

## **ADMISSION FORM - CONFIDENTIAL**

To ensure we have the correct legal name, it would be helpful if you would bring us your child's full birth certificate, or adoption certificate if this is appropriate. If you wish, we can take a copy for your child's record, but there is no obligation on you to do this. You can ask what details we hold on your child at any time.

## PERSONAL DETAILS FOR YOUR CHILD - MANDATORY

Legal Surname of child:			Birth Certificate attached
(as on birth certificate)			YES/NO
Preferred Surname:			
(if different from above – al	l persons with parental respons	ibility must agree to this,	tick box)
Forenames:			
Preferred Forename:			
(if different from above)			
Date of birth:	Country of Birth	Gender: male / female	2
Your child's full address:			
Postcode:			
(Important: this must matc	h that on the Post Office websi	te)	
Home telephone number:			
Parent/Carer Mobile teleph	one number *:		
Parent/Carer Work telephor	ne number:		
Parent/Carer Email address:	: (please print clearly)*		
	where we will send out text/en	nail messages/Parent Po	rtal information so should
be the <u>first</u> contact parent/	carer where the child lives.		
	(if applicable) - MANDATORY		
School name:			
(If outside local area) - Addr	ess:		
Telephone number:			
			II.





#### PARENT/CARER CONTACT DETAILS - MANDATORY

These are very important to us. If your child becomes ill during the day, we need to be able to contact you, or someone acting for you, who is able to collect your child. Please give at least two emergency contact numbers. We suggest the telephone numbers of any place of work and one other emergency contact, perhaps a grandparent if they live close by. If you have no relatives in the area, then ask a friend, neighbour or childminder if they would be willing to act as an emergency contact.

**1**<sup>st</sup> Parent/Carer Contact - This should be the Parent/Carer with whom your child resides for the majority of the week and where text messages/emails will be sent.

Name:	Relationship to child:	Parental Responsibility: YES / NO
Full Address:		
Postcode:		
1 <sup>st</sup> contact number:		
2 <sup>nd</sup> contact number:		
Email: (please print clearly)		
2 <sup>nd</sup> Parent/Carer Contact		
Name:	Relationship to child:	Parental Responsibility: YES / NO
Full Address: (if different from chil	d's home address)	
Postcode:		
1 <sup>st</sup> contact number:		
2 <sup>nd</sup> contact number:		
Email: (please print clearly)		
3rd Contact – this person will be	contacted in an emergency if	parents/carers are not available
•	<b>.</b>	•
Name:	Relationship to child:	Parental Responsibility: YES / NO
Full Address: (if different from the	•	, , ,
,	•	
Postcode:		
1 <sup>st</sup> contact number:		
2 <sup>nd</sup> contact number:		





Parental Responsibility: YES / NO

# 4<sup>th</sup> Contact – this person will be contacted in an emergency if parents/carers are not available

Relationship to child:

Full Address: (if different from the child	d's home address)		
Postcode:			
1 <sup>st</sup> contact number:			
2 <sup>nd</sup> contact number:			
Family Details - Mandatory			
Details of Other Children in Family			
Name	Date of Birth	School/College (if applicable)	
who have parental responsibility. This	is always the birth mo	nts(s), the school needs details of those ther and, where the father is named on of an adoption certificate, parents name	the birth
1			
2			
If parents are separated or divorced, h	as a court order in rela	tion to the child been issued?	YES/NO
Does your child require a copy of reporting address where to send):	rts to be sent to other p	parents? If yes, please give full details	YES/NO
Name:			
Address:			



Name:



Medical	<b>Details</b> -	Mand	atory
IVIEUICAI	Details -	ivialiu	αιυι ν

Name (	of	doctor/	surgery:
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#### Telephone number:

<u>Medical condition of child</u>: Does your child have any medical condition (including <u>ASTHMA</u> or <u>ALLERGIES</u>) that we need to be aware of? If so, please provide full details including any medication that is being taken orally or by injection. Where appropriate school will ensure that pupils with a medical need have a Health Care Plan.

<u>Emergency Medical Aid:</u> In the event of an emergency I give permission for my child to receive first-aid treatment prior to the arrival of emergency services <u>or</u> parent/carer. **YES / NO** (please delete as appropriate) (If no, please give details as to what you would allow under this consent).

If your child is prescribed with medicine to be taken <u>FOUR</u> times a day, by a doctor, and he or she is well enough to attend school, please request a medicine form from the school office. When the form has been completed, the medicine must be brought to the office in a sealed, labelled container ad staff will be able administer it to your child on your behalf.

Has an Education Health (	Care Plan be	en issued	l in res	pect	of yo	our child	?	YES/N	NO		
Does your child wear glass	ses?	YES/NO									
Type of meal required: Optional (please tick)		School n	neal		San	dwiches	;	Free	meal	Home*	
Travel information:	School	Walk	Car	C	ycle	Taxi	Publ	ic		Other	
Mandatory (please tick)	coach						Transp	ort			

<sup>\*</sup> If you wish your child to go home at lunchtime we will send a permission slip for you to complete.

#### **Other Information**

#### MANDATORY

1. Are you a member of the armed forces? YES / NO

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2. Has your child been registered as a service child? YES / NO

3. Is your child entitles to any pension under AFCS or WPS? YES / NO





On the next couple of pages we ask you about your child's Ethnicity, Religion, Language and how your child normally travels to school. You have every right to refuse to give any of the following information and any information given can be retracted at a later stage by informing the school. However, if you complete each section in a positive way, it may result in additional resources for the school and authority. In relation to the mode of travel please be honest about this and where, for example, part of the journey is by car and part, say, is walking, please list the mode of transport used for the <u>majority of the journey</u> to school. This information is shared with the Local Authority and can be used to great advantage for us when working on School Travel Plans and seeking help address local road safety issues.

#### (A). Ethnic background (based on the Census ethnic categories)

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. *Ethnic background is not the same as nationality or country of birth.* Please study the list below and tick one box only to indicate the ethnic background of your son or daughter named above.

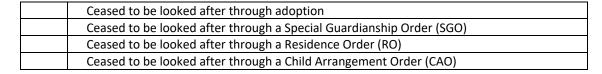
White  ◆ English		School use (SIMS codes) WENG
♦ Scottish		WSCO
♦ Welsh		WWEL
◆ Cornish		WCOR
♦ White Eastern European*		WEEU
♦ White Western European**		WWEU
<ul> <li>Other White British</li> </ul>		WOWB
♦ Irish		WIRI
<ul> <li>Traveller of Irish Heritage</li> </ul>		WIRT
♦ Gypsy/Roma		WROM
<ul><li>White – Other</li></ul>		WOTW
Mixed ◆ White and Black Caribbean		MWBC
♦ White and Black African		MWBA
♦ White and Asian		MWAS
Any other mixed background		MOTH
,		
Asian or Asian British		
◆ Indian		AIND
◆ Pakistani		APKN
◆ Bangladeshi		ABAN
<ul> <li>Any other Asian background</li> </ul>		AOTH
Black or Black British	-	2022
◆ Caribbean		BCRB
♦ African		BAFR
<ul> <li>Any other Black background</li> </ul>		вотн
Chinese		CHNE
Any other ethnic background		оотн
I DO NOT wish to give this information		REFU





\* White Eastern European includes those from Belarus, Bosnia & Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Macedonia, Moldova, Poland, Romania, Russia, Serbia & Montenegro, Slovak, Slovenia and Ukraine. \*\* White Western European includes those from Austria, Belgium, Denmark, Finland, France, Germany, Holland, Italy, Luxembourg, Malta, Norway, Portugal, Spain, Sweden and Switzerland. Please do not use WOTW if you can tick WEEU or WWEU.

(B). Plea	ise would you let us have	your far	mily's religion by ticking o	ne box b	elow?	
	1. Christian		5. Sikh			
	2. Hindu		6. Buddhist			
	3. Jewish		7. No Religion			
	4. Muslim		8. Other Religion □			
	I DO NOT wish to give the	nis inforn	nation   REFU			
(C). First	t Language					
this lang	guage in the home or th be denoted as their first	e commi	unity. If a child acquired	English, t they ha	ng early development and con subsequent to early developr ave become. On this basis, pl lage:	ment, English
	1. English				ENG	
	2. Other than English				ОТН	
	3. <b>I DO NOT</b> wish to give	e this info	ormation		REF	
	= = = = = = = = = = = = = = = = = = = =		=		ite language you regard as you ng of languages we may conta	
(D). Hor	ne Language					
Please s	tate your child's home lar	nguage w	hich is presently used in th	ne home	or in the community:	
	pted from Care					
Children	adopted from care on or	after 30	December 2005, as well a	s those v	vho left care under a special gu	uardianship



order or residence order (now known as a child arrangements order) attract a significant sum of additional funding to schools to be used to help support your child's academic progress and attainment. If this is applicable to your child, we would be grateful if you could indicate (with a tick) which category below he/she falls into. It should be emphasised

that the offering of this information is purely voluntary and parents are under no obligation to do so:



May 2023



# <u>SCHOOL PERMISSIONS</u> – Please note you are able to withdraw this consent at any time by contacting the school in writing.

SCHOOL ACTIVITIES - MANDATORY  I give my permission for my child to participate in offsite activities that take part within walking distance of the school, which take place as part of the school routines and timetabling.	Yes/No
I give permission for my child to participate in activities that take part at other schools within the Shropshire Gateway Educational Trust (Clee Hill Primary, Cleobury Mortimer Primary, Lacon Childe School and Stottesdon C of E Primary), which take place as part of the school routines and timetabling.	Yes/No
I give my permission for my child to participate in offsite activities / trips that take place as part of the school curriculum. We will always send information about each trip or activity. You can, if you wish, inform the school in writing that you wish for your child to be withdrawn from a particular trip or activity. Please note residential trips will have separate parental consent forms.	Yes/No
	Yes/No
<u>DAILY WORSHIP</u> I am happy for my child to participate in acts of collective worship (assembly).	
I am happy for my child to participate in acts of collective worship (assembly).  School Publicity / School Website	
	Yes/No Yes/No
I am happy for my child to participate in acts of collective worship (assembly).  School Publicity / School Website  I give permission for my child's photograph or name to appear in Shropshire Gateway Educational Trust publications/School Prospectus/newspaper report of an event at school I give permission for my child's photograph and name to appear on the Trust Website/LCD	

IF ANY OF YOUR CHILD'S DETAILS CHANGE, PLEASE NOTIFY THE SCHOOL OFFICE IMMEDIATELY.

Name in BLOCK CAPITALS: .....

