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| **HENLEAZE JUNIOR SCHOOL****ADMISSION FORM****For information about why we collect pupil’s personal and sensitive data, how we protect this data and what we do with this data, please refer to our Privacy Notice for Parents and Carers – available on the school website and from the school office** |
| **Pupil Details** |
| **Legal forename** | **Middle name (s)** | **Legal surname** |
|  |  |  |
| **Preferred forename (if different to above)** | **Preferred surname (if different to above)** |
|  |  |
| **Gender**  | Male [ ]  Female [ ]  | **Date of Birth** |  |
| **Home address including postcode** | **Home telephone number** |
|  |  |
| **Main contact number (to be used as first point of contact)** |
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| **Main e-mail address** |
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| **Contact Information**Unless otherwise instructed the school will contact you via electronic means. |
| The Children Act 1989 - School Admissions Register - Please read the following guidance notes before completing.The school is required by law to maintain a list of all pupils at the school, together with certain information about each pupil.This is to include the name and address of every person known to the school to be a "parent" of the pupil.The term "parent" has a special meaning for this purpose and includes any person who is not actually the parent but who has "parental responsibility" for the pupil or has care of him or her.As a guide, any of the following would need to be recorded as a parent :* The mother
* The father (if married to the mother at the time of the child's birth, or if he has made a written "parental responsibility agreement" with the mother which has been recorded with a Court.)
* A divorced or separated parent of the pupil
* A guardian of the pupil
* A person in whose favour a Court has made a "Residence Order" or "Parental Responsibility Order" regarding the pupil
* The Social Services Department if a Court has made a "Care Order" in respect of the pupil
* Any person who has care of the pupil. If you need any help with completing the form please contact the School
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| **If a separate e-mail address is provided for both parents, each will receive communication from the school** |
| **Mother** |
| **Title** |  | **Address including postcode (if different from child)** |
| **Forename** |  |  |
| **Surname** |  |
| **Home Telephone** |  | **Mobile** |  |
| **Work Telephone** |  | **E-mail** |  |
| **Father** |
| **Title** |  | **Address including postcode (if different from child)** |
| **Forename** |  |  |
| **Surname** |  |
| **Home Telephone** |  | **Mobile** |  |
| **Work Telephone** |  | **E-mail** |  |
| **Other LOCAL Adult Contacts:** for use if parents cannot be contacted during the school day |
| **Name and Address and Relationship** | **Telephone Numbers** |
|  | **Home** |  |
| **Work** |  |
| **Mobile** |  |
|  | **Home** |  |
| **Work** |  |
| **Mobile** |  |
| **Parent/Carer Access:** If you consider yourself to have a disability or if you have any particular access needs, please contact the school office to give details in order that we can accommodate your needs. |
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| **Pupil Premium Additional Funding** |
| Pupil Premium is additional funding given to publicly funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers. There are three categories. Please could you consider whether your child is eligible under any of the following criteria? |
| Has your child been eligible for free school meals in the last 6 years **with the exception of universal FSM’s for children in reception, Y1 & Y2?** | Yes [ ]  No [ ]  |
| **If you are currently in receipt of any of the following, you will be eligible.** |
| Income Support | Yes [ ]  No [ ]  | Income Based Job Seekers Allowance | Yes [ ]  No [ ]  |
| Child Tax Credit but are not entitled to Working Tax Credit and your annual income (as assessed by the Inland Revenue)  | Yes [ ]  No [ ]  | Income Related Employment & Support Allowance benefit (any element of contribution based paid free school meals are not available) | Yes [ ]  No [ ]  |
| The Guaranteed element of State Pension Credit | Yes [ ]  No [ ]  | Working Tax Credit run-on - paid for four weeks after you stop qualifying for Working Tax Credit | Yes [ ]  No [ ]  |
| Universal Credit | Yes [ ]  No [ ]  | Support under part VI of the Immigration & Asylum Act 1999 | Yes [ ]  No [ ]  |
| Has your child been looked after for 1 day or more? | Yes [ ]  No [ ]  |
| Has your child been adopted from care? | Yes [ ]  No [ ]  |
| Has your child left care under a special guardianship order or a residence order? | Yes [ ]  No [ ]  |
| **Children of Service Families:**The service premium gives schools extra funding to support children and young people with parents in the armed forces. Pupils attract the premium if they meet the following criteria: * one of their parents is serving in the regular armed forces
* one of their parents served in the regular armed forces in the last 3 years
* one of their parents died while serving in the armed forces and the pupil is in receipt of a pension under the Armed Forces Compensation Scheme (AFCS) and the War Pensions Scheme (WPS)
 |
| Are you or have you served in the regular armed forces in the last 3 years? | Yes [ ]  No [ ]  |
| Is your child in receipt of a pension under the AFCS or WPS? | Yes [ ]  No [ ]  |
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| **Dietary Details** |
| **Dietary Needs:** Does your child have any special dietary requirements? If so, please indicate below and provide details if necessary. Note that these questions are intended for children with genuine allergies/intolerances, not ‘fussy eaters’! |
| **Special Diets** |
| Halal **[ ]**  | Kosher **[ ]**  | Vegetarian **[ ]**  | Vegan **[ ]**  |
| Other (please specify) |  |
| **Food Allergy/Intolerance** |
| Gluten **[ ]**  | Dairy Produce **[ ]**  | Nuts of any type **[ ]**  | Egg **[ ]**  |
| Fruit **[ ]**  | Seafood **[ ]**  | Wheat **[ ]**  | Shell fish **[ ]**  |
| Other (please specify) |  |
| **Non Food Allergies**  |
| Does your child suffer from any non-food allergies? This includes drugs, pollen, dust, insect stings, antibiotics etc. | Yes [ ]  No [ ]  |
| If yes, please specify |  |
|  |
| **General Health** |
| If you answer yes to any of the questions, please provide details in the box below.Parents may have to complete a *health care plan* to be kept at school. This form will be sent out by the office. |
| Does your child suffer from epilepsy? If they are on medication for this please provide details below.  | Yes [ ]  No [ ]  |
| Does your child have a heart condition?  | Yes [ ]  No [ ]  |
| Does your child have asthma? (You will need to provide an asthma care plan) | Yes [ ]  No [ ]  |
| Does your child suffer from travel sickness?  | Yes [ ]  No [ ]  |
| Does your child suffer from diabetes? If they are on medication for this please provide details below.  | Yes [ ]  No [ ]  |
| Is your child recognised as having Special Educational Needs at their current school? E.g. dyslexia, Aspergers, etc. | Yes [ ]  No [ ]  |
| Does your child have sight problems? | Yes [ ]  No [ ]  |
| Does your child need to wear contact lenses or glasses in school? | Yes [ ]  No [ ]  |
| Does your child have a hearing problem that the teacher should be aware of? | Yes [ ]  No [ ]  |
| Does your child have any other disability / specific access need that the school should be aware of? | Yes [ ]  No [ ]  |
| Does your child take any medicines on a regular basis, e.g. inhaler, epi-pen? If so, please indicate below. If your child will (or may) need this administered during the school day, you will need to fill out a *medication consent form*, which the school office will provide. | Yes [ ]  No [ ]  |
| Medicines required on a regular basis: |
| **Other information about your child:** please indicate any illness, medical, educational or social information not mentioned above that you think might affect attendance or be relevant to the child’s school work. This could include behaviour problems or family circumstances (e.g. divorce, step-parents, custody or rights of access). Where necessary or requested, such information will be treated as strictly confidential. |
| Other information or general medical issues: |
| **Medical Details** |
| Do you consent to your child receiving any necessary medical treatment for any injury or illness during the school day? | Yes [ ]  No [ ]  |
| Family doctor’s name and address(including postcode) |  |
| Family doctor’s telephone number |  |

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| **Ethnicity/Languages/Religion** |
| The Department for Education has asked schools to collect data on the Ethnic Origin, Home Language, First Language and Religion of students. This information will be used to assess the effectiveness of Equal Opportunities policies.. |
| **Ethnic Origin/Nationality** |
| Please tick ONE box for each section below. You may leave any section blank if you wish. |
| White – British | **[ ]**  | White – Irish | **[ ]**  | White Western European | **[ ]**  | White Eastern European | **[ ]**  |
| White – traveller or Irish Heritage | **[ ]**  | White Gypsy/Roma | **[ ]**  | Any other white background | **[ ]**  | White & Black Caribbean | **[ ]**  |
| White & Black African | **[ ]**  | White & Asian | **[ ]**  | Any other mixed background | **[ ]**  | Indian | **[ ]**  |
| Pakistani | **[ ]**  | Bangladeshi | **[ ]**  | Any other Asian background | **[ ]**  | Black – Caribbean | **[ ]**  |
| Black – Somali | **[ ]**  | Any other Black background | **[ ]**  | Chinese | **[ ]**  | Other black African | **[ ]**  |
| Any other Ethnic Group | **[ ]**  |  |
| **Country of Birth:** |  | **Nationality:** |  |
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| **First Language – What is the main language spoken by your child?** |
| English | **[ ]**  | Bengali | **[ ]**  | Chinese | **[ ]**  | Danish | **[ ]**  |
| Dutch | **[ ]**  | French | **[ ]**  | German | **[ ]**  | Greek | **[ ]**  |
| Gujarati | **[ ]**  | Hindi | **[ ]**  | Italian | **[ ]**  | Japanese | **[ ]**  |
| Korean | **[ ]**  | Punjabi | **[ ]**  | Polish | **[ ]**  | Portuguese | **[ ]**  |
| Somali | **[ ]**  | Spanish | **[ ]**  | Turkish | **[ ]**  | Urdu | **[ ]**  |
| Other (please specify) |  |  |
| **Is English an additional language for your child?** | Yes [ ]  No [ ]  |
| **Is your child bilingual?**  | Yes [ ]  No [ ]  |
| **What additional languages does your child speak?** |  |
|  |
| **Religion** |
| Buddhist | **[ ]**  | Christian | **[ ]**  | Greek Orthodox | **[ ]**  | Hindu | **[ ]**  |
| Jewish | **[ ]**  | Muslim | **[ ]**  | Roman Catholic | **[ ]**  | Sikh | **[ ]**  |
| No Religion | **[ ]**  | Other (please specify) |  |  |
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| **Travel Arrangements:** please indicate **ONE** showing how your child travels to school the **MAJORITY** of the time. If a mixture, choose the one that covers the greatest distance. |
| Bicycle | **[ ]**  | Train | **[ ]**  | Car or van | **[ ]**  | Walk | **[ ]**  |
| Taxi | **[ ]**  | Walking bus | **[ ]**  | Car share | **[ ]**  | Public bus service | **[ ]**  |
| School bus | **[ ]**  |  |  |
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| **To be completed only if NOT transferring from Henleaze Infants’ School** |
| Previous school’s name and address |  |
| Previous school’s telephone number |  |
| Previous school’s e-mail & web site address |  |
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| **Declaration All parents/guardians to sign declaration** |
| I confirm that the details provided in this form are correct and agree to keep the school informed if there are any changes in these details.I consent to my child receiving any necessary medical treatment for any injury or illness during the school day. |
| Signed |  | Dated |  |