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| **Pupil Admission**  **Form** |
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**Pupil Admission Form - Guidance Notes**

**E-mail Addresses**

We will sometimes communicate with home by e-mail to the first (primary) contact for each child, where possible.

**Phone Numbers/Communication**

Please provide as many phone numbers as possible for each contact.

We encourage parents to download our app, where parents receive letters and other important information. You will find out more about this app at the Induction Meeting. This app also enables us to quickly get short messages to groups of parents, like a text message. Examples include notifications of school closures, notifications if a school trip is going to be late back, etc.

**Emergency Contacts**

It is helpful for us to have details of at least 3 adults who we can contact in the event of illness or an emergency. In accordance with the General Data Protection Regulation (GDPR) we are required to issue a Privacy Notice to all data subjects for whom we hold personal information. This includes all contacts who are named on this form.

Enclosed with this form you should receive:

* Data Privacy Notice for Pupils and their Families (2 copies);
* Data Privacy Notice for Non-Parental Emergency Contacts (2 copies)

We request that you pass a copy of the appropriate privacy notice to all adults named on this form, and ask them to sign the relevant section of the admission form to confirm receipt of this within their contact details & information. If this is not possible then please provide us with an e-mail or postal address for the person, **on a separate piece of paper**, so that we can issue a privacy notice directly to them. E-mail and postal address details provided for this purpose will be destroyed as soon as the privacy notice has been issued.

Copies of Privacy Notices are also available to view on the school website.

**Free School Meals**

There are 2 categories of Free School Meals:

* Universal Infant Free School Meals are available for all children up to the end of Year 2, regardless of family income, and there is no need to register for this.
* Children in all year groups may be eligible for income-related Free School Meals, but parents must register for this via the Local Authority. Children who are eligible and registered for income-related Free School Meals also attract Pupil Premium Funding, which is additional funding received by the school to support that child’s education. New Lubbesthorpe Primary School uses some of this funding to provide subsidised school uniform and reductions in the cost of school trips for pupil premium children.

Please note that children who are registered for Free School Meals continue to have the option to bring a packed lunch to school if you prefer. If you have not received further information about Free School Meals eligibility and registration with this form and believe you may be eligible, please ask at the school office.

**Medical Information**

We need to know if a child has any medical or health needs that might affect their education or how we support their welfare within schools.

**Ethnic and Cultural Information**

The information in this section is primarily used for equal opportunities monitoring. However, it is helpful for our staff to know all of the languages that your child speaks or is regularly exposed to.

**PUPIL ADMISSION FORM**

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| **New Lubbesthorpe Primary**  **School** | **H:\Work\2018 2019\Lubbesthorpe\Logo\New Lubbesthorpe Primary School logo v4.jpg** | **SCHOOL USE ONLY** | |
| Admission No |  |
| Admission Date |  |
| Year Group |  |
| Class/Registration Group |  |
| Proof of Birth Date (e.g. Birth Certificate) seen by |  |
| Date Processed |  |

**PROOF OF BIRTH DATE MUST BE SEEN BEFORE A NEW ENTRANT IS ADMITTED TO THE SCHOOL**

Please refer to the attached Privacy Notices and Guidance Notes then **fully** complete this form in **BLOCK CAPITALS.**

Privacy Notices may also be viewed on the school website, at any time.

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| **PUPIL INFORMATION**  Legal Surname: ……………………………………………………………………… Legal Forename: …………………………………………………………………  Preferred Surname: ……………………………………………………………… Preferred Forename: …………………………………………………………… Middle Names(s): ………………………………………………………………… Gender (M/F): …… Date of Birth: ………………………………  Home Address: …………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………  Post Code: …………………………………………… Home Telephone Number: ……………………………………………………………….. |

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| **PREVIOUS SCHOOL / PRE-SCHOOL**  Name and address of previous school / pre-school: ……………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………….  Dates: from ………………………………………… to …………………………………………  Reason for leaving: ……………………………………………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **FAMILY LINKS**  Does this child have any brothers or sisters at this school? **Yes / No** (delete as applicable)  If yes, please give details: ……………………………………………………………………………………………………………………………………………………………………………………………………...  ……………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **PARENTS DETAILS AND EMERGENCY CONTACTS**  Please give details of all persons who have parental responsibility and any anyone else we may contact in an emergency. Indicate the order in which we should try each contact by placing a number in the priority box to the right hand side.  **Please note that in the event that we send a text messages or e-mail letter, it will go to Priority 1 contacts only.** | | | |
| **Parent / Guardian 1**  Title: ……………… Surname: ……………………………………………………… Forename:…………………………………………………………  Daytime Telephone Number: …………………………………………………  Home Telephone Number: …………………………………………………… Mobile Number:………………………………………………  e-mail address: …………………………………………………………………………………………………………………………………………………………  Address (if different from above): …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… Post Code: …………………………………………  Relationship to Pupil: …………………………………………………………………………  Are you a parent/guardian serving in regular HM Forces military units? **Yes / No** (delete as appropriate)  I have received the Privacy Notice for Pupils and their Families ……………………………………………………………………… (Please sign) | Priority for Emergency Contact | | |
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| **Parent / Guardian 2**  Title: ……………… Surname: ……………………………………………………… Forename: …………………………………………………………  Daytime Telephone Number: …………………………………………………  Home Telephone Number: …………………………………………………… Mobile Number: ………………………………………………  e-mail address: …………………………………………………………………………………………………………………………………………………………  Address (if different from above): …………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………… Post Code: …………………………………………  Relationship to Pupil: …………………………………………………………………………  Are you a parent/guardian serving in regular HM Forces military units? **Yes / No** (delete as appropriate)  I have received the Privacy Notice for Pupils and their Families ……………………………………………………………………… (Please sign) | Priority for Emergency Contact | | |
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| **Emergency Contact**  Title: ……………… Surname: ……………………………………………………… Forename:…………………………………………………………  Daytime Telephone Number: …………………………………………………  Home Telephone Number: …………………………………………………… Mobile Number:………………………………………………  Relationship to Pupil: …………………………………………………………………………  I have received the Privacy Notice for Non-Parental Emergency Contacts …………………………………………………… (Please sign) | Priority for Emergency Contact | | |
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| **Emergency Contact**  Title: ……………… Surname: ……………………………………………………… Forename: ……………………………………………………  Daytime Telephone Number: …………………………………………………  Home Telephone Number: …………………………………………………… Mobile Number: …………………………………………  Relationship to Pupil: …………………………………………………………………………  I have received the Privacy Notice for Non-Parental Emergency Contacts …………………………………………………… (Please sign) | Priority for Emergency Contact | | |
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| **DIETARY INFORMATION**  **Dietary Requirements**  🞎 No nuts of any type/quantity 🞎 No Pork 🞎 No Diary Produce  🞎 Artificial Colouring Allergy 🞎 No Beef 🞎 Seafood Allergy  🞎 Gluten Free 🞎 Vegetarian  Does your child have any other dietary requirements that the school should be aware of?  …………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………  **Lunchtime Meal Arrangements**  Please note that we are unable to provide Halal or Kosher food.  🞎 School Meals 🞎 Packed Lunch  Is your child registered for income-related Free School Meals? **Yes / No** (delete as applicable) |

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| **MEDICAL INFORMATION**  GP Practice where your child is registered: ……………………………………………………………………………………………………………………………………  Does your child have any medical conditions that the school should be aware of? (please include asthma)  …………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………  Please indicate if your child takes medicine on a long-term basis, and if so what it is:  …………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………  Please indicate if your child has any special needs of which we should be aware?  …………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………  Does your child have any problems with vision or hearing? If so please provide details:  …………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………… |

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| **ETHNIC AND CULTURAL INFORMATION**  Nationality: ……………………………………………………………………… Country of Birth: ………………………………………………………………………  **First Language**  A **First Language** other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community. If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.  Child’s First Language: ……………………………………………………………………  Other languages spoken (in order of importance):  1. ……………………………………………………………………………… 2. ………………………………………………………………………………  **Ethnicity**  **White Mixed**  🞎 British 🞎 White and Black Caribbean  🞎 Irish 🞎 White and Black African  🞎 Traveller of Irish Heritage 🞎 White and Asian  🞎 Gypsy / Roma 🞎 Any other mixed background  🞎 Any other White Background  **Black or Black British**  **Asian or Asian British**  🞎 Caribbean 🞎 Indian  🞎 African 🞎 Pakistani  🞎 Any other Black background 🞎 Bangladeshi  🞎 Any other Asian background  **Other**  🞎 Chinese 🞎 I do not wish to provide this information  🞎 Any other ethnic background |

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| **OTHER INFORMATION**  Please use this space to give us any other information about your child that you feel we should know and which has not already been covered by this form:  ……………………………………………………………………………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **AGREEMENTS / CONSENTS**  **Emergency Medical Treatment**  In an emergency situation special authorisation for medical treatment may be necessary if it is not possible to contact a parent or guardian. To cover such an eventuality we ask you to read the following statement and sign underneath:  “In the event of illness or accident requiring emergency treatment during the school day, or extension thereof, I authorise a responsible adult employed by the school to obtain treatment for my child where a doctor considers that the delay caused whist obtaining my permission would be detrimental to my child’s health.”  Signed: ……………………………………………………………………………  **Data Protection**  I confirm that I am the legal parent or guardian of the child named on this form.  I confirm that I have received, read and understand the “Privacy Notice for Pupils and their Families” in advance of completing this form.  I confirm that all of the information included on this form is correct to the best of my knowledge, and I agree to inform the school promptly should any of this information change.  Signed: …………………………………………………………………………… (parent / guardian)  Name: ……………………………………………………………………………  Date: ……………………………………………… |

**THANK YOU FOR COMPLETING THIS FORM**