Stanton Community Primary School

**Admission Form**

**Please fill in as much detail as possible. Start Date:**

|  |  |  |
| --- | --- | --- |
| **PUPIL DETAILS:** | | |
| Surname: | Preferred Surname: | |
| Forename: | Preferred Forename: | |
| Middle Names: | Address: | |
| Date of Birth:  Male/Female:  Age: | Postcode:  Phone: | |
|  | | |
| **Previous school if applicable** | | |
| Name and Address of School | | |
|  | Postcode | |
| Phone Number | | |
| **Please list details for persons to be contacted in order of priority. We need at least 3 contacts. Please make all contacts aware that you are giving us their information.** | | |
| **MAIN CONTACT:**  Mrs / Mr / Miss / Ms / Other (please specify) | Name: | |
| Home Address: | | |
|  | Post Code: | |
| Phone Numbers - Please specify which number is the main contact number  Home:  Mobile:  Work: Company/place of work | | |
| Email Address | | |
| Relationship to pupil – Mother, Father, Grandparent, Carer, Other (please specify) | | |
| Parental responsibility: Yes / No | Correspondence: Yes / No | |
| **CONTACT 2:** | | |
| Mrs / Mr / Miss / Ms / Other (please specify) | Name | |
| Home Address: (if different from child’s home address) | | |
|  | Post Code: | |
| Phone Numbers (Please specify which number is the main contact number)  Home Mobile  Work Company/place of work | | |
| Email Address | | |
| Relationship to pupil – Mother, Father, Grandparent, Carer, Sibling, Other (please specify) | | |
| Parental responsibility: Yes / No | Correspondence: Yes / No | |
|  | | |
| **CONTACT 3:**  Mrs / Mr / Miss / Ms / Other | Name | |
| Home Address: | | |
|  | Post Code: | |
| Phone Numbers (Please specify which number is the main contact number)  Home Mobile  Work Company/place of work | | |
| Email address: | | |
| Relationship to pupil – Mother, Father, Grandparent, Carer, Sibling, Other (please specify) | | |
| Parental responsibility: Yes / No | | Correspondence: Yes / No |

|  |  |  |
| --- | --- | --- |
| **Person with parental responsibility not living with child and not listed above:** | | |
| Mr/Mrs/Miss/Ms/Other (please state) | | Name |
| Home Address & postcode |  | |
| Phone Numbers (Please specify which number is the main contact number)  Home Mobile  Work Company/place of work | | |
| Email Address: | | |
| Relationship to pupil | | |

|  |  |  |
| --- | --- | --- |
| **Doctors** |  | |
| Surgery Name | | Surgery Phone Number |
| Surgery Address | | |
|  | Post Code | |
|  | | |
| **Medical conditions** | | |
|  | | |
|  | | |
|  | | |
|  | | |
| **Dietary & allergies** | | |
|  | | |
|  | | |
|  | | |

Parental consent is required for the following activities. If you do not tick these boxes it will be presumed that you do not give your permission.

**Please tick the following boxes to give permission for your child:**

|  |  |
| --- | --- |
| **Photo for in school purposes** | YES / NO |
| **Photo on Dojo** | YES / NO |
| **Photo On website** | YES / NO |
| **Photo in Press** | YES / NO |
| **Photo on Twitter** | YES / NO |
| **To appear on the schools private YouTube account -** By ticking this box, I agree to abide by the terms below. I give permission for my child to be included in videos that will be shared via Stanton Community Primary School **private** YouTube account which is **unlisted** and can only be accessed with a link forwarded from the school. I agree not to forward the link to anyone else (including family members) and understand that doing so will result in no longer being allowed to view Stanton Community Primary School YouTube account. I agree not to share the video with anyone including on any social media platforms such as Facebook, Instagram, twitter, TikTok, WhatsApp, Messenger, and all others. I understand that doing so will result in no longer being allowed to view Stanton Community Primary School YouTube account. | YES / NO |
| **To have supervised access to the internet to support in class learning.** | YES / NO |
| **To allow your child to walk in the school’s locality**  We will occasionally take the children out of school to walk around the local area - e.g. to the Church | YES / NO |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The Department for Children, Schools and Families (DCSF) requires schools to collect information about pupils’ ethnicity.  This follows the Stephen Lawrence inquiry and is supported by the commission of Racial Equality. The information provides a  profile of each school’s identity, helps teachers plan the curriculum and chose resources which build on the backgrounds  of all children and helps monitor the progress of all pupils in order to prevent underachievement. **Please circle as appropriate.**  If you do not feel the choices are appropriate the full list of DCSF groupings is available at the school office.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Ethnicity** | White - English, Cornish, Scottish, Welsh or Irish (circle as appropriate)  Any other White British  Any Other White Background  Traveller of Irish Heritage  Gypsy/Roma  White and Black Caribbean  White and Black African  White and Asian  Any Other Mixed Background  Indian  Pakistani  Bangladeshi  Any Other Asian Background  Black Caribbean  Black African  Any Other Black Background  Chinese  Any Other Ethnic Group  Do not wish to select | | | | | **Language at Home** | English  French  Italian  Spanish  Dutch  Danish  Arabic  Cantonese  Hindi  Japanese  Other please state  Do not wish to select | | | | | **Religion** | No Religion  Buddhist  Christian  Hindu  Jewish  Muslim  Roman Catholic  Sikh  Other Religion  Do not wish to select | | | | | **Country of Birth** |  | | | | | **Nationality** |  | | | | | **Military** | RAF | Army | American | N/A | | **Previously Looked After** | YES / NO | | | | | **Currently Looked After** | YES / NO | | | | |

The above information is true to the best of my knowledge and belief. I understand that if a place is offered on the basis of any false information given by me, the place can be withdrawn at any time by the Local Authority.

**Parent/Carer’s Signature: Date:**

**Please bring your child’s birth certificate together with your completed application form to the school.**

**NURSERY STARTERS ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Previous Nursery / Playgroup if applicable:** | | | | | |
| **Please name any other pre-school, special school nursery or childminder your child will be attending:** | | | | | |
| Please tick the nursery sessions you would like to book. If you have any questions about preferred sessions please talk to the Nursery Teacher or Foundation Stage Co-ordinator.  **Please note that Lunch Club is charged if you don’t have a 30 hour funding code or if you don’t use you full 30 hour funding with us.** | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning  8.45 am – 11.45 pm |  |  |  |  |  |
| Lunch Club  11.45 pm – 12.30 pm |  |  |  |  |  |
| Afternoon  12.30 pm – 3.30 pm |  |  |  |  |  |

**For school use only:**

|  |  |
| --- | --- |
| **CTF** |  |
| **UPN** |  |
| **SIMS** |  |
| **Blue File** |  |
| **Birth Certificate** |  |
| **Schoolcomms** |  |
| **Admissions** |  |
| **CME** |  |
|  |  |
|  |  |