Stanton Primary School & Nursery

EASTERN EDUCATION GROUP

Admission Form

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

Pupil Details:

Forename: **Middle Name(s):** **Surname:** **Preferred Surname:**	**Sex: Male / Female** **Date of Birth:** **Address:**

Country of Birth	
Ethnicity	White - English, Cornish, Scottish, Welsh or Irish **(circle as appropriate)** Any other White British White European 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 **(please specify) -**
Nationality	
Religion	No Religion Buddhist Christian Hindu Jewish Muslim Roman Catholic Sikh Other Religion **(please specify) -** Do not wish to select

Main Contact: Title: Name:

Relationship to pupil – Mother, Father, Grandparent, Carer, Sibling, Other **(please specify)**

Legal Guardian: Yes / No **Primary Guardian:** Yes / No

Authorised to Collect: Yes/No **Lives with Pupil:** Yes/No

Phone Numbers - Please specify which number is the main contact number

Mobile: **Home:**

Work: **Company/place of work:**

Email Address:

Home address if different for child's

Contact 2: Title: Name:

Relationship to pupil – Mother, Father, Grandparent, Carer, Sibling, Other **(please specify)**

Legal Guardian: Yes / No **Primary Guardian:** Yes / No

Authorised to Collect: Yes/No **Lives with Pupil:** Yes/No

Phone Numbers - Please specify which number is the main contact number

Mobile: **Home:**

Work: **Company/place of work:**

Email Address:

Home address if different for child's

Contact 3: Title: Name:

Relationship to pupil – Mother, Father, Grandparent, Carer, Sibling, Other **(please specify)**

Legal Guardian: Yes / No **Primary Guardian:** Yes / No

Authorised to Collect: Yes/No **Lives with Pupil:** Yes/No

Phone Numbers - Please specify which number is the main contact number

Mobile: **Home:**

Work: **Company/place of work:**

Email Address:

Home address if different for child's

Doctors

Surgery Name	Surgery Phone Number
Surgery Address	

Medical conditions	**Details**

Dietary & allergies	**Details**

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

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

Supervised access to the internet to support in class learning.	YES / NO
Photo for in school purposes	YES / NO
Photograph Student	YES / NO
Photo in Press	YES / NO
Photo on Dojo	YES / NO
Photo on Twitter	YES / NO
Photo On website	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 allow your child to walk in the school's locality – We will occasionally take the children out of school on supervised walks around the local area - e.g. to the Church	YES / NO

Language at Home				
Speaks Fluently	YES / NO			
English Second Language	YES / NO			
Military / Service Child	RAF	Army	American	N/A
Previously in Social Care	YES / NO			
Currently in Social Care	YES / NO			
Are Children's Services Involved	YES/NO			
Social Worker's Name and Contact Details				

Siblings at Stanton Primary School:
Previous School / Nursery / Playgroup if applicable:
Please name any other pre-school, special school nursery or childminder your child will be attending:

The above information is true to the best of my knowledge and belief. I understand that if a place is offered on the basis that 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 Applications only

Please tick the nursery sessions you would like you child to attend. We will do our best to accommodate your requirements. If you have any questions about preferred sessions please talk to the Nursery teacher or Foundation Stage Co-ordinator.

Please note that if your child is not using the full 30 hour funding then the 45 minute lunch break is charged at £3.00 per session.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (3 hours) 8.40am – 11.40am					
Lunch (45 minutes) 11.45am – 12.30pm					
Afternoon (3 hours) 12.30pm – 3.30om					

For school use only:

CTF	
UPN	
Arbor	
Pupil File	
Birth Certificate	
Admissions	
CME	
CPOMS	
Safeguarding	