CONFIDENTIAL

Spurcroft Primary School Admission Form

Please complete the following details regarding your child and return the form to the school along with your child's birth certificate. The information you are asked to provide is required under the 1086 Education Act and will be treated in with the strictest confidence.

BASIC DETAILS:

CHILDS LEGAL SURNAME:	CHILDS LEGAL FORENAME:		
PREFERRED NAME:	GENDER	MALE	FEMALE
HOME ADDRESS:	POST CODE:	DATE OF BIRTH:	

WHO WOULD YOU LIKE US TO CONTACT FIRST IN AN EMERGENCY? (CHILDS LEGAL GUARDIAN)

NAME:	RELATIONSHIP TO CHILD:

WHO DOES THE CHILD LIVE WITH?

MUM	DAD	OTHER (PLEASE STATE NAME & RELATIONSHIP TO CHILD)

PARENT DETAILS:

MOTHER			**FATHER**		
TITLE:			TITLE:		
FORENAME:			FORENAME:		
SURNAME:			SURNAME:		
HOME ADDRESS:			HOME ADDRESS:		
HOME TELEPHONE:			HOME TELEPHONE:		
WORK TELEPHONE:			WORK TELEPHONE:		
MOBILE:			MOBILE:		
EMAIL:			EMAIL:		
OCCUPATION:			OCCUPATION:		
PLACE OF WORK:			PLACE OF WORK:		
EMPLOYED IN THE ARMED FORCES?	YES	NO	EMPLOYED IN THE ARMED FORCES?	YES	NO
FULL PARENTAL RESPONSIBILITY	YES	NO	FULL PARENTAL RESPONSIBILITY	YES	NO
NATIONAL INSURANCE NUMBER			NATIONAL INSURANCE NUMBER		

ARE PARENTS SEPERATED?	YES	NO	IF CHILD IS SEPERATED FROM PARENTS, IS CONTACT PERMITTED?	YES	NO
IF YES, WOULD YOU LIKE A COPY OF ALL CORRESPONDENCE SENT TO BOTH PARENTS	YES	NO	IS THERE A COURT ORDER IN PLACE?	YES	NO

IS THE CHILD LOOKED AFTER (LAC) BY A LOCAL AUTHORITY?	YES	**NO**
IS THE CHILD UNDER A SPECIAL GUARIDANSHIP ORDER?	YES	NO
IS THE CHILD ADOPTED?	YES	NO

IF YES TO ANY OF THESE PLEASE PROVIDE EVIDENCE/INFORMATION.

OTHER EMERGENCY CONTACT:

**DETAILS OF A THIRD EMERGENCY CONTACT MUST BE PROVIDED.*

RELATIONSHIP TO CHILD:
TITLE:
FORENAME:
SURNAME:
HOME ADDRESS:
HOME TELEPHONE:
WORK TELEPHONE:
MOBILE:
EMAIL:

DOES YOUR CHILD HAVE ANY SIBLINGS WHO ALREADY ATTEND SPURCROFT?

CHILDS NAME:	CHILDS D.O.B:
CHILDS NAME:	CHILDS D.O.B:
CHILDS NAME:	CHILDS D.O.B:
CHILDS NAME:	CHILDS D.O.B:

DOES YOUR CHILD HAVE ANY SIBLINGS WHO DO NOT ATTEND SPURCROFT?

CHILDS NAME:	CHILDS D.O.B:
CHILDS NAME:	CHILDS D.O.B:
CHILDS NAME:	CHILDS D.O.B:
CHILDS NAME:	CHILDS D.O.B:

MEDICAL INFORMATION:

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR NEEDS?

YES	NO	PLEASE GIVE DETAILS:

DOES YOUR CHILD HAVE ANY ALLERGIES?

YES	NO	PLEASE GIVE DETAILS:

MEDICAL PRACTICE/SURGERY:	DOCTORS NAME:	TELEPHONE NUMBER:

ETHNICITY

PLEASE TICK AS APPROPRIATE

WHITE	
	BRITISH
	IRISH
	GYPSY/TRAVELLER
OTHER (PLEASE STATE)	

MIXED/MULTIPLE ETHNIC GROUPS	
	WHITE & BLACK CARRIBBEAN
	WHITE & BLACK AFRICAN
	WHITE & ASIAN
OTHER (PLEASE STATE)	

ASIAN/ ASIAN BRITISH:	
	INDIAN
	PAKISTANI
	BANGLADESHI
	CHINESE
OTHER (PLEASE STATE)	

BLACK/AFRICAN/CARRIBBEAN /BLACK BRITISH:	
	AFRICAN
	CARRIBBEAN
OTHER (PLEASE STATE)	

OTHER ETHNIC GROUPS	
	ARAB
OTHER (PLEASE STATE)	

LANGUAGE & RELIGION

FIRST LANGUAGE:	HOME LANGUAGE:	NATIONAL IDENTITY:		
COUNTRY OF BIRTH:	RELIGION:	DOES YOUR CHILD SPEAK WELSH?	YES	NO

SPECIAL EDUCATIONAL NEEDS

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS?	YES	NO
IS YOUR CHILD UNDER ANY OTHER PROFESSIONAL? E.G. PAEDIATRICIAN, SPEECH & LANGUAGE THERAPY	YES	NO
IF YES, PLEASE GIVE DETAILS BELOW AND PROVIDE COPIES OF REPORTS:		

PREVIOUS SCHOOL/NURSERY

SCHOOL/NURSERY NAME:
ADDRESS:
TELPHONE NUMBER:
DATE STARTED:
DATE LEFT:
REASON FOR LEAVING :

INVOLVEMENT WITH SOCIAL/CHILDREN'S SERVICES:

HAVE YOU, OR YOUR FAMILY EVER BEEN INVOLVED WITH SOCIAL/CHILDREN'S SERVICES?	YES	NO
IF YES, PLEASE GIVE DETAILS BELOW, INCLUDING NAMES OF SOCIAL WORKERS OR ANY OTHER PROFESSIONALS INVOLVED.		

PERMISSIONS AND PARENT AUTHORISATION

LOCAL STUDY WALKS

Over the course of the year, your child is likely to have several opportunities to visit the local area as part of our curriculum. We feel it is beneficial for children to get to know, and later analyse their local environment and, as part of our school charter, we are committed to providing a wide variety of activities to enhance our school curriculum.

We will always inform you before we take children out of school, and will normally ask for parent/carer volunteers to help us on the trips.

I AGREE that my child can take part in any school run, local walks which may be arranged during his/her time at school.	YES	NO

FOOD TASTING

Children may have the opportunity to take part in cooking and food tasting activities. If your child has any food allergies please make sure the office staff and class teacher is aware of them.

My child has no known food allergies, and I give permission for them to take part in cooking and food tasting activities.	YES	NO

If your child has a known food allergy, please ensure the school office staff and class teacher are aware. We will contact you to discuss permission for specific activities as needed.

IT/PHOTOGRAPH/VIDEO

To comply with the Data Protection Act 1998, we need your permission in order to use images and/or recordings of your child. We strongly request that all parents consider the positive benefits to their child and give consent by completing, signing and returning the form to the School Office.

Children will also use IT equipment and have internet access for educational purposes only, and internet access is restricted.

I give permission for my child to be photographed or video recorded by school staff or pupils during school activities or events, both on and off the school premises. I understand that my child's image may be used within the school setting, including in displays, and in children's learning journals and reports.	YES	NO
I AGREE to the image of my child being used in connection with school-produced booklets, brochures, newsletters, and on the school's website. I also give permission for photographs of my child to be taken by those working for newspapers, in connection with the school. I understand that these images may be published in newspapers or other media.	YES	NO
I understand that my decision to give consent will remain valid throughout my child's time at Spurcroft and one year after they Leave unless I notify the school in writing.	YES	NO
I confirm that if I, or members of my family take photos or videos of any school event, these will be kept for personal use ONLY.	YES	NO

ANY OTHER RELEVANT INFORMATION:

I DECLARE THAT ALL THE INFORMATION I HAVE PROVIDED ON THIS FORM IS CORRECT.

I UNDERSTAND ALL INFORMATION IS ENTERED ON A COMPUTER DATABASE FOR USE BY THE SCHOOL AND LOCAL AUTHORITY, AND IS HELD IN THE STRICTEST CONFIDENCE. ALTHOUGH THERE IS NO LEGAL OBLIGATION FOR PARENTS/GUARDIANS TO PROVIDE CULTURAL INFORMATION, THE LOCAL AUTHORITY ARE REQUESTED TO PROVIDE RETURNS TO THE DEPARTMENT OF EDUCATION AND EMPLOYMENT FOR STATISTICAL PURPOSES. I GIVE PERMISSION FOR THIS.

SIGNED:	DATE:

F1 (NURSERY) ONLY

PLEASE STATE BELOW WHICH INTAKE YOU WOULD LIKE TO APPLY FOR:

SEPTEMBER		JANUARY		APRIL	

Please note, children are only eligible to start with us the term after their 3rd birthday.

ALL CHILDREN GET 15 UNIVERSAL FREE HOURS PER WEEK AND CAN ATTEND EITHER 5 MORNINGS OR 5 AFTERNOONS. SOME PARENTS MAY WISH TO INCREASE THEIR CHILDRENS HOURS TO FULL TIME, EITHER USING THE 30 HOURS GOVERNMENT FUNDING OR PURCHASING ADDITIONAL HOURS FROM THE SCHOOL.

I WOULD LIKE TO APPLY FOR:

15 HOURS PER WEEK:

MORNING SESSIONS 8:45AM-11:45AM	
AFTERNOON SESSIONS 11:45AM-2:45PM	

OR

30 HOURS PER WEEK (8:45AM-2:45PM):

I AM ENTITLED TO THE 30 HOURS GOVERNMENT FUNDING	
I WOULD LIKE TO PAY FOR MY CHILDS ADDITIONAL HOURS	

OR/AND

Extended Session (2:45PM-3:15PM):

I WOULD LIKE TO PAY FOR AN EXTENDED SESSION (2:45PM-3:15PM):	

IF YOU ARE ENTITLED TO THE 30 HOURS GOVERNMENT FUNDED HOURS PLEASE STATE YOUR UNIQUE 11 DIGIT CODE:	

ADDITIONAL COMMENTS: