Gainsborough Primary School



ADAMICCIONIC FORMAT							
ADMISSIONS FORM Essential In	DATE OF ENTRY						
CHILD'S FULL NAME:					DATE OF BIRTH:		
BOY/GIRL							
FULL ADDRESS:					POST CODE:		
HOME PHONE:			EMAIL:				
Names of Pa	arents/Carers with who	m the	child lives.	If Neither p	lease state relationship		
NAME OF 1st PARENT/CARER:			NAME OF	2nd PAREN	T/CARER:		
Does this person have LEGAL parental r	esponsibility?		Does this per	son have LEG	AL parental responsibility?		
ADDRESS (If different from liste	d above)		ADDRESS (If different	from listed above)		
			names of al				
NAME:	BOY OR GIRL	D.O.B			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	Does sibling live at the same address? Yes or No		
NAME:	BOY OR GIRL	D.O.B	1	Does	sibling live at the same address? Yes or No		
	Where can w	ve cont	tact you dur	ing the day	?		
1st Mair		re com	lact you au.	ing the day	2nd Main Carer		
NAME:			NAME:				
ADDRESS:			ADDRESS:				
TELEPHONE:			TELEPHONE:				
EMAIL:	EMAIL:						
PREVIOUS SCHOOL/NURSERY:			•				
(OFFICE USE ONLY)	Full Birth Certificate?	Uti	Itility Bill? (Please specify) Other? (Please specify)		Other? (Please specify)		
Check box for ID seen:							
ADMISSION DATE:				_			
····	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 T	O CHILD:					RELATIONSHIP	TO CHI	LD:			
			ARRANG	SEMEN	TS BEF	ORE AND AFTE	R SCHO	OL			
Child brought to	school by	:									
If your child makes	his/her ov	vn way to	school, please	tick and	submi	t your request in	writing	to the Headteach	ner.		
Please note: Only	Years 6 co	an go hor	ne alone. We co	annot al	low chi	ldren in the infai 16	nt classe.	s to be collected	by son	neone under the	age of
			RI	SPONS	BILIT	y for your ch	IILD				
I understand tha			· ·	-		•		-		•	00pm
(Unless they atte			•					•	-scnoc	or provision.	
2 year old nurse		-	_			ry (am) 8:55am					
3 year old nursery (pm) 12:30am—3:30pm 3 year old n				ursery (full tim	e) 8.55 <i>a</i>	DATE:					
(Parent/Carer)								DAIL.			
Travel Arrangen	ents		Please tick v	vhich m	ode o	f transport you	use to	get to school			
WALK	В	US	CAR,	/VAN		TRAIN		BICYCLE		CAR SHARE	
LONDON OVERGROUND		SC	HOOL BUS			TAXI		OTHER (PLEASE SPECIFY)			
					Scho	ol Meals					
Will your child be	having a	school l	unch?								
If yes, are you er	titled to F	ree Sch	ool Meals? (Ple	ase spea	k to a m	ember of the admir	n team)				
Will you provide	your child	d with a	packed lunch?								
Please note, child	lren in pa	rt time 2	year old and	3 year c	old pro	vision only requ	ıire a sn	ack which is pr	ovided	l (no lunch).	
Are there any re	trictions	on any p	articular food	?					YES/	NO	
If YES, give detail	s:										
Please state if yo	ur child h	as any d	ietary needs/a	llergies	:						

	ESSENTIAL N	MEDICAL INFORMATION	N	
Does your child suffer from any of t	:he 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 t	he problem:			
Does your child wear glasses in sch	ool?			YES/NO
Please note: The school cannot take kept on the premises. If you do requ who in turn will speak to the Headt	uire medicine to be adm	ninistered to your child	in an emergency	•
		DOCTOR		
Please give the name and address of	of you child's doctor:			
NAME:			TELEPHONE:	
ADDRESS:				
Has the doctor put any restrictions	on physical activities (e	e.g. swimming, PE)?		YES/NO
If YES, give details:				
Is your child allergic to plasters?				YES/NO
Has your child been vaccinated aga	inst Tetanus?			YES/NO
If YES, give date of vaccination:				
Has your child been tested for sickle	e cell anemia/trait?			YES/NO

IN	IFORI	ΜΔΤ	ION	RFI	ATFD	TO Y	VOLIR	CHILL	ソくし	LEARN	ING
TI.	IFUNI	VIA I		NEL	AIED	10	IUUN	CHILL	JOI	-EANIX	IIVG

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 nome:								
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:									
	ETHN	ICITY							
White Albanian English Greek / Greek Cypriot Gypsy / Roma Irish Scottish Traveller or Irish Heritage Turkish Turkish Cypriot Welsh White Eastern European White Western European White Other (please state) Mixed White and Black Caribbean White and Black African White and Asian Asian or Asian British Indian Pakistani Bangladeshi Any Other Asian (please state)	(WALB)	Black or Black British Caribbean Angolan Congolese Ghanaian Nigerian Sierra Leonian Somali Sudanese Other Black African Any Other Black (please state) Chinese Chinese Any Other Ethnic Group Afghan Kurdish Latin/South/Central American Vietnamese Any Other Group (please state) If you do not wish the school to r please tick this box:	□ (BCRB) □ (BANN) □ (BCON) □ (BGHA) □ (BNGN) □ (BSLN) □ (BSOM) □ (BSUD) □ (BAOF) □ (BOTH) □ (CHNE) □ (OAFG) □ (OKRD) □ (OLAM) □ (OVIE) □ (OOEG) ecord an ethnic background for your child, □ (REFU)						
Nationality									

Country of Birth.....

RELIGION:

Please tick the one that applies

CHRISTIAN	HINDU	JEWISH	MUSLIM	RASTAFARIAN	SIKH	OTHER RELIGIOUS	NO RELIGION
						BELIIEF	

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 within the M25 area:	year
Child's name: Year Group: give consent for my child to attend all school trips within the M25 area of London. If a trip is outside the M25 I unders that permission will be given separately. Thank you	 tand
Signed Parent/Carer: Date:	
Please tick (♥) the boxes below to give consent to:	
nternet Access to child friendly sites such as BBC	
Copyright Permission	
Photographs - for the use of the school, the federation or Hackney Learning Trust e.g. photo's of school trips, or pupils in class.	
Photographs to be used on the School's Instagram page.	
Photographs and stories to be used on the School Website.	
Data Exchange	
Photographs and information to be shared using online parental engagement platforms	
E.G. Tapestry, Seesaw or other similar application	

Data Protection Act 2018: 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.