

Elmhurst School

Making a Positive Difference to the Quality of Learning
Headteacher ♦ Mrs Rachel Lee



ADMISSION FORM [CONFIDENTIAL] Elmhurst School and Early Years Excellence Hub

All schools are required by law to keep on record details of children admitted. We should therefore be grateful if you would complete this form in **BLOCK CAPITALS** and hand it into the school office when your child is admitted. Your child's birth certificate/passport should be presented for copying and placing on file at the time of your child's admission to primary education.

PUPIL DETAILS

Legal Surname:

As shown on Birth Certificate/Passport

Legal Forename:

As shown on Birth Certificate/Passport

Middle name(s):

Preferred Surname:

Preferred Forename:

Date of birth:

Gender: Male / Female (delete as applicable)

Country of Birth:

Pupil Nationality:

ADDRESS DETAILS

Home

Other - Term Time / Overseas / Other

Apartment: _____

Apartment: _____

House Name: _____

House Name: _____

House Number: _____

House Number: _____

Street: _____

Street: _____

District: _____

District: _____

Town/City: _____

Town/City: _____

Postcode: _____

Postcode: _____

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the name and address of the person with whom the child normally resides:

Reason: _____

Dates Applicable: _____

Forename: _____

Surname: _____

Address: _____

FOR SCHOOL USE ONLY

Registration Group: _____

*NC Year Group: _____

*Admission Date: _____

*Year Taught In: _____

*Enrolment Status: _____

Admission No: _____

UPN: _____

Attendance Mode: _____

Birth Certificate/Passport seen and copied:

House Colour: _____

(Infant/Combined Schools only)

*required fields for SIMS

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CONTACTS

Parent/Carer 1: Mr / Mrs / Miss / Ms / Other _____		Parent/Carer 2: Mr / Mrs / Miss / Ms / Other _____	
Forename: _____ Surname: _____		Forename: _____ Surname: _____	
Relationship to child: Mother / Father / Step Mother / Step Father		Relationship to child: Mother / Father / Step Mother / Step Father	
Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (if different to pupil): Apartment: _____ House Name or Number: _____ Street: _____ District: _____ Town/City: _____ Postcode: _____		Address (if different to pupil): Apartment: _____ House Name or Number: _____ Street: _____ District: _____ Town/City: _____ Postcode: _____	
Please tick the box against your main telephone number		Please tick the box against your main telephone number	
Tel Nos:	Home: <input type="checkbox"/>	Tel Nos:	Home: <input type="checkbox"/>
	Mobile: <input type="checkbox"/>		Mobile: <input type="checkbox"/>
	Work: <input type="checkbox"/>		Work: <input type="checkbox"/>
e-mail: Please tick this box if you do not want correspondence by email <input type="checkbox"/> (only one parent will receive emails)		e-mail: Please tick this box if you do not want correspondence by email <input type="checkbox"/> (only one parent will receive emails)	
National Insurance Number: [][][][][][][][][][]		National Insurance Number: [][][][][][][][][][]	
Date of Birth (Parent/Carer 1): ___/___/___		Date of Birth (Parent/Carer 2): ___/___/___	
National Asylum Seeker Number: [][] / [][][][][][][][][]		National Asylum Seeker Number: [][] / [][][][][][][][][]	
Please inform us in writing if you do not wish Elmhurst School to check your eligibility for Free School Meals and Pupil Premium Funding		Please inform us in writing if you do not wish Elmhurst School to check your eligibility for Free School Meals and Pupil Premium Funding	
Please attach a copy of any court orders relating to your child. Please tick if attached <input type="checkbox"/>			

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents, for example those with a Parental Responsibility Order. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the school will forward copies of school reports, etc. to the separated parent if requested. Please give details below.

Mr / Mrs / Miss / Ms / Other _____		Forename: _____ Surname: _____	
Relationship to child: _____			
Address: _____		Street: _____	
Apartment: _____		District: _____	
House Name: _____		Town/City: _____	
House Number: _____		Postcode: _____	
Tel Nos:	Home: _____	Mobile: _____	
	Work: _____	Email: _____	

Is the child resident with foster parents: Yes No

If 'yes'; which Authority is financially responsible for maintenance? _____

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From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below (in order of preference) the details of any person(s), including parents, who we can contact on such an occasion.

No.	Name	Relationship to the child <small>(Parent, Grandparent, relative, neighbour etc)</small>	Known to the child as? e.g. Gramps, Nana	Daytime telephone number
1	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			
2	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			
3	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			
4	Mr / Mrs / Miss / Ms / Other _____ Forename: _____ Surname: _____			

MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them to achieve their potential educationally. Would you please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the School Nurse.

DIETARY NEEDS

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Artificial colour allergy | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Kosher food only | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork | <input type="checkbox"/> Ramadan | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Halal | <input type="checkbox"/> Other (please specify) _____ | |

MEDICAL PRACTICE

Surgery Name: _____

Surgery Telephone Number: _____

Date of last tetanus injection.....(your GP will be able to provide this information)

MEDICAL INFORMATION

- Does your child suffer from?**
- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bowel or bladder problems | <input type="checkbox"/> Eczema | <input type="checkbox"/> Any other medical condition _____ |

Do you consider your child to have a disability? Yes / No *If Yes, please select all that apply from the list below.*

A child is considered to have a disability if their parent indicates substantial and/or long term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Hand Function | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Eating and drinking |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Communication | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Behaviour | <input type="checkbox"/> Consciousness e.g. seizures |
| <input type="checkbox"/> ASD/Aspergers | <input type="checkbox"/> Palliative care needs | <input type="checkbox"/> Other Disability/Health problem _____ | |

Does your child attend any medical clinics? - Yes / No

If Yes, please give details in the box below

If you have ticked any of the above boxes, please give further details below:-

If your child is on medication, does it need to be given during school hours? – **Yes / No**

If Yes please discuss with the Headteacher.

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ETHNIC/CULTURAL INFORMATION

The Department for Education (DfE) has asked for the collection of information on ethnicity and first language of all pupils.

ETHNICITY

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Black or Black British

- Caribbean
- African
- Any other Black background

Other

- Chinese
- Any other ethnic group
- I do not wish an ethnic background category to be recorded

FIRST LANGUAGE – The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.

- | | | | | |
|----------------------------------|---|---|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Chinese Mandarin | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Panjabi (Gurmukhi) | <input type="checkbox"/> Panjabi (Mirpuri) |
| <input type="checkbox"/> Pashto | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Shona | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Swahili | <input type="checkbox"/> Tagalog/Filipino | <input type="checkbox"/> Tamil | <input type="checkbox"/> Thai | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Please specify) _____ | | |
- I do not wish a first language to be recorded

RELIGION

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Baptist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Church of England |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Jewish | <input type="checkbox"/> Methodist | <input type="checkbox"/> Mormon |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Plymouth Brethren | <input type="checkbox"/> Quaker | <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> United Reform Church | <input type="checkbox"/> No Religion | <input type="checkbox"/> I do not wish a religion to be recorded | | <input type="checkbox"/> Other (Please specify) _____ |

ADDITIONAL INFORMATION

MEALS

- | | | | |
|---|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Entitled to Free Meals | <input type="checkbox"/> Goes Home | <input type="checkbox"/> Sandwiches | <input type="checkbox"/> Paid School Meals |
|---|------------------------------------|-------------------------------------|--|

TRAVEL TO SCHOOL - Please tick your child's usual main mode of travel. If the journey to school involves more than one mode of travel tick the mode used for the greatest part, by distance, of the journey.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Cycle | <input type="checkbox"/> Car/Van | <input type="checkbox"/> Car Share (with a child/children from a different household) |
| <input type="checkbox"/> Public service bus | <input type="checkbox"/> Dedicated school bus/coach | <input type="checkbox"/> Bus (type not known) | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Train | <input type="checkbox"/> London Underground | <input type="checkbox"/> Metro/Tram/Light Rail | <input type="checkbox"/> Other |

FOR SCHOOL USE ONLY

- | | |
|--|-------|
| <input type="checkbox"/> LA provided transport | Route |
|--|-------|

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Service Children in Education Indicator – are one or both parents Service personnel, serving in regular military units of any of the HM Forces, or in the Armed Forces of another nation and stationed in England and exercising parental care and responsibility?

Yes No I do not wish to answer this question

Please provide the names and dates of birth of any older or younger siblings and pre school/primary/secondary schools they attend.

Forename	Surname	Date of Birth	Name of School

PREVIOUS SCHOOL HISTORY

School, Pre-School or Nursery Name	Town/City	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason for Leaving

*For pupils being admitted into **the Reception Year only**, please include the number of terms spent in pre-school education, where known:- _____ terms.*

PHOTO CONSENT

As part of the curriculum and for assessment use, photographs of the children will be taken and used internally within school and on the secure Virtual Learning Environment. These photos will be stored securely as recorded in the schools e-safety policy: digital video and photographs.

Occasionally we may take photos for other uses, as detailed below. Please tick the appropriate box if you happy for your child to appear in certain media.

- The school prospectus
- The school website
- Video / webcam within teaching sessions
- Media (local newspaper etc)

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ANNUAL CONSENT TO LOCAL OFF SITE VISITS AND MEDICAL TREATMENT

Please tick that you have read and consent to the statements below.

I understand that my child may leave the school premises for local visits as outlined in the school prospectus and hereby give my consent for my child to participate in such visits. I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me

I agree to my son/daughter receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided

I undertake to inform the Head Teacher/party leader as soon as possible of any change in the medical circumstances of my child, after the date below.

SignedParent/Carer

Date

FOOD TASTING

From time to time children take part in food tasting activities. Please indicate below if your child has any known food allergies.

I give permission for my child to take part in food tasting activities. My child has the following food allergies:

.....

I do not give permission for my child to take part in food tasting activities.

PARENTAL DECLARATION

DATA PROTECTION STATEMENT: *The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the Elmhurst School and Early Years Excellence Hub's database.*

By completing the form, you will be automatically registered with the Early Years Excellence Hub (for children aged 5 and below) and information will be sent to you periodically. If you would prefer not to be registered please see a member of the Elmhurst School office staff.

Your signature on this form implies your consent for the school/Local Authority/Health Authority to process the data.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I declare the above information to be correct to the best of my knowledge at the time of completion.

I agree to notify the school of any change in my child's circumstances.

Signed: _____ Date: _____