



ADMISSION FORM

Please complete all pages of this form and sign the last page.

The Data Protection Act (1998) 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 by Cambridgeshire County Council (the Children's Services Authority). 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 Cambridgeshire County Council and other relevant bodies administering public funds.

- By signing this form, I/we give permission for the data to be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

For further information on the handling of personal data, please see a copy of the Privacy Notice at www.cambridgeshire.gov.uk/privacy

Legal Surname(as it appears on child's birth certificate)

Legal Forename(as it appears on child's birth certificate)

Middle Name(s)

Preferred Forename Gender.....

Date of Birth

Home Address

.....

.....

Postcode Home telephone number

In Local Authority Care If Yes, Name of Care Authority

Name & address of previous school.....

.....

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	
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CONTACT INFORMATION

Please provide details of three parents/guardians/contacts below and place them in the order you wish them to be contacted in an emergency.

Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

PRIORITY 1 CONTACT

Title.....SurnameForename.....

Relationship to student Parental responsibility.....

*Date of Birth..... *NI Number

Home address

.....Postcode.....

Home telephone number Mobile telephone number

Home email.....

Work address.....

Work email..... Work telephone number

PRIORITY 2 CONTACT

Title.....SurnameForename.....

Relationship to student Parental responsibility.....

*Date of Birth..... *NI Number

Home address

.....Postcode.....

Home telephone number Mobile telephone number

Home email.....

Work address.....

Work email..... Work telephone number

PRIORITY 3 CONTACT

Title.....SurnameForename.....

Relationship to student Parental responsibility.....

*Date of Birth.....

Home address

.....Postcode.....

Home telephone number Mobile telephone number

Home email.....

Work address.....

Work email..... Work telephone number

SEPARATED PARENT INFORMATION – For parents not living with student
PRIORITY CONTACT (Please specify contact priority)

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

Title.....SurnameForename.....

Relationship to student Parental responsibility.....

*Date of Birth..... *NI Number

Home address

.....Postcode.....

Home telephone numberHome email.....

Work address.....Work email.....

Work telephone number Mobile telephone number

Court Case Address can be Disclosed

CHILD'S MEDICAL DETAILS

Doctor Telephone number.....

Address

Please state any medical conditions which you wish the school to 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

If YES (Please select one)

PERSONAL INFORMATION

To help us and the local authority in monitoring equal opportunities you are asked to complete the following:

1. Country of birthNationality.....
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.) Please select one from drop down below.
3. Date of arrival in UK (if relevant).....
4. First languageOther language(s).....
5. Religion
6. If there are any religious or cultural practices of which the school should be aware, please specify.
.....

TRAVEL ARRANGEMENTS

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. (Please select one from drop down menu)

Please add any additional information

LUNCH ARRANGEMENTS

PERMISSION FOR VISITS DURING THE SCHOOL DAY

I give my permission for my child to be taken in supervised groups to local nearby venues for educational purposes.

Signed Name

PHOTOGRAPHIC PERMISSION

I give my consent for photographs and video recordings to be made of my child and used to support teaching and learning and to be used in school literature. I understand that if the image can be viewed outside the school my child will not be named.

I give my consent for images of my child to appear on the school website. I understand that images will not be named.

I give my consent for my child to be photographed by the press in connection with information about school activities. I understand that I will be asked for specific consent if the press wish to publish my child's name with the photograph.

Signed Name

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

Signature:.....Parent/Guardian

Date