

SPEENHAMLAND SCHOOL

Newbury Academy Trust Primary School Admission Form

Please complete the following details regarding your child and return the form to the school office as soon as possible. The information is required under the 1986 Education Act and will be treated in the strictest confidence. We collect and use pupil information underArticle 6 of the General Data Protection Regulation (GDPR) via our Public interest, legal obligation, ensuring someone’s vital interests are protected and as a public task. Under Article 9 where data processed is special category data from the GDPR 2018 we seek explicit consent.

***PLEASE USE BLOCK CAPITALS AND COMPLETE ALL SECTIONS OF THE FORM – THANK YOU****.*

**CHILD’S SURNAME**: ……………………………………………………………………………………………………………………………………………………….

**FIRST NAMES**: ……………………………………………………………………………………………………………………………………………………….

**PREFERRED NAME**: ………………………………….…………………………. **DATE OF BIRTH:** …………………………………………………….. (dd/mm/yyyy)

**GENDER:** [ ]  Male [ ]  Female

**ADDRESS:** …………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………….

 …………………………………………………………………..…….. **POST CODE:** …………………………………………………….

**HOME TEL:** ……………………………………………………………………………………………………………………………………………………………………

|  |
| --- |
| **HOME DETAILS** *Parents / Legal guardians to complete please as appropriate* |
| Contact 1Title: …….… Forename: ………………………..…………………………….Surname: …………………………………………………….……………………………….Address: …………………………………………….……….…………………………….. ………………………………. Postcode: ………………………Telephone: Home …………………………………..……………….. Work …………………………………………….………Mobile …………………………………………………….Email: ……………………………………………………. Occupation: ………………………….…………………………HM Forces Personnel (Cat 1 or 2) Yes/No/Refused\*Full parental rights and/or access Yes/No\* | Contact 2Title: …….… Forename: ………………………..……………………..Surname: …………………………………………………….………………………….Address: …………………………………………….……….………………………… ………………………………. Postcode: ………………….Telephone:Home ………………..…..…………………………….Work ………………..………………………….……..Mobile …………..………………………………………Email: …………………………………………………..Occupation: ………………………….………………………HM Forces Personnel (Cat 1 or 2) Yes/No/Refused\*Full parental rights and/or access Yes/No\* |

\*If no – please give details of access arrangements on reverse of this form. This information will be treated in confidence.

Contact Information (mobile phone number of 1st contact) will be used to contact parents via Teachers2Parents texting service unless we are notified in writing.

|  |
| --- |
| **OTHER EMERGENCY CONTACT DETAILS IF REQUIRED** *In additional to parent details* |
| **FIRST:**Title: …….… Forename: ………………………..………………………………Surname: …………………………………………………….………………………………….Address: …………………………………………….……….……………………………….. ….…………………………………………………………………………………… ………………………………. Postcode: …………………………Telephone: Home …………………………………..…………………………………. Work …………………………………………….………………………..Mobile ………………………………………………………………………Email: ……………………………………………………………………..Relationship to your child: ……………….…………………………………….*eg: Grandmother, aunt, child minder* | **SECOND:**Title: …….… Forename: ………………………..………………………..Surname: …………………………………………………….……………………………Address: …………………………………………….……….………………………….. ….……………………………………………………………………………… ………………………………. Postcode: ……………………Telephone:Home ………………..…..…………………………………………. Work ………………..………………………….……………………Mobile …………..…………………………………………………….Email: ………………………………………………………………...Relationship to your child: ……………….………………………………..*eg: Grandmother, aunt, child minder* |

|  |
| --- |
| If separated from natural parent, is contact permitted? [ ]  YES [ ]  NOIs there a Court Order Pending or in place? [ ]  YES [ ]  NO |

If, in the case of a parent who wishes to be kept informed of the child’s academic progress and, who does not live at the home address of the child, please give details of their name and full postal address.

Full Name: ………………………………………………….…………… Relationship: …………………………………..………………………………

Full Postal Address: ……………………………………………………………………….............................................................................

………………………………………………………..……………………… Post Code: ………………………………………………………………………

|  |
| --- |
| **OTHER CHILDREN IN FAMILY** |
| Names and date of birth of siblings: 1 …………………………………………… DOB……………… Nursery/School: …………………………………… 2 ………………………………………….. DOB……………… Nursery/School …………………………………….   3 ………………………………………….. DOB……………… Nursery/School ……………………………………. |

|  |
| --- |
| **PREVIOUS SCHOOL/PLAYGROUP/NURSERY INFORMATION** |
| School/Playgroup/Nursery Name: ………………………………………………………………………………………………………………….Previous school address: ………………………………………………………………………………………………………………….………………………………………………………………………………………..……………………………………………………………………………………….Telephone No: …………………………………………………………………………………………………………………. |

|  |
| --- |
| **ACCESS ARRANGEMENTS**  |
| Please state if there is anyone NOT permitted to collect your child. ………………………………………………………………………………………………………………………………………………………………………………… |

|  |
| --- |
| **MEDICAL INFORMATION** |

|  |
| --- |
| If your child suffers from asthma, do you agree to them using an emergency inhaler? YES ( ) NO ( ) |

|  |
| --- |
| **Please mention any medical condition or medical needs that might affect your child’s life in school:** [ ]  Asthma [ ]  Epilepsy [ ]  Diabetes [ ]  Other – details as below ……………………………………………………………………………………………………………..…………………..……………………………………………………………………………………………………………………………………………………………………………………..………………………………………………..……………………………………………………………………………………………………………..…………………..………………………………………………………………………………………………………………………………………………………………..…………………..………………………………………………..List any long term medication your child may be taking (eg epipen, inhaler etc.)………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………Name of Medical Practice: ………………………………………………………….…………. Tel No:………………………………………….Surgery Address: ……………………………………………………………….………………………………………………………………………………………Name of Doctor (if known): ………………………………………………………………………………………………………………………………………Any other personal information we should be aware of: ………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………This information will be treated in the strictest confidence as far as possible and in no way jeopardises the provision of a place for your child. However, failure on the part of the parent/guardian to disclose **important medical information** will mean that no responsibility can be accepted if a severe reaction occurs whilst he/she is in school. |

|  |
| --- |
| **Special Educational Needs and Disabilities** |
| **Does your child have a statement of Special Educational Needs or an EHCP:** [ ]  NO [ ]  YES (If so, please indicate hours of support): …………………………………………….………………………………… **Does your child have a disability as defined by the Disability Discrimination Act (DDA)?**[ ]  NO [ ]  YES - Please provide details: …………………………………………………………………………………………………….. |
| **Meals & Travel** |
| **Meal Arrangements**: [ ]  Sandwiches [ ]  Hot Meal [ ]  Free school meal (please check eligibility via link)*(Please tick)*https://citizen.westberks.gov.uk/article/36469/Apply-for-Free-School-Meals**Travel Arrangements:** eg: Walk, car, public bus service:...............................................................................................*(Please indicate main travel arrangement)* |

|  |
| --- |
| **ANY OTHER RELEVANT INFORMATION:**………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………….In accepting a place for my child, I agree to follow the uniform requirements. □ (*Please tick)***SIGNED**: …………………………………………………………………………………………………………..…………………………… *Parent/Guardian***PRIVACY NOTICE – General Data Protection Regulation 2018**We collect and hold personal information relating to our students and pupils and may also receive information about them from their previous school, Local Authority and/or the Department of Education (DfE). Please see our website for our Privacy Notice. |

|  |  |
| --- | --- |
| Ethnicity  | Religion  |
| **First Language** *(Please tick)*

|  |  |
| --- | --- |
| English □Bengali □Cantonese □ French □Greek □Gujarati □Hindi □ | Italian □Portuguese □Punjabi □Spanish □Turkish □Urdu □Other □ *Please indicate* ………………….......... |

**Language used at home** : ……………………………………………………………………………………………….**English as an additional language:**  YES/NO**Ethnicity** *(Please tick) NB: Ethnic group is not the same as nationality or country of birth*

|  |  |  |
| --- | --- | --- |
| Afghan □Albanian □Arab □Bangladeshi □Black Angolan □Black Congolese □Black Ghanaian □Black Nigerian □Black Sierra Leonian □Black Somali □Black Sudanese □Black Caribbean □ Bosnian-Herzegovinian □Chinese □Croatian □ Egyptian □ Filipino □Greek/Greek Cypriot □Gypsy/Roma □Indian □  | Iranian □Iraqi □Italian □Japanese □Korean □Kosovar □Kurdish □Latin/South/Central □ American □Lebanese □Libyan □Malay Moroccan □Pakistani □Polynesian □Portuguese □Serbian □Thai □Traveller of Irish Heritage □Turkish/Turkish Cypriot □Vietnamese | White □White British □White Irish (Eire) □White and Asian □White and Black African □White and Black Caribbean □White Eastern European □White Western European □Yemeni □Any other Asian background □Any other Black background □Any other mixed background □Other Black African □Other Ethnic Group □I would prefer not to give this information □ |
|  |

 | ***Please tick as appropriate***Christian □Hindu □Sikh □Jewish □Muslim □No Religion □Other □ |

|  |
| --- |
| **Permissions** |
| **Use of Images** Under the General Data Protection Regulation 2018 we require your permission to take photographs and recordings of your child. These images may be used within the school community, printed publications such as the prospectus as well as on our website or Twitter Feed. From time to time the school may give permission for the media to take still or moving images of notable events such as fayres, special assemblies, productions, sports events and the like. These images may appear in local or national newspapers, or on televised news programmes or documentaries. **Conditions**The school will not use personal contact details (address, date of birth etc) of any child or adult in a photo, video, DVD, prospectus, website or any other medium. Regarding **external** press releases, such as those to Newbury Weekly News, other newspapers or the school website, we will not use the full names (first **and** last name together) of any child who appears as an individual in a photo without prior permission from the parent or carer. The consent you provide on this form is valid for the period of time your child attends our school, unless you notify us otherwise.I give permission for my child’s image to be used in the school community □I give permission for my child’s image to be used in printed publications usedfor promotion, marketing and celebrating achievement □I give permission for my child’s image to appear in the media & social media □I understand that this permission is concurrent for the period that my son / daughter is a student at the school and that should I wish to withdraw permission, I must contact the school.**Child’s Name:**  ……………………………………………………**Signed**: …………………………………………………… **Dated:** ……………………………. |
| **First Aid**I give permission for a qualified First Aider to administer First Aid if required □­­­­­­­­­­­­­­­­­­­­­­­­­­­**Signed**: ……………………………………………………………. **Dated:**  ……………………………….. |
| **Local Trips**Occasionally the children are walked to a local destination during the school day, either to places of interest as part of their curriculum studies or to other local schools for music or language classes. We will always inform you in advance of these trips.I give permission for my child to participate in local visits. **Signed**: …………………………………………………………………. **Dated:**  ……………………………….. |
| **Food**The children are occasionally invited to taste different foods or have squash and biscuits during a lesson. For the school to do this we require your permission. I give permission for my child to try food and drink as part of their curriculum. **Signed:** ………………………………………………………………… **Dated**: ………………………………… |