

For school use only

UPN: _____ Admission date: __/__/____

Birth Certificate seen Address verified Admission Number _____

St Leonard's C.E. Primary School
Nursery/ F2 Class

If You have any questions concerning the completion of this form, please contact the Headteacher or the school secretary.

Notes

Please complete each side of this form for your child and return with the child's birth certificate or passport to reception. The information will be used for administrative purposes within this school. It will be sent on to your child's next school or other educational institution and also to the Local Authority (LA) and School Health Nurse Service to enable them to maintain their records. The provision of accurate information helps this school and the LA to see that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information you give and, from time to time, we may ask you to confirm that it is correct. The County Council is entitled to collect this information under the provisions of the Data Protection Act 1998. **Please ensure the form is signed by a parent or legal guardian of the child.**

Please be aware that completion of this form does not guarantee a place for your child if this has not been notified in writing by Oxfordshire County Council.

SECTION 1: PUPIL'S DETAILS:

Legal Surname: _____ Forename: _____

Preferred Surname: _____

Gender: Male / Female Date of Birth __/__/____

Middle Name: _____ Chosen Name: _____

Pupil Address Details:

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Is this the pupil's home address or term time only address (tick one box only)

Additional Pupil Address

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

If your child has siblings already at our school please provide their name(s):

SECTION 2: CONTACT DETAILS:

To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent of a pupil. Please note that this includes: mother; married father- even if separated or divorced from the

mother; unmarried father- provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child.

If any parents do not live with the pupil but require copies of school correspondence e.g. newsletters, pupil report, please notify the school.

Contact 1 Surname: _____ Forename: _____

Gender: Male / Female Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Pupil: e.g. Mother, Father etc _____

Does this contact have Parental Responsibility? Yes/No

1. Daytime Telephone Number: _____ is this a home work mobile number

2. Alternative telephone number: _____ is this a home work mobile number

3. Alternative telephone number: _____ is this a home work mobile number

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

E-mail address: _____ home / work (*delete one*)

First Language: _____ Is a Translator Required? Yes/No

Contact 2 Surname: _____ Forename: _____

Gender: Male / Female Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Pupil: e.g. Mother, Father etc _____

Does this contact have Parental Responsibility? Yes/No

1. Daytime Telephone Number: _____ is this a home work mobile number

2. Alternative telephone number: _____ is this a home work mobile number

3. Alternative telephone number: _____ is this a home work mobile number

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

E-mail address: _____ home / work (*delete one*)

First Language: _____ Is a Translator Required? Yes/No

Contact 3 Surname: _____ Forename: _____

Gender: Male / Female Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Pupil: e.g. Mother, Father etc _____

Does this contact have Parental Responsibility? Yes/No

1. Daytime Telephone Number: _____ is this a home work mobile number

2. Alternative telephone number: _____ is this a home work mobile number

3. Alternative telephone number: _____ is this a home work mobile number

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

E-mail address: _____ home / work (*delete one*)

First Language: _____ Is a Translator Required? Yes/No

SECTION 3: MEDICAL INFORMATION

Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information will be available to relevant officers at the LA, school staff and to the School Health Nurse Service and any other National Health Service professionals, as required.

Practice name: _____ Telephone number: _____

Address of practice: _____

Post Code: _____

In the event of an emergency do we have your consent to contact your child's medical practice directly? Yes / No

Has your child had his/ her pre-school booster? Yes Don't know

Do you give consent to your child's vision being screened by the School Health Nursing Service? Yes No

Does your child suffer from:

Does your child have any problems with:

- Asthma
- Epilepsy
- Diabetes
- Bowel or bladder conditions
- Serious allergies
- Any other medical conditions

- Mobility
- Behaviour
- Hearing
- Speech
- Vision
- Wears glasses

If you have ticked any of the boxes, please give details

Does your child need regular medication on prescription? Yes No

Will your child need medication during school hours? Yes No

If you have answered 'Yes' please contact the school to make an appointment to discuss your child's needs with school staff.

Does your child suffer from any condition which may affect his/ her participation in PE/ sport/ swimming?

Yes No
 Yes No

If you have answered 'YES' to any of the above please give details:

Would you like an opportunity to discuss your child's health with the school? -the School Health Nurse?

Yes No
 Yes No

SECTION 4: ETHNIC MONITORING:

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the school's and the LA's equal opportunities policies and practices in maximising your child's progress and achievement. White British should include any pupils from England, Scotland, Wales and Northern Ireland. White Irish should include any pupils from the republic of Ireland.

- | | | | |
|-------------------------------------|--------------------------|--|--------------------------|
| White British | <input type="checkbox"/> | Asian or Asian British - Indian | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Asian or Asian British - any other Asian background* | <input type="checkbox"/> |
| White Traveller of Irish heritage | <input type="checkbox"/> | Asian or Asian-British- Pakistani | <input type="checkbox"/> |
| Any other white background* | <input type="checkbox"/> | Black or Black-British - African | <input type="checkbox"/> |
| White Gypsy/ Roma | <input type="checkbox"/> | Black or Black-British - Caribbean | <input type="checkbox"/> |
| Mixed – any other mixed background* | <input type="checkbox"/> | Black or Black-British - any other black background* | <input type="checkbox"/> |
| Mixed - White and Asian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Mixed - White and Black African | <input type="checkbox"/> | Any other ethnic group* | <input type="checkbox"/> |
| Mixed – White and Black Caribbean | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> |
| Asian or Asian British -Bangladeshi | <input type="checkbox"/> | *(please specify) _____ | <input type="checkbox"/> |

Please write down the first language your child used or uses. If your child uses more than one language, a language other than English should be recorded.

Language: _____

Please tick your child's religion, if you wish. Please tick one box only.

- | | | | |
|-----------|--------------------------|-------------|--------------------------|
| Christian | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | No religion | <input type="checkbox"/> |

SECTION 5: CONSENT FROM PARENTS/CARERS FOR PHOTOGRAPHY AND LOCAL TRIPS

- 1) From time to time we would like to include photographs of school activities on our school website or show them on the large screens in reception etc. Children would not be named, unless prior approval has been obtained from parents /carers.
- 2) Occasionally we may need to take the children off the school site to visit e.g. the local park, shops or around the local estate. To enable us to do this we need your permission. Your child will be supervised at all times and a risk assessment will have been completed before any such excursion. This includes local journeys in the school or community minibuses'

Please tick the boxes below giving your permission for the above.

1)Use of photo with your child on **2) Visit to local areas**

If you need to discuss this please make an appointment to speak to one of the Head Teachers

SECTION 6: IMPORTANT ADDITIONAL INFORMATION:

Is either parent/person with parental responsibility a member of the armed forces? yes/no

Please indicate which type of meal your child will usually be taking at school:

Free school meal Sandwiches Home
 Paid school meal Other

By law, children in families claiming Income Support or Income Based Jobseeker's Allowance are entitled to free school meals (provided evidence of these benefits has been made available to the school). Even if your child will not be taking free school meals it is important that we have this information since it affects our funding and the way in which the school's performance in tests and examinations is compared with that in other schools. We will ask this question again from time to time to ensure that our records are accurate, and on occasion may need to see relevant proof.

Free school meals and free after school activities (clubs, visits etc) MAY be available if you are in receipt of any of the following:

Jobs seekers allowance Income Support
 Housing benefit Council tax benefit
 Disability element of WTC Incapacity allowance
 Working tax credits (WTC) (excluding child tax credits)

How will your child travel to school generally? Please tick one box only.

Walks Car School coach Taxi
 Bicycle Bus Train Other _____

Is this child a 'looked after' child? Yes / No If yes please give details:

Start of placement: __ / __ / _____

Care Authority and details of the child's social worker :

SECTION 7: SCHOOL HISTORY:

Please give details of all previous settings attended by your child- if any.

Continue on a separate page if there is insufficient space.

School 1: Name of school or pre-school setting: _____

Address of school or pre-school setting: _____

Post Code: _____

Date of arrival at this school: __ / __ / ____ Date of leaving this school __ / __ / ____

Reason for leaving this school: _____

Any further information you feel school should be aware of

Session preferred AM / PM

SECTION 8: YOUR SIGNATURE:

This form must be signed by a parent or other adult with legal responsibility for the child. I confirm that the information contain in this document is true at the date signed and I will advise of any changes as they occur. I also confirm that by signing this form I agree to all policies and procedures* at the school, particularly in regard to attendance and holidays.

Please sign and date this form below:

Signature _____ **Date** _____

Name (in block capitals please) _____

Relationship to child _____

Please return this form to reception with the original birth certificate or passport for your child. Copies will be taken for our records. Thank You

****Please be aware policies and procedures apply to the whole school (including Reception aged children not of statutory school age) unless otherwise stated.***

If you are unsure of any part of this form please contact reception. Thank you .