



Head of School: Mr J Allen



## Admission Form

All schools are required by law to keep on record details of children admitted.

PUPIL DETAILS:			
Legal Surname		Legal Forename	
Preferred Surname		Preferred Forename	
Middle Name(s)		Date of Birth (DD/MM/YYYY)	/ /
Male/Female	Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Certificate Seen	Yes <input type="checkbox"/> No <input type="checkbox"/> Staff Initials: _____
ADDRESS DETAILS:			
Child's Permanent Address			
Postcode		Home Telephone number	
Email address		With whom does the child live	
Is your child currently, or have they ever been, subject to a Court Order or a Residence Order : Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please attach a copy of any court orders relating to your child Tick if attached <input type="checkbox"/>			
If communication from the school is required by a parent not resident at the above address, please provide contact details :			
Title:	Name:	Relationship to child:	
<i>Does this person have legal and/or parental responsibility for this child:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Does this person require a duplicate school report for this child:</i>		<input type="checkbox"/>	<input type="checkbox"/>
Address		Postcode	
Mobile Telephone:		Home Telephone:	
Email address:		Work Telephone:	
EMERGENCY CONTACT DETAILS: Please provide details of persons to be contacted in order			
1. Title:	Name:	Relationship to child:	
<i>Does this person have legal and/or parental responsibility for this child:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address		Postcode	
Mobile Telephone:		Home Telephone:	
Email address:		Work Telephone:	
2. Title:	Name:	Relationship to child:	
<i>Does this person have legal and/or parental responsibility for this child:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address		Postcode	
Mobile Telephone:		Home Telephone:	
Email address:		Work Telephone:	
3. Title:	Name:	Relationship to child:	
<i>Does this person have legal and/or parental responsibility for this child:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address		Postcode	
Mobile Telephone:		Home Telephone:	
Email address:		Work Telephone:	

**PRE-SCHOOL/SCHOOL HISTORY: Please provide details of any previous school(s) attended**

Previous School Name		Start date		End date	
Address		Postcode		Telephone	
Previous School Name		Start date		End date	
Address		Postcode		Telephone	

**MEDICAL DETAILS:**

Name of child's Doctor:

Practice name and address:

Telephone number of surgery:

Does your child have any allergies? YES  (If yes, please specify) NO

Does your child suffer from any medical conditions? YES  (If yes, please give details of any specific care needs. Continue on a separate sheet if necessary) NO   
 Asthma  Eczema  ASD  ADHD  Hay Fever  Epilepsy  Food  Conditions affecting sight or hearing  Other (please specify)

Details of any prescribed medication currently taken by your child:

Year of your child's latest immunisations: \_\_\_\_\_ Diphtheria Whooping Cough Polio Tetanus MMR

Does your child receive any of the following Paramedical support: Occupational Therapy  Physiotherapy  Speech Therapy   
 Other (details)

**TRAVEL ARRANGEMENTS: Please circle usual mode of transport**

WALK	CAR/VAN	CAR SHARE	CYCLE	TAXI	BUS	TRAIN	OTHER
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**DIETARY REQUIREMENTS: (All children in Foundation Stage, Yr 1 and Yr 2 are entitled to Free School Meals. If in receipt of benefits, please complete form attached)**

Has your child received free school meals at any time in the last 6 years? YES  NO   
 If YES, please give dates: \_\_\_\_\_

Please tick lunch arrangements for your child  
 Packed Lunch   
 School dinner

Are there any foods your child should NOT have i.e. allergy

**YOUNG CARER:**

Does your child help to care for someone within the home? YES  NO   
 If YES and you are happy to give more details, please do so:

Do you wish to speak about this with a member of staff privately? YES  NO

**SEND INFORMATION:**

Details:	Details of any agencies involved with your child:
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**PUPIL PROFILE:**

Name of Pupil		Year Group + DOB	Yr _____ Date of birth ____/____/____
Nationality		Country of birth	
Ethnicity		Date of UK arrival	If applicable ____/____/____
First Language	First language is defined as any language other than English that a child was exposed to during early development & continues to be exposed to.	Home Language	Is English an additional language for your child? YES <input type="checkbox"/> NO <input type="checkbox"/>
Languages spoken		English spoken	Good <input type="checkbox"/> Not Sure <input type="checkbox"/> Poor <input type="checkbox"/>
Languages read		English read	Good <input type="checkbox"/> Not Sure <input type="checkbox"/> Poor <input type="checkbox"/>
Languages written		English written	Good <input type="checkbox"/> Not Sure <input type="checkbox"/> Poor <input type="checkbox"/>

### ETHNIC/CULTURAL INFORMATION:

We are required by the Department for Education to record information relating to the ethnicity, national identity and religion of all students. Please complete the following by ticking one category for each table.

ETHNICITY:		NATIONAL IDENTITY:		RELIGION:	
Afghan		White - Welsh		English	
Asian and any other ethnic group		White and any other ethnic group		Irish	
Bangladeshi		White and Asian		Scottish	
Black African		White and Black African		Welsh	
Black Caribbean		White and Black Caribbean		British	
Black and any other ethnic group		White and Chinese		Refused	
Chinese		White and Indian		Other (please state)	
Gypsy/Roma		White and Pakistani			
Indian		White Eastern European			
Nepali		White European			
Pakistani		White Western European			
Traveller of Irish heritage		Other Asian background			
White - English		Other Black background			
White - Irish		Refused			
White - Scottish		Other (please state) _____			

  

TRAVELLER STATUS:		ASYLUM STATUS:	
Gypsy/Roma (Housed)		Are you or your child an Asylum seeker/Refugee? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Gypsy/Roma (Travelling)		Please give details:	
Occupational (Traveller)		_____	
Traveller (Other)		_____	
		Please note: <i>Nationality and Passport details will be required in these cases.</i>	

### SERVICE CHILDREN IN EDUCATION:

Where a pupil has a parent or parents who are Service Personnel, serving in regular military units of all forces and exercising parental care and responsibility, schools are now required to record this information. Please give details of all parents currently serving in the forces.

\_\_\_\_\_

\_\_\_\_\_

### DISABILITY DATA COLLECTION:

The Disability Discrimination Act defines a disabled person as someone who has "a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out day to day activities".

<p><b>Definition of the terms:</b></p> <p>~ 'physical impairment' includes sensory impairments</p> <p>~ 'mental impairment' includes learning difficulties and an impairment resulting from or consisting of a mental illness</p> <p>~ 'substantial' means "more than minor or trivial"</p> <p>~ 'long term' is defined as 12 months or more</p> <p>The definition includes a wide range of impairments, including hidden impairments such as dyslexia, autism, speech and language impairments, Attention Deficit Hyperactivity Disorder (ADHD). These are all likely to amount to a disability, but only if the effect on the person's ability to carry out normal day to day activities is substantial and long-term, as defined above.</p>	<p><b>The effect on normal day to day activities is on one or more of the following:</b></p> <ul style="list-style-type: none"> <li>~ mobility</li> <li>~ manual dexterity</li> <li>~ physical co-ordination</li> <li>~ continence</li> <li>~ ability to lift, carry or otherwise move everyday objects</li> <li>~ speech, hearing or eyesight</li> <li>~ memory or ability to concentrate, learn or understand</li> <li>~ perception of risk or physical danger</li> </ul> <p>Some people are automatically covered by the definition: those with cancer, multiple sclerosis, HIV infection or a severe disfigurement. There are special provisions for people with progressive or recurring conditions.</p>
Does your child have any health conditions or disabilities as described above? If YES, please describe:	YES / NO
Does anyone in your family have any health conditions or disabilities as described above? If YES, please describe:	YES / NO
Home/School Communication - would you like information sent home from school in large print? If YES, please advise:	YES / NO
Would you like support with reading, writing or form filling? If YES, please give details:	YES / NO
Would you like help getting into the school building or support for parents meetings (eg hearing loop, interpreter, etc)? If YES, please give details:	YES / NO

**MULTIPLE CONSENT SIGNATURE FORM:**

Pupil Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please read and complete each section below. In ticking you are agreeing/giving your permission where 'Y' = YES and/or declining where 'N' = NO.

<b>MEDICAL CONSENT:</b> In the event of my child requiring emergency treatment and the Head of School (or her representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the well-being of my child.	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>HOME/SCHOOL COMMUNICATIONS:</b> I give permission for my email address to be used to receive information from the school via Parentmail/Sunnybank's 'school-to-home' communication system (ie. For Parent Evenings, newsletters and letters not requiring consent). Please note <u>YOU WILL NOT RECEIVE PAPER COPIES</u>  Email: _____ @ _____  I give permission for my mobile number to be used to receive information from the school via Sunny bank's 'school-to-home' communication system to receive urgent information from the school (ie. Absence chasing, school dinner money payment, club cancellation, school closures, etc)  Mobile number: _____	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>
<b>BOOKS/REPORTS:</b> I give consent for my child's named books/contact books/reading records/etc) and end of year reports to be sent home with my child.	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>LOCAL VISITS CONSENT:</b> I give permission for my child to take part in local visits on foot during the academic year.  I confirm that, prior to any visits, I will provide the school any updated medical information and/or changes to emergency contact details.	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>CHURCH VISITS CONSENT:</b> I give permission for my child to take part in our Christmas and Easter services at All Saints Church, Murston	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>INTERNET/SOCIAL MEDIA/PHOTOGRAPH PERMISSIONS:</b> I have completed the additional 'Consent Form for Taking and Using Photographs' supplied along with this Admission Form.	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>HOME-SCHOOL AGREEMENT:</b> I have read and understood the conditions as set out in the Home-School Partnership Agreement and agree to follow these guidelines.	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>E-SAFETY POLICY AGREEMENT:</b> As the parent/carer of the above pupil, I give permission for my child to have access to the internet and to ICT systems at school.  I understand the school will take every reasonable precaution, including monitoring and filtering systems, to ensure children will be safe when using the internet/ICT systems. I also understand the school cannot ultimately be held responsible for the nature/content of materials accessed on the internet and using mobile technologies.  I understand that my child's activity on the ICT systems will be monitored and that the school will contact me if they have concerns about any possible breaches of the Acceptable Use Policy.  I will encourage my child to adopt safe use of the internet and digital technologies at home and will inform the school if I have any concerns over my child's e-safety.	Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>  Y <input type="checkbox"/> N <input type="checkbox"/>
<b>VIDEO CLIPS:</b> To make our lessons more interesting and to engage the children, we sometimes need to use clips from DVDs. Although most DVDs are universal (U) occasionally the selected DVD is a Parental Guidance (PG) DVD.  I give consent for my child to watch video clips that are PG	Y <input type="checkbox"/> N <input type="checkbox"/>
<b>DATA PROTECTION:</b> I have read the school's Privacy Notice (available on the Sunny Bank website)	Y <input type="checkbox"/> N <input type="checkbox"/>

PARENT/CARER NAME (please print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PUPIL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_