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**SCHOOL ADMISSION FORM**

Please complete all sides and sign the last page.

Data Protection: Our school aims to ensure that all personal data collected about staff, pupils, parents, governors, visitors and other individuals is collected, stored and processed in accordance with the

[General Data Protection Regulation (GDPR)](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/) and the expected provisions of the Data Protection Act 2018 (DPA 2018) as set out in the Data Protection Bill. This policy and practice applies to all personal data, regardless of whether it is in paper or electronic format.

The sections marked \* are non-compulsory. If supplied, this information will be shared with Education Welfare Benefit Service, Cambridgeshire County Council, and other relevant bodies administering public funds, who collect and use information about you so that we can provide your child(ren) with entitlement to education benefits under The Education Act 1996.

By signing this form, I confirm I understand that data will be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

Full details about how we use this data and the rights you have around this can be found in our Data Policy on our website, [www.abbotsripton.cambs.sch.uk](http://www.abbotsripton.cambs.sch.uk) where you will also find our Privacy Notices. If you have any data protection queries, please contact our Data Protection Officer on dpo@theictservice.org.uk.

**PLEASE PRINT IN BLOCK CAPITALS**

**INFORMATION ABOUT YOUR CHILD**

|  |  |
| --- | --- |
| Legal Surname:(as it appears on child’s birth certificate) |  |
| Legal Forename:(as it appears on child’s birth certificate) |  |
| Middle Name(s): |  |
| Preferred Forename: |  |
| Date of Birth: |  | Gender: |  |
| Home Address: | House name/number: |  |
| Street/Road: |  |
| Village/Town/City: |  |
| County: |  |
| Postcode: |  |
| Home Telephone Number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the child in Local Authority Care? | Yes | No | If Yes, Name of Care Authority: |  |
| Has your child previously been Looked After and is now adopted or subject to a resident or special guardianship order? ***Please provide a copy of the relevant documentation evidencing this.*** | Yes | No |

|  |  |
| --- | --- |
| Name of previous setting/school: |  |
| Address and telephone number of previous setting/school: |  |
| Dates attended: | From: |  | Until: |  |
| Do you consent for this setting to be contacted to discuss your child as part of the transition into school?: | Yes | No |

**SERVICE CHILDREN IN SCHOOL**

Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please indicate if your child is a 'service child in education' by ticking one of the boxes below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: |  | No: |  | I do not wish a ‘service child’ indicator to be recorded: |  |

**MEDICAL/SPECIAL NEEDS DETAILS**

**PRIORITY 1 CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Doctor (GP): |  | Telephone: |  |
| Address: |  |
| Please state any medical conditions of which you wish the school to be made aware, (e.g. asthma, epilepsy, allergies): |  |
| Please state if your child has a medically diagnosed food allergy or intolerance and the details of this: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your child have any Special Needs Provision? | Yes | No | If yes, SEN Support or EHC Plan? |  |
| If yes, please provide brief details: |  |
| If YES, we may make contact with you to find out more details if necessary prior to your child’s start. |

**DETAILS OF CONTACTS WITH PARENTAL RESPONSIBILTY**

**PRIORITY 1 CONTACT**

**PRIORITY 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Surname: |  | Forename: |  |
| Relationship to child: |  |
| Date of Birth\* |  | NI number\* |  |
| Home Address: |  |
| Postcode: |  |
| Telephone Numbers: | *Please rank to indicate the best number on which to contact you* |
| Home: |  |  |
| Mobile: |  |  |
| Work: |  |  |
| We will use the e-mail address below to communicate with you when sending out newsletters and other messages, including those specific to your child (for example following up on an absence when we cannot reach you by telephone). By giving an e-mail address below, you are indicating your consent to electronic communications. |
| Email address: |  |
| **Signed** (giving permission for this information to be provided and stored by the school) | Signed: | Date: |

**PRIORITY 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Surname: |  | Forename: |  |
| Relationship to child: |  |
| Date of Birth\* |  | NI number\* |  |
| Home Address: |  |
| Postcode: |  |
| Telephone Numbers: | *Please rank to indicate the best number on which to contact you* |
| Home: |  |  |
| Mobile: |  |  |
| Work: |  |  |
| We will use the e-mail address below to communicate with you when sending out newsletters and other messages, including those specific to your child (for example following up on an absence when we cannot reach you by telephone). By giving an e-mail address below, you are indicating your consent to electronic communications. |
| Email address: |  |
| **Signed** (giving permission for this information to be provided and stored by the school) | Signed: | Date: |

**EMERGENCY CONTACT DETAILS**

If your child is unwell and needs to be collected from school please provide details of at least three parents/guardians/contacts who have agreed to be contacted in an emergency and place them in the order that you wish them to be contacted. It is important that this information is kept up to date, so please advise us of any changes. **Each contact must sign this form to give permission for their information to be provided and stored by the school**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority: | Name: | Contact Number: | Relationship to child: | Signed: |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**SEPARATED PARENT INFORMATION – For parents not living with student**

Under the 1989 Children’s Act all parents have the right to receive information about their child’s progress.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Surname: |  | Forename: |  |
| Relationship to child: |  |
| Date of Birth\* |  | NI number\* |  |
| Home Address: |  |
| Postcode: |  |
| Telephone Numbers: | *Please rank to indicate the best number on which to contact you* |
| Home: |  |  |
| Mobile: |  |  |
| Work: |  |  |
| We will use the e-mail address below to communicate with you when sending out newsletters and other messages, including those specific to your child. By giving an e-mail address below, you are indicating your consent to electronic communications. If you do not provide an email address, any communication about your child’s progress will be sent via the post to the address provided above. |
| Email address: |  |
| **Signed** (giving permission for this information to be provided and stored by the school) | Signed: | Date: |
| If you are unable to get a signature from this parent please state whether you have discussed it with them to gain permission. | Yes – verbal permission obtained | No – verbal permission not obtained | If no, please state reasons: |
| Is there a court order in place relating to separated parents? | Yes | No | If yes, are there any terms in the order which the school needs to be aware of? | Yes | No |

**PERSONAL INFORMATION**

**PRIORITY 1 CONTACT**

To help us and the local authority in monitoring equal opportunities you are asked to complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s country of birth: |  | Child’s nationality: |  |
| Family’s Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White - British  |  |  | Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil….)  |  |
| White - Irish  |  |  |
| White - Traveller of Irish Heritage  |  |  | Black or Black British -Caribbean  |  |
| White - Gypsy/Roma  |  |  | Black or Black British -African  |  |
| White - Any other White background  |  |  | Any other Black background  |  |
| Mixed - White and Black Caribbean  |  |  | Chinese  |  |
| Mixed - White and Black African  |  |  | Any other ethnic group – please state:  |
| Mixed - White and Asian  |  |  |
| Mixed - Any other mixed background  |  |  |
| Asian or Asian British - Indian  |  |  |
| Asian or Asian British - Pakistani  |  |  |
| Asian or Asian British - Bangladeshi |  |  | I do not wish an ethnic background to be recorded |  |

 |
| Date of arrival in UK (if relevant): |  |
| Child’s first language: |  | Child’s other language(s): |  |
| Parent’s first language: |  |
| Child’s religion: |  |
| If there are any religious or cultural practices of which the school should be aware, please specify.  |  |

|  |
| --- |
| Please give the name, gender and date of birth of any other children in your family. |
| Name: |  | Date of Birth: |  | Male/Female |
| Name: |  | Date of Birth: |  | Male/Female |
| Name: |  | Date of Birth: |  | Male/Female |
| Name: |  | Date of Birth: |  | Male/Female |
| Name: |  | Date of Birth: |  | Male/Female |

**TRAVEL ARRANGEMENTS**

We would be grateful if you could tell us what mode of transport your child normally uses. Where he/she uses more than one mode of travel for each journey to school, you should tell us the most frequently used and/or the longest element of the journey by distance.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| School Bus |  | Public Transport Bus |  | Bicycle |  | Walking |  |
| Taxi |  | Car/Van |  | Car Share |  | Other\* |  |

\*Other – please specify:

**COLLECTING YOUR CHILD FROM SCHOOL**

We operate a strict policy about NOT letting your child go home with anyone apart from you unless we have your permission.

Who will be collecting you child from school? Please list in order of possible frequency, including yourself if you are collecting. This list is your permission for these people to collect your child. If your child is collected by someone else (e.g. going home with another parent as part of a play date arrangement) we request that parents inform us by email or telephone before collection time.

|  |  |
| --- | --- |
| Name | Relationship to childe.g. parent, grandparent, child minder etc. |
|  |  |
|  |  |
|  |  |
|  |  |

 **DECLARATION**

|  |
| --- |
| I certify that, to the best of my knowledge, the information on this form is correct.  |
| Signature: | Name: |
| Relationship to child: | Date: |