



**GADE VALLEY PRIMARY SCHOOL
Admission Form (Confidential)**

MUST BE RETURNED BY 30TH APRIL 2021 AS YOUR FORMAL ACCEPTANCE OF YOUR CHILD'S NURSERY PLACE FOR SEPTEMBER 2021

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.

Legal Forename & Middle Name:

Legal Surname:

Date of birth:

Gender: Male / Female

NHS No:

ADDRESS DETAILS

House Number:

Road:

Town:

Post Code:

PREVIOUS SCHOOL / PRE-SCHOOL INFORMATION

School, Pre-School or Nursery Name	Town	Date started	Date of leaving

CONTACTS

Child's Name:

Parent/Carer 1: Mr / Mrs / Miss / Ms / Other _____ Parent's First & Surname: Relationship to the child: Parent's National Insurance No:	Parent/Carer 2: Mr / Mrs / Miss / Ms / Other _____ Parent's First & Surname: Relationship to the child:
Contact Tel No:	Contact Tel No:
Address (if different to pupil): House Number: Road: Town: Post Code:	Address (if different to pupil): House Number: Road: Town: Post Code:
Email address:	Email address:

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	Contact Telephone Number
1.			
2.			
3.			
4.			

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.

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: _____

MEDICAL INFORMATION

Please see separate sheet.

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 regular medication, does it need to be given during school hours? – **Yes / No**

If Yes please discuss with the Office Staff.

ETHNIC/CULTURAL INFORMATION

The Department for Education (DfE) has asked for the collection of the following information for 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

Child's Country of Birth _____ (optional)

Passport seen and copied (if applicable):

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) _____		
<input type="checkbox"/> 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"/> Paid School Meals	<input type="checkbox"/> Entitled to Free Meals	<input type="checkbox"/> Home Packed Lunch	<input type="checkbox"/> Goes Home
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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"/> Bus	<input type="checkbox"/> Taxi		

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?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I do not wish to answer this question
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PARENTAL DECLARATION

GDPR 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 Information Commissioner's Office (ICO) and are subject to the General Data Protection Regulations (GDPR). The information given will be entered onto a computer and will form part of the School's database, subject to the schools Data Retention Policy.*

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: _____