

School Admission Form

OFFICE USE			
DOB Verification Doc (specify)			
Verified by		Class	
Start Date		Year	
Childs First Name		Preferred Name	
Childs Middle Name		DOB	
Childs Surname		Spoken language	
Gender			
Address			

Can your child speak English	Yes/No	Ethnicity	
LAC status		Childs immigration status	
Religion		Date of arrival in UK	
Other agency involvement			
Childs Previous Schools			
Include dates attended			
GP Name and address			
Medical conditions including allergies (as recognised by GP)			
Any medication used as prescribed by GP			
Dietary requirements i.e. wheat allergy, dairy allergies, halal etc			
Meal patterns Please tick what your child will have for lunch	School Meal <input type="checkbox"/> or Packed Lunch (from home) <input type="checkbox"/>		
Learning support required or identified Special Educational Needs (as stated by the Local Authority)			

Contacts school requires a minimum of 3 numbers

Contact 1	<u>Name</u>	<u>Number</u>	<u>Relationship to child</u>
Contact 2	<u>Name</u>	<u>Number</u>	<u>Relationship to child</u>
Contact 3	<u>Name</u>	<u>Number</u>	<u>Relationship to child</u>

We are required to record the names and addresses of every person who has parental responsibility for the child under the Children Act.

Parent/carers details	Mother / Father / Carer (circle)	
	Title: Mr / Mrs / Miss / Other	
First Name	Surname	
Home address (if different from child)		
Telephone number		
Email address		
Gender: Male / Female	Immigration status	DOB
Languages spoken	Interpreter needed Yes/No	

Parent/carers details	Mother / Father / Carer (circle)	
	Title: Mr / Mrs / Miss / Other	
First name	Surname	
Home address (if different from child)		
Telephone number		
Email address		
Gender: Male / Female	Immigration status:	DOB:
Languages spoken	Interpreter needed Yes/No	

Brothers and sisters name	DOB	School

How will you usually get to school (circle)?

Walk	Car	Bus	Cycle	Taxi	Other
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Additional information:

(Include who will collect child from school)



Data Protection

Rushbrook Primary Academy is fully committed to full compliance with the requirements of the General Data Protection Regulation and Data Protection Act 2018. We are collecting this information as required by education law and to process the application in accordance with our admission arrangements. We follow procedures which ensure that all employees contractors and partners (collectively known as data users) who have access to any personal data held by or on behalf of the school are fully aware of and abide by their duties under the General Data Protection Regulation. For information please see our Privacy Notice accompanying this form and our Data Protection Policy available on our website.

I declare to the best of my knowledge all the information provided is correct

Signature _____

Date _____

Parental Consent Form

Childs name: _____

Childs class: _____

Copyright permission

I do give consent that pictures of my child taken at school and put on the school's website and newsletters are copyright protected by the school.

☐

Internet/Film

I do give consent for my child to use the internet and view PG rated films.

☐

Photograph Student

I do give consent for my child to be photographed/filmed for inside school purposes such as school books and displays.

☐

I do give consent for my child to be photographed/filmed for outside school purposes (including the school website, prospectus, facebook, twitter etc). Consent for publication of images extends to use of webcams.

Food Tasting

I do give consent for my child to be involved in food tasting and cooking sessions.

☐

Sex Education

I do give consent for my child to have sex education lessons.

☐

Data Exchange

I do give consent for my child's data to be exchanged with the local health services, education department and any other agency as required under the Data Protection Act 2018.

☐

School Visits

I do give my consent for my child to be taken out for educational trips and activities during the school day.

☐

This includes local trips such as a walk to the library or park. Please note that the school will send information about longer trips via your child's book bag, however, further consent will not be requested. If you do not want your child to take part in a specific activity you must inform the class teachers. We will ask for consent via SchoolPing.

First Aid/Medical Emergency Medical Treatment

I do give consent for my child to receive first aid and for my child to receive emergency medical treatment.

☐

Signed _____

Print _____

Date _____