



ADMISSION FORM

Please complete all sides then sign the last page.

The General Data Protection Regulation (GDPR), provisions of the Data Protection Act 2018 (DPA 2018) and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school's student records database. The information on ethnic origin and first language is needed by the school and by Cambridgeshire County Council (the Children's Services Authority). This is to ensure that resources are made available when required and that the Education Service offers real equality of opportunity for all pupils.

The sections marked * are non-compulsory. If supplied, this information will be shared with Education Welfare Benefit Service, Cambridgeshire County Council, and other relevant bodies administering public funds, who collect and use information about you so that we can provide your child(ren) with entitlement to education benefits under The Education Act 1996.

By signing this form, I confirm I understand that data will be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

Full details about how we use this data and the rights you have around this can be found in our [Data Policy](#) on our website where you will also find our Privacy Notices. If you have any data protection queries, please contact our Data Protection Officer whose contact details are contained in our Data Policy.

CHILDS DETAILS

Legal Surname(as it appears on child's birth certificate)

Legal Forename (as it appears on child's birth certificate)

Middle Name(s)

Preferred Forename Gender.....Male / Female

Date of Birth

Home Address

.....

Postcode Home telephone number

In Local Authority Care Yes/No If Yes, Name of Care Authority

Name & address of previous school.....

.....
If this school is overseas, please give name and address of any previous UK school attended (primary or secondary)

.....

.....

SERVICE CHILDREN IN SCHOOL

Schools are now required to indicate whether a child has a parent(s) / guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.

| | | | | | |
|----|--|-----|--|---|--|
| No | | Yes | | I do not wish a service children indicator to be recorded | |
|----|--|-----|--|---|--|

DETAILS OF CONTACTS WITH PARENTAL RESPONSIBILITY

PRIORITY 1

| | | | | | |
|---|--------|---------|------------|----------|---|
| Title | | Surname | | Forename | |
| Date of Birth* | | | NI number* | | |
| Home Address | | | | | |
| | | | | | |
| Telephone Numbers | | | | | <i>Please rank to indicate the best number on which contact you</i> |
| | Home | | | | |
| | Mobile | | | | |
| | Work | | | | |
| We will use the e-mail address below to communicate with you when sending out newsletters and other messages, including those specific to your child (for example following up on an absence when we cannot reach you by telephone). By giving an e-mail address below, you are indicating your consent to electronic communications. | | | | | |
| E-mail address | | | | | |

PRIORITY 2

| | | | | | |
|---|--------|---------|------------|----------|---|
| Title | | Surname | | Forename | |
| Date of Birth* | | | NI number* | | |
| Home Address | | | | | |
| | | | | | |
| Telephone Numbers | | | | | <i>Please rank to indicate the best number on which contact you</i> |
| | Home | | | | |
| | Mobile | | | | |
| | Work | | | | |
| We will use the e-mail address below to communicate with you when sending out newsletters and other messages, including those specific to your child (for example following up on an absence when we cannot reach you by telephone). By giving an e-mail address below, you are indicating your consent to electronic communications. | | | | | |
| E-mail address | | | | | |

PRIORITY 3

| | | | | | |
|---|--------|---------|------------|---|--|
| Title | | Surname | | Forename | |
| Date of Birth* | | | NI number* | | |
| Home Address | | | | | |
| | | | | | |
| Telephone Numbers | | | | <i>Please rank to indicate the best number on which contact you</i> | |
| | Home | | | | |
| | Mobile | | | | |
| | Work | | | | |
| We will use the e-mail address below to communicate with you when sending out newsletters and other messages, including those specific to your child (for example following up on an absence when we cannot reach you by telephone). By giving an e-mail address below, you are indicating your consent to electronic communications. | | | | | |
| E-mail address | | | | | |

EMERGENCY CONTACT DETAILS

If your child is unwell and needs to be collected from school please provide details of at least three parents/guardians/contacts who have agreed to be contacted in an emergency and place them in the order you wish them to be contacted. It is important that this information is kept up to date, so please advise us of any changes in names or contact numbers.

| Priority | Name | Contact Number | Relationship to child | Parental Responsibility |
|----------|------|----------------|-----------------------|-------------------------|
| 1 | | | | YES/NO |
| 2 | | | | YES/NO |
| 3 | | | | YES/NO |
| 4 | | | | YES/NO |

SEPARATED PARENT INFORMATION – For parents not living with student

Under the 1989 Children’s Act all parents have the right to receive information about their child’s progress.

Title..... SurnameForename.....

Relationship to studentParental responsibility YES / NO

*Date of Birth..... *NI Number

Home address

.....Postcode.....

Home telephone number Home email.....

Mobile Number Work telephone number

Court Case Yes/No

Address can be disclosed Yes/No

MEDICAL DETAILS

Doctor Telephone number.....

Address

Please state any medical conditions of which you wish the school to be made aware, (e.g. asthma, epilepsy, allergies)

.....

Please state if your child has a medically diagnosed food allergy or intolerance.....

.....

Does your child have any Special Needs Provision YES/NO

If YES *SEN Support / *EHCP *Statement? (*Please delete accordingly)

PERSONAL INFORMATION

To help us and the local authority in monitoring equal opportunities you are asked to complete the following:

Family's Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.)

| | |
|--------------------------------------|--|
| White - British | |
| White - Irish | |
| White - Traveller of Irish Heritage | |
| White - Gypsy/Roma | |
| White - Any other White background | |
| Mixed - White and Black Caribbean | |
| Mixed - White and Black African | |
| Mixed - White and Asian | |
| Mixed - Any other mixed background | |
| Asian or Asian British - Indian | |
| Asian or Asian British - Pakistani | |
| Asian or Asian British - Bangladeshi | |

| | |
|---|--|
| Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil....) | |
| Black or Black British -Caribbean | |
| Black or Black British -African | |
| Any other Black background | |
| Chinese | |
| Any other ethnic group – please state. | |
| | |
| | |
| | |
| I do not wish an ethnic background to be recorded | |

Country of birth Nationality

Date of arrival in UK (if relevant).....

First languageOther language(s).....

A pupil's first language is defined as any language other than English that a child was exposed to during early development and continues to be exposed to in the home or community. If a child was exposed to more than one language (which may include English) during early development, a language other than English should be recorded (Department for Education)

Religion

If there are any religious or cultural practices of which the school should be aware, please specify.

.....

Please give the name, DOB and gender of any other siblings in the school

Name Date of BirthMale / Female

Name Date of BirthMale / Female

TRAVEL ARRANGEMENTS

Linked to the Government's Travel to School Initiative, we are currently refining a school travel plan, which details how our students travel to and from school. We would be grateful if you could tell us what mode of transport your child normally uses. Where he/she uses more than one mode of travel for each journey to school, you should tell us the most frequently used and/or the longest element of the journey by distance.

| | | | | | | | |
|------------|--|----------------------|--|-----------------|--|---------|--|
| School Bus | | Public Transport Bus | | Bicycle/Scooter | | Walking | |
| Taxi | | Car/Van | | Car Share | | Other | |

Any additional information.....

Who will be collecting your child at the end of afternoon school?

Please indicate if there is anybody who is not authorised to collect your child from school

LUNCH ARRANGEMENTS

| Type of Meal | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| School Meal | | | | | |
| Packed Lunch | | | | | |
| Home | | | | | |

PERMISSION FOR VISITS DURING THE SCHOOL DAY

I give my permission for my child to be taken in supervised groups to local nearby venues for educational purposes.

Signed Name

PHOTOGRAPHIC PERMISSION

I give my consent for photographs and video recordings to be made of my child and used to support teaching and learning and to be used in school literature. I understand that if the image can be viewed outside the school my child will not be named.

YES/ NO

I give my consent for images of my child to appear on the school website. I understand that images will not be named.

YES/NO

I give my consent for my child to be photographed by the press in connection with information about school activities. I understand that I will be asked for specific consent if the press wish to publish my child's name with the photograph.

YES/ NO

Signed Name

I certify that, to the best of my knowledge, the information on this form is correct.

Signature:..... Parent/Guardian

Date