

Admissions Form

St Mary's Catholic Primary School

Academic Year - 2018/2019

Why are we collecting your/your child's personal data and what will we do with it?

St Mary's Catholic Primary School are collecting your/your child's information to enable the school to register your child with the school to comply with a legal requirement under the Education (Pupil Registration) (England) Regulations.

Your/your child's personal information will be processed in accordance with the requirements of the Data Protection Act 2018 and will only be shared with 3rd parties where we are required / allowed to do so by law. Please note minimal amounts of your/your child's personal data will be securely shared with Telford and Wrekin Council and the Department for Education and other government agencies as may be required in compliance with the regulations stated above.

To learn more about what personal data the school collect, why it collects and who it might share it with please view our privacy notice on the schools website.

Please note it is the parents/guardian responsibility to notify the school immediately if any of the information on this admissions form changes

Childs Information

Child's First Name										
Child's Legal Surname										
Child's Chosen Name										
Child's Data of Birth*	D	D	M	M	Y	Y	Gender			
Childs Home Address										
							Post Code			

*Please provide a copy of your child's birth certificate/passport so we can confirm data of birth

Is your son/daughter adopted from care – Yes or No _____

Country of Birth		Date of UK Arrival (if born outside UK)	D	D	M	M	Y	Y
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What is your child's ethnic origin – please tick applicable box below:

British (WBRI)	White & Black Caribbean (MWBC)	Other Pakistani (AOPK)	Chinese (CHNE)
Irish (WIRI)	White & Black African (MWBA)	Bangladeshi (ABAN)	Japanese (OJPN)
Traveller of Irish Heritage (WIRT)	White & Asian (MWAS)	Any Other Asian Background (AOTH)	Korean (OKOR)
White European (WEUR)	Any Other Mixed Background (MOTH)	Caribbean (BCRB)	Refused (REFU)
Gypsy/Roma (WROM)	Indian (AIND)	African (BAFR)	Do not record an ethnic code (NOBT)
Any Other White Background (WOTW)	Mirpuri Pakistani (AMPK)	Any Other Black Background (BOTH)	

What is your child's religion – please tick applicable box below:

Anglican	Christian	Jehovah's Witness	Mormon	Roman Catholic	No Religion
Baptist	Church of England	Jewish	Muslim	Sikh	Other
Buddhist	Hindu	Methodist	Quaker	United Reform Church	Do not Record

What is your Child's First/Native Language? Please tick applicable box below:

(The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community)

Akan (Fante)	Bulgarian	Greek	Latvian	Polish	Spanish	Urdu
Akan-Twi/Asante	Chinese / Cantonese	Hindi	Lithuanian	Portuguese	Swahili	Welsh
Akan-Twi / Fante	Dutch / Flemish	Hungarian	Maithili	Romanian	Tamil	
Arabic	English	Italian	Marathi	Russian	Telugu	
Bengali	German	Korean	Panjabi	Somali	Turkish	

Other (Please state)		Do not record	
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What is your Child's Level of Spoken English? Please tick applicable box below:

Fluent	<input type="checkbox"/>	Competent	<input type="checkbox"/>	Early Acquisition	<input type="checkbox"/>
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Previous school details:

Name of School	<input type="text"/>	Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>												
Address	<input type="text"/>												

Parents/Family Information

Mother /Guardian	<input type="text"/>	Father/ Guardian	<input type="text"/>
Step Parent – Yes/No	<input type="checkbox"/>	Step Parent – Yes/No	<input type="checkbox"/>
Parental/Legal Responsibility – Yes/No	<input type="checkbox"/>	Parental/Legal Responsibility – Yes/No	<input type="checkbox"/>

Access to Childs School Information – Please Tick Below:

Mother/Guardian	Father/Guardian
Contact Information <input type="checkbox"/>	Contact Information <input type="checkbox"/>
Pupil Annual Report <input type="checkbox"/>	Pupil Annual Report <input type="checkbox"/>
School Letters/Newsletters <input type="checkbox"/>	School Letters/Newsletters <input type="checkbox"/>
Parent Consultation Meeting <input type="checkbox"/>	Parent Consultation Meeting <input type="checkbox"/>

Who lives in the family home? _____

Contact Details for Mother/Guardian:

Address (if different from above)	<input type="text"/>
Address (if different from above)	<input type="text"/>

Home Telephone	<input type="text"/>	Work Telephone	<input type="text"/>
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Place of Work	<input type="text"/>	Mobile Telephone	<input type="text"/>
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Email Address	<input type="text"/>
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Contact Details for Father/Guardian:

Address (if different from above)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Home Telephone	<input type="text"/>	Work Telephone	<input type="text"/>
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Place of Work	<input type="text"/>	Mobile Telephone	<input type="text"/>
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Email Address	<input type="text"/>
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Please indicate if either mother or father works in the British Armed Forces:

Mother – Yes/No	<input type="text"/>	Father – Yes/No	<input type="text"/>
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Please detail below if there are any custody issues that we need to be aware of, e.g. does your child only live with one parent, are you the child’s legal guardian, any legal access arrangements, etc. Please supply a copy of the legal documents relating to these arrangements.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Emergency Contact Information

Emergency Contact 1

Mr, Mrs, Miss, Ms	First Name		Last Name	
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Relationship to Student	
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Contact phone number of different from above														
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Email Address	
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Emergency Contact 2

Mr, Mrs, Miss, Ms	First Name		Last Name	
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Relationship to Student	
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Contact phone number of different from above														
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Email Address	
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Contact Doctor

Name of Doctor		Tel. No.												
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Address	

Does your child have any medical conditions of which the school needs to be aware?
Please detail below:

St Mary's Catholic Primary School

Multi-Consent Form

Consents For:		(Childs Name)
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Please indicate whether you have given your consent in each case by ticking the box on the right-hand side against each statement below. Please then sign and date this form on the last page.

If in future you wish to remove your consent for any of the actions below you can do so by contacting the school office on 01952 388255.

Use of name/image (Including photographs and video recordings)

I give my permission for my son/daughters:	YES	NO
Name to be used on the school website, printed publications and media <i>(Could be viewed by external parties and potentially worldwide)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Image to be used on school website and/or media	<input type="checkbox"/>	<input type="checkbox"/>
Image to be used within school, e.g. on school books, wall displays, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Image to be used in printed school publications, e.g. school prospectus, newsletters, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Image to be taken and used for miscellaneous circulation, e.g. images taken at school events.	<input type="checkbox"/>	<input type="checkbox"/>
Image to be displayed in non-public positions (staff room, school office, etc.) if child has a medical condition/allergy that a member of staff needs to be aware of.	<input type="checkbox"/>	<input type="checkbox"/>

Medical matters

I give my permission for my son/daughter:	YES	NO
To be given first aid by a trained member of staff during any on-site or off-site activity	<input type="checkbox"/>	<input type="checkbox"/>
To be given low level medication, e.g. paracetamol, and or plasters/bandages where required	<input type="checkbox"/>	<input type="checkbox"/>
To use anti-bacterial hand gel.	<input type="checkbox"/>	<input type="checkbox"/>

In the event that your son/daughter requires emergency/lifesaving medical treatment, trained school staff will liaise with emergency services to ensure treatment can be given.

We will make every effort to obtain your agreement for this prior to any arrangements being actioned.

If you have any concerns about this please detail them below:

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All actions will be taken in accordance with the schools duty of care under 'Keeping Children Safe in Education (DfE) 2018'