



Pupil Admissions Form

Child's Surname:		Child's First Name(s):							
Address:		Date of Birth:							
		Gender: (Male/Female):							
Post Code:		Religion (if any):							
Does your child speak English? ____		What is your child's home/first language: _____							
<p>If English is not your first Language, please circle below your child's 'proficiency in English'</p> <table style="width: 100%; text-align: center;"> <tr> <td>New to English</td> <td>Early Acquisition</td> <td>Developing Competence</td> <td>Competent</td> <td>Fluent</td> <td>Not Applicable</td> </tr> </table>				New to English	Early Acquisition	Developing Competence	Competent	Fluent	Not Applicable
New to English	Early Acquisition	Developing Competence	Competent	Fluent	Not Applicable				
Country of Birth: _____		Are you an International New Arrival? ____							
Nationality: _____		If yes, please provide the date you arrived in the UK: / /							
<i>Proof of identification presented:</i> <input type="checkbox"/>									
Name and contacts of Previous School:									
Parent/Carer Full Legal Name:			Relationship to Child:						
Address:			Date of Birth:						
Post Code:			/ /						
Mobile:	Home:	Work:							
Email address:									
Parent/Carer Full Legal Name:			Relationship to Child:						
Address:			Date of Birth:						
Post Code:			/ /						
Mobile:	Home:	Work:							
Email address:									
Emergency Contact 1	Name:	Number:							
Emergency Contact 2	Name:	Number:							

Names of other Children in the Family		
Name	Date of Birth	School

Name of Family Doctor:	
Address:	Telephone Number:

Dietary Needs, Restrictions and Allergies	
Halal <input type="checkbox"/>	Vegetarian <input type="checkbox"/>
Gluten Free <input type="checkbox"/>	Kosher foods only <input type="checkbox"/>
No dairy products <input type="checkbox"/>	No nuts of any kind <input type="checkbox"/>
No pork <input type="checkbox"/>	Seafood allergy <input type="checkbox"/>
Any other <input type="checkbox"/> _____	

Medical Conditions	
Asthma <input type="checkbox"/>	Eczema <input type="checkbox"/>
Other <input type="checkbox"/> (<i>Office - Refer to Inclusion Manager</i>)	
Other medical condition details _____	

Meal Arrangements	Packed Lunch <input type="checkbox"/>	School Meal <input type="checkbox"/>
<i>School meals are free to Reception to Year 2. For other years the meal price is £2.20 per day.</i>		

Is your child entitled to Free School Meals?

If you are not sure about this, please talk to a member of the office staff. If your child is entitled to free school meals the school gains an extra £1,300 funding for your child's education. If you provide the school with the information below the school can run a check on your behalf. By providing the information below, if circumstances change at any point and your child becomes entitled to free school meals, the school can notify you immediately.

Your Full Name:	Your Date of Birth: / /										
Your National Insurance Number:	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										

Does your child have any special needs or learning difficulties?
If you want us to arrange a meeting with our Special Educational Needs Coordinator prior to your child starting school please tick <input type="checkbox"/> (<i>Office - Refer to Inclusion Manager</i>)

Travelling to School - Please state how you travel to school (walk, bus, car etc):

Ethnic Origin

What is ethnic origin?

*Ethnic origin refers to members of an ethnic group who share the same cultural identity. This does **not** mean country of birth or nationality.*

I would describe my child's ethnic origin as:

- | | | | | | |
|-----------------------------|--------------------------|------------------------------------|--------------------------|----------------------------|--------------------------|
| Bangladeshi | <input type="checkbox"/> | Black British | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| East African Asian | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | White British | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Somali | <input type="checkbox"/> | Other White please specify | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Other African | <input type="checkbox"/> | <hr/> | |
| Chinese | <input type="checkbox"/> | Middle East | <input type="checkbox"/> | <hr/> | |
| Vietnamese | <input type="checkbox"/> | Other Black please specify: | <input type="checkbox"/> | <hr/> | |
| Kashmiri | <input type="checkbox"/> | <hr/> White & Black Caribbean | <input type="checkbox"/> | <hr/> | |
| Other Asian please specify: | <input type="checkbox"/> | White and black African | <input type="checkbox"/> | <hr/> | |
| | | White & Asian | <input type="checkbox"/> | <hr/> | |
| | | Other Mixed Origin please specify: | <input type="checkbox"/> | <hr/> | |

Safeguarding

Old Moat Primary School takes safeguarding seriously and aims to create and maintain a safe learning environment where all children and adults feel safe, secure and valued and know they will be listened to and taken seriously.

I _____ (Parent's name) have received and will read the 'Safeguarding at Old Moat' leaflet, and understand that Children's Services may need to be contacted in the event of a serious safeguarding concern.

Parent signature _____

Permissions

Remember you have the right to withdraw any permissions you have given at any time during your child's time at the school. To do so please ask the office for a new form and any changes to the permissions you have given will be recorded and acted upon.

Parental Consent for activities within the curriculum, please tick the boxes against the things you give permission for:	
<input type="checkbox"/> I give permission for my child to take part in all educational visits and organised activities. I understand I will be informed in advance of all visits and activities and will have the opportunity to opt out on behalf of my child if there are any reasons why they are unable to take part.	
<input type="checkbox"/> I agree to inform the class teacher or headteacher as soon as possible of any relevant change in my child's medication circumstances before the activity or visit. I authorise any accompanying member of staff to give consent to emergency medical treatment considered necessary by a qualified medical practitioner during the visit.	
<input type="checkbox"/> I agree to allow my child access to the internet to support their learning on the understanding there are robust controls to limit what they might access.	
<input type="checkbox"/> I agree to allow my child to go swimming as part of the curriculum in Key Stage Two.	
Consent for Pupil Image to be used	
<p>We take the issue of child safety seriously and this includes the use of images of children. Including images of pupils in school publications and on the school web-site can be very motivating for the pupils involved, and provide a good opportunity to promote the work of the school. However, schools have a duty of care towards children and that means that pupils must remain unnamed.</p> <p>We ask that parents' consent to the school taking and using photographs and video to enhance learning. Any use of pupil images at school is underpinned by our Acceptable Use Policy on Internet Safety. We will never include the full name of a child alongside an image.</p>	
If you agree please tick the boxes against the things you give permission for:	
<input type="checkbox"/> Photographs and digital images of the child named below can appear anonymously on the school web-site and in wider school publicity, or displays around the school.	
<input type="checkbox"/> Occasional use of photographs in the local press to publicise an event at school.	
<input type="checkbox"/> Images can be used for educational purposes only, with the identity of your child protected.	
<input type="checkbox"/> The images may also be used in and distributed by other media e.g. DVD, CD, as part of staff training or the promotional activities of the school.	
<input type="checkbox"/> I agree the images can be seen by other members of the school community and may be shared with their family, friends and wider community.	
Child's Name:	Your Name:
Signed:	Date:

For Parent/Carer

Please detach and give to Parent/Carer

Data Protection

The data you provide on this form will be dealt with due care and respect. It will be kept secure and only those that have a legitimate reason will have access to the data.

The detail on this form is required for us to admit your child into our school and the legal basis for the information is to **carry out a public task and fulfill our official obligations to the DfE**. Some of the information is to **protect the vital interests of your child**, for example dealing with medical emergencies.

There is a section of this form about the entitlement to Free School Meals that is not required for the purpose of admitting your child into school and you are not obliged to provide this information, however the benefits for providing this information are provided in the section on page 2 of this form.

The parental consents in this form are so that we can seek, obtain and record consent, including how to make a change to your consent should you wish to make a change to do so. The consents are freely given, specific, informed and unambiguous and a positive affirmations of the individual's agreement.