we will not be able to use these details for contact purposes.

Title _____ Surname _____ Forename _____

Relationship to student/what capacity known to student _____

*Home Address

Postcode _____ Telephone number _____

*Home email _____ Mobile telephone number _____

*Place of work _____ *Work phone number _____

I confirm that the persons named above are aware that Swaffham Prior CE Primary School hold their details to be used in an emergency and they have read and signed the DEMAT Privacy notice

Signed..... Date.....

**SEPARATED PARENT INFORMATION – For parents not living with student
Please specify contact priority (if any)**

Under the 1989 Children’s Act all parents have the right to receive information about their child’s progress.

Title _____ Surname _____ Forename _____

Relationship to student _____ Parental responsibility YES / NO

*Date of Birth _____ *NI Number _____

Home Address

Postcode _____ Telephone number _____

Home email _____ Mobile telephone number _____

Place of work _____ Work phone number _____

For separated parents:
Court Case Yes/No

For separated parents:
Address can be Disclosed Yes/No

PUPIL MEDICAL DETAILS to be completed by the pupils PRIORITY 1 CONTACT

Doctor _____ Telephone Number _____

Address _____

Please state any medical conditions the school should be made aware of, (e.g. asthma, epilepsy, allergies)

Please state if your child has a medically diagnosed food allergy or intolerance

Does your child have any Special Needs Provision YES / NO?

If YES *SEN Support / *EHCP *Statement? (*Please delete accordingly)

Please add any specific / helpful information _____

**TRAVEL ARRANGEMENTS
To be completed by the pupils PRIORITY 1 CONTACT**

Linked to the Government's Travel to School Initiative, we are currently refining a school travel plan, which details how our students travel to and from school. We would be grateful if you could tell us what mode of transport your child normally uses. Where he/she uses more than one mode of travel for each journey to school, you should tell us the most frequently used and/or the longest element of the journey by distance.

School Bus		Public Transport Bus		Bicycle		Walking		Train	
Taxi		Car/Van		Car Share				Other	

PERSONAL INFORMATION
To be completed by the pupils PRIORITY 1 CONTACT

1. Country of birth _____ Nationality _____

2. Family's Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.) This information helps us and the local authority in monitoring equal opportunities.

White - British	
White – Irish	
White - Traveller of Irish Heritage	
White - Gypsy/Roma	
White - Any other White background	
Mixed - White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Mixed - Any other mixed background	
Asian or Asian British -Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	

Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil...)	
Black or Black British -Caribbean	
Black or Black British -African	
Any other Black background	
Chinese	
Any other ethnic group – please circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni...)	
I do not wish an ethnic background to be recorded	

3. Date of arrival in UK (if relevant) _____

4. First language _____ Other language(s) _____

5. Religion _____

6. Are there any religious or cultural practices of which the school should be aware, if so please specify?

7. Lunch arrangements

Type of Meal	Monday	Tuesday	Wednesday	Thursday	Friday
Paid School Meal					
Free School Meal					
Packed Lunch					
Home					

8. Please give the name, gender and date of birth of any other children in your family.

Name _____ Date of Birth _____ Gender _____

Name _____ Date of Birth _____ Gender _____

Name _____ Date of Birth _____ Gender _____

I certify that, to the best of my knowledge, the information on this form is correct.

Signature: _____

Parent/Carer

Date: _____

**CONSENT FOR ACTIVITIES OUTSIDE THE CLASSROOM
PRIORITY 1 CONTACT**

I give permission for my child to take part in the following activities whilst he/she attends Swaffham Prior CE Primary School:

- Walk in supervised groups to local nearby venues for educational purposes, for example the Church
- Tasting a variety of foods (**please ensure you notify below of any allergies/intolerances**)

For trips outside of this a separate form will be sent home asking for consent.

My child has the following food allergies / intolerances

Signed _____ Name _____

PHOTOGRAPHIC PERMISSION

Please complete, sign and return the signature sheet from the DEMAT Photo Video Display Board Use Policy, which can be found via: <http://www.demat.org.uk/gdpr/> a hard copy is available from the office if you wish to collect one.

PERMISSION TO RECEIVE EMAIL CORRESPONDENCE

The school uses email, Pupil Asset, School Website and Class Dojo to pass on information and messages to parents i.e. emergency school closures, newsletters etc.

On some occasions we will also pass on literature from external agencies, such as a club or school sports partner, to be able to do so we now require consent from you to send you this additional information under new GDPR guidelines. To add another email address please complete below.

Any additional Email address you wish us to use for correspondence: _____

Signed _____ Name _____

Please provide the following documentation:

Documentation Seen by Office

Original Birth Certificate or Passport to verify date of birth.

A Utility bill/statement (dated in past 3 months) to verify home address.

Signed by School Office _____ Date _____

ANGLIAN LEARNING PE SUPPORT- Photo consent
To be completed by the pupils PRIORITY 1 CONTACT

Please be aware that official photographers may be in attendance during activities, competitions or programmes run by Anglian Learning staff. They will be easily identifiable and will be creating a pictorial record of the activity by taking photographs. If you give permission for your child to be photographed, please indicate by ticking the box below.

I give permission for my child to be photographed at Anglian Learning events/activities

Use of Photographs Consent

The organisers, Anglian Learning, may wish to utilise photographs or video footage that was taken at the event by either the Official Photographers or the Press. Please tick the relevant box below to provide permission to use any photographs taken for publicity.

I give permission for official photographs or video footage of my child to be utilised for the following publicity purposes:

Press Releases

Official Publicity (e.g. brochures)

Official websites

Use of Child's Name

I give permission for both my Child's first and last name to be used in any publicity

Only use my Child's first name in any publicity

Child's name _____

Signed: (Parent/Carer) _____ Date: _____