

Gainsborough Primary School



ADMISSIONS FORM Essential Information		DATE OF ENTRY	
CHILD'S FULL NAME:		DATE OF BIRTH:	
BOY/GIRL			
FULL ADDRESS:		POST CODE:	
HOME PHONE:		EMAIL:	
Names of Parents/Carers with whom the child lives. If Neither please state relationship			
NAME OF 1st PARENT/CARER:		NAME OF 2nd PARENT/CARER:	
Does this person have LEGAL parental responsibility?		Does this person have LEGAL parental responsibility?	
ADDRESS (If different from listed above)		ADDRESS (If different from listed above)	
Please provide names of all siblings			
NAME:	BOY OR GIRL	D.O.B	Does sibling live at the same address? Yes or No
NAME:	BOY OR GIRL	D.O.B	Does sibling live at the same address? Yes or No
NAME:	BOY OR GIRL	D.O.B	Does sibling live at the same address? Yes or No
NAME:	BOY OR GIRL	D.O.B	Does sibling live at the same address? Yes or No
Where can we contact you during the day?			
1st Main Carer		2nd Main Carer	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
TELEPHONE:		TELEPHONE:	
EMAIL:		EMAIL:	
PREVIOUS SCHOOL/NURSERY:			
(OFFICE USE ONLY)	Full Birth Certificate?	Utility Bill? (Please specify)	Other? (Please specify)
Check box for ID seen:			
ADMISSION DATE: _____		ADMISSION NUMBER: _____	
UPN: _____		SEN STAGE: _____	

EMERGENCY CONTACTS

Names and addresses of two other adults who have agreed to take responsibility for your child in an emergency or adults permitted to collect your child from school

NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:
EMAIL:	EMAIL:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:

ARRANGEMENTS BEFORE AND AFTER SCHOOL

Child brought to school by:

If your child makes his/her own way to school, please tick and submit your request in writing to the Headteacher.

Please note: Only Years 6 can go home alone. We cannot allow children in the infant classes to be collected by someone under the age of 16

RESPONSIBILITY FOR YOUR CHILD

I understand that the school is not responsible for my child before 8:45am (unless they attend Breakfast Club) or after 4.00pm (Unless they attend After School Club). Please note, these times do not apply for children in our pre-school provision.

2 year old nursery 09.00—12.00pm 3 year old nursery (am) 8:55am—12:30pm

3 year old nursery (pm) 12:30am—3:30pm 3 year old nursery (full time) 8:55am—3:30pm

SIGNED (Parent/Carer)	DATE:
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Travel Arrangements Please tick which mode of transport you use to get to school

WALK	BUS	CAR/VAN	TRAIN	BICYCLE	CAR SHARE
LONDON OVERGROUND	SCHOOL BUS	TAXI	OTHER (PLEASE SPECIFY)		

School Meals

Will your child be having a school lunch?

If yes, are you entitled to Free School Meals? (Please speak to a member of the admin team)

Will you provide your child with a packed lunch?

Please note, children in part time 2 year old and 3 year old provision only require a snack which is provided (no lunch).

Are there any restrictions on any particular food?	YES/NO
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If YES, give details:

Please state if your child has any dietary needs/allergies:

ESSENTIAL MEDICAL INFORMATION

Does your child suffer from any of the following?

Eczema	YES/NO	Asthma	YES/NO
Migraine	YES/NO	Epilepsy	YES/NO
Diabetes	YES/NO	Sight Problems	YES/NO
Allergies	YES/NO	Hay Fever	YES/NO

Any other problem/disability?

If the answer was YES to any of the above:

What is the normal treatment?

Any other information relevant to the problem:

Does your child wear glasses in school?

YES/NO

Please note: The school cannot take responsibilities for administering medicines to children and medicine cannot normally be kept on the premises. If you do require medicine to be administered to your child in an emergency, please contact the office who in turn will speak to the Headteacher who will arrange for the paperwork to be completed.

DOCTOR

Please give the name and address of you child's doctor:

NAME:

TELEPHONE:

ADDRESS:

Has the doctor put any restrictions on physical activities (e.g. swimming, PE)?

YES/NO

If YES, give details:

Is your child allergic to plasters?

YES/NO

Has your child been vaccinated against Tetanus?

YES/NO

If YES, give date of vaccination:

Has your child been tested for sickle cell anemia/trait?

YES/NO

This page is for 2 year old provision ONLY
ESSENTIAL MEDICAL INFORMATION

HEALTH VISITOR

Health visitor's name:

Clinic attended - name:

Telephone no:

VACCINATIONS AND IMMUNISATIONS

Immunisation	Date of Immunisation
8 Weeks	
DTap/IPV/Hib	
PCV	
12 Weeks	
DTaP/IPV/Hib	
Men C	
16 Weeks	
DTaP/IPV/Hib	
Men C	
PCV	
12 Months	
Hib/Men C	
13 Months	
MMR (1 st Dose)	
PCV	
Pre-School	
MMR (2 nd Dose)	
DTaP/IPV or dTAP/IPV	
Other	

INFORMATION RELATED TO YOUR CHILD’S LEARNING

A child progresses most quickly when home and school are working together. It is important, therefore, that the school knows relevant information about each child, which can assist the teacher to build on strengths and improve weaknesses. Similarly, parents are encouraged to enquire at any time, if they wish to know about the school’s aims and methods. It is important that you get to know your child’s teacher, early in the school year. The following information will be of great value to us.

LEARNING

Language normally spoken at home:

If not English, please comment on your child’s level of English speaking:

Does your child understand any language other than English?

Does your child have any particular needs which may affect learning?

Any other comments you wish to make on your child’s strengths and weaknesses:

ETHNICITY

<p>White</p> <p>Albanian <input type="checkbox"/> (WALB)</p> <p>English <input type="checkbox"/> (WENG)</p> <p>Greek / Greek Cypriot <input type="checkbox"/> (WGRE)</p> <p>Gypsy / Roma <input type="checkbox"/> (WROM)</p> <p>Irish <input type="checkbox"/> (WIR)</p> <p>Scottish <input type="checkbox"/> (WSCO)</p> <p>Traveller or Irish Heritage <input type="checkbox"/> (WIRT)</p> <p>Turkish <input type="checkbox"/> (WTUK)</p> <p>Turkish Cypriot <input type="checkbox"/> (WTUC)</p> <p>Welsh <input type="checkbox"/> (WWEL)</p> <p>White Eastern European <input type="checkbox"/> (WEEU)</p> <p>White Western European <input type="checkbox"/> (WWEU)</p> <p>White Other (please state) <input type="checkbox"/></p> <p>_____ (WOTW)</p> <p>Mixed</p> <p>White and Black Caribbean <input type="checkbox"/> (MWBC)</p> <p>White and Black African <input type="checkbox"/> (MWBA)</p> <p>White and Asian <input type="checkbox"/> (MWAS)</p> <p>Asian or Asian British</p> <p>Indian <input type="checkbox"/> (AIND)</p> <p>Pakistani <input type="checkbox"/> (APKN)</p> <p>Bangladeshi <input type="checkbox"/> (ABAN)</p> <p>Any Other Asian (please state) <input type="checkbox"/></p> <p>_____ (AOTH)</p>	<p>Black or Black British</p> <p>Caribbean <input type="checkbox"/> (BCRB)</p> <p>Angolan <input type="checkbox"/> (BANN)</p> <p>Congolese <input type="checkbox"/> (BCON)</p> <p>Ghanaian <input type="checkbox"/> (BGHA)</p> <p>Nigerian <input type="checkbox"/> (BNGN)</p> <p>Sierra Leonian <input type="checkbox"/> (BSLN)</p> <p>Somali <input type="checkbox"/> (BSOM)</p> <p>Sudanese <input type="checkbox"/> (BSUD)</p> <p>Other Black African <input type="checkbox"/> (BAOF)</p> <p>Any Other Black (please state) <input type="checkbox"/></p> <p>_____ (BOTH)</p> <p>Chinese</p> <p>Chinese <input type="checkbox"/> (CHNE)</p> <p>Any Other Ethnic Group</p> <p>Afghan <input type="checkbox"/> (OAFG)</p> <p>Kurdish <input type="checkbox"/> (OKRD)</p> <p>Latin/South/Central American <input type="checkbox"/> (OLAM)</p> <p>Vietnamese <input type="checkbox"/> (OVIE)</p> <p>Any Other Group (please state) <input type="checkbox"/></p> <p>_____ (OOEG)</p> <p>If you do not wish the school to record an ethnic background for your child, please tick this box: <input type="checkbox"/> (REFU)</p>
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Nationality.....

Country of Birth.....

RELIGION:

Please tick the one that applies

CHRISTIAN	HINDU	JEWISH	MUSLIM	RASTAFARIAN	SIKH	OTHER RELIGIOUS BELIEF	NO RELIGION
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Please note: Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time, the information will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to the pupils future school, to save it having to be asked again.

PARENTAL CONSENT

School Trips with M25 Area:

Throughout the year, pupils will participate in educational trips, related to the curriculum and extra curricular activities within the M25 area of London.

Please note: In all cases parents will be notified by letter of up and coming trips including the date, nature and location along with further details that may include cost, clothing requirements and eating arrangements. On receipt of this letter parents will need to inform the school if their child will be able to attend.

In the majority of cases it is an expectation that pupils attend all trips.

ONLY PUPILS WITH THE CORRECTLY SIGNED PERMISSION FORMS ON FILE WILL BE ALLOWED TO GO ON SCHOOL TRIPS.

By signing and submitting this form you are giving consent to your child attending all trips during the current academic year within the M25 area:

Child's name: _____ **Year Group:** _____

I give consent for my child to attend all school trips within the M25 area of London. If a trip is outside the M25 I understand that permission will be given separately. Thank you

Signed Parent/Carer: _____ **Date:** _____

Please tick (✓) the boxes below to give consent to:

Internet Access to child friendly sites such as BBC	<input type="checkbox"/>
Copyright Permission	<input type="checkbox"/>
Photographs - for the use of the school, the federation or Hackney Learning Trust e.g. photo's of school trips, or pupils in class.	<input type="checkbox"/>
Data Exchange	<input type="checkbox"/>

Data Protection Act 1998: The school is registered under the Data Protection Act for Holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF.