



Spring Meadow Infant and Nursery School

High Barns, Ely, Cambridgeshire, CB7 4RB

Tel: 01353 664742

admin@springmeadow.cambs.sch.uk

Nursery Infants

PUPIL ADMISSIONS FORM

The General Data Protection Regulation (2018) protects 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 Cambridgeshire County Council and other relevant bodies administering public funds. By signing this form, I/we give permission for the data to 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.

For further information on the handling of personal data, please see a copy of the Privacy Notice at http://www.cambridgeshire.gov.uk/info/20044/data_protection_and_foi/148/information_and_data_sharing/5

CHILD'S INFORMATION

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

Child's Forename Surname (as it appears on child's full birth certificate)

Child's Middle Name(s)..... Known as

Child's Gender: Male Female Child's Date of Birth (DD/MM/YYYY): ____ / ____ / ____

Home Address.....

..... Postcode.....

In Local Authority Care: Yes No If Yes, Name of Care Authority.....

Name of previous pre-school/nursery and name of keyworker (and how many hours at the setting:

.....

CONTACT INFORMATION

Please provide your details (Priority 1) and then add 2 other parent/guardian/other contacts below. **Place them in the order you wish them to be contacted in an emergency (you will be Priority 1)** Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

Priority 1 Contact- Parent/Guardian

Title..... Surname..... Forename

Relationship to Child..... Parental Responsibility: Yes No

Date of Birth (DD/MM/YYYY)*: ____ / ____ / ____ NI Number.....

Home Address.....

..... Postcode.....

Mobile Number..... Home Number (if different to mobile).....

Home Email Address.....

Work Address.....

Work Phone Number..... Extn..... Work Email.....

Priority 2 Contact- Parent/Guardian

Title..... Surname..... Forename
Relationship to Child..... Parental Responsibility: Yes No
Date of Birth (DD/MM/YYYY)*: ____ / ____ / ____ NI Number.....
Home Address.....
..... Postcode.....
Mobile Number..... Home Number (if different to mobile).....
Home Email Address.....
Work Address.....
Work Phone Number..... Extn..... Work Email.....

Priority 3 Contact

Please ensure you have the prior permission of any additional contacts before completing this section.

Title..... Surname..... Forename
Relationship to Child..... Parental Responsibility: Yes No
Home Address.....
..... Postcode.....
Mobile Number..... Home Number (if different to mobile).....
Home Email Address.....
Work Address.....
Work Phone Number..... Extn..... Work Email.....

**SEPERATED PARENT INFORMATION
For a Parent not living with the child**

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

Title..... Surname..... Forename
Relationship to Child..... Parental Responsibility: Yes No
Date of Birth (DD/MM/YYYY)*: ____ / ____ / ____ NI Number.....
Home Address.....
..... Postcode.....
Mobile Number..... Home Number (if different to mobile).....
Home Email Address.....
Work Address.....
Work Phone Number..... Extn..... Work Email.....
Parent to receive correspondence from the school: Yes No

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 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.

Service Child in Education: Yes No I do not wish a service child indicator to be recorded

PERSONAL INFORMATION

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

Country of Child's Birth..... Nationality.....

Family's Ethnic Origin (our ethnic background describes how we think of ourselves. This may be based on 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 circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, and Yemeni...)	
I do not wish an ethnic background to be recorded	

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

Other Language(s)..... Religion.....

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

Please give the name, gender and date of birth of any other children in your family:

Name.....

Date of Birth (DD/MM/YYYY): ____ / ____ / ____ Child's Gender: Male Female

Name.....

Date of Birth (DD/MM/YYYY): ____ / ____ / ____ Child's Gender: Male Female

Name.....

Date of Birth (DD/MM/YYYY): ____ / ____ / ____ Child's Gender: Male Female

Name.....

Date of Birth (DD/MM/YYYY): ____ / ____ / ____ Child's Gender: Male Female

TRAVEL ARRANGEMENTS

Linked to the Government's Travel to School Initiative, we are currently refining a School Travel Plan, which details how our children 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 Walk Taxi Car/Van Car Share

Other.....

INDIVIDUALS AUTHORISED TO COLLECT

I confirm that I have got permission from the individuals on the list below.

Full Name..... Relationship.....

Full Name..... Relationship.....

Full Name..... Relationship.....

Full Name..... Relationship.....

Full Name..... Relationship.....

Full Name..... Relationship.....

PLEASE CONTINUE FORM ON NEXT PAGE

MEDICAL PROFILE

Please inform the school if there are any changes to your child's medical needs throughout the year by contacting the School Office.

Child's Name.....

Has your child has he Pre-School Booster Immunisation? Yes No

If yes, date it was given: ___ / ___ / _____

Does your child wear glasses? Yes No

Does your child suffer from Asthma? Yes No

If yes, does your child have an inhaler? Yes No

If yes, will they need an inhaler in school? Yes No

Does your child suffer from chest complaints, wheezing or hay fever? Yes No

If yes, please give more details.....

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Is your child allergic to anything e.g. particular foods (such as nuts), antibiotics, plasters etc.? Yes No

Please specify.....

If yes, has your child ever suffered an allergic reaction that has required medical assistance? Yes No

Please specify.....

If yes, does your child have an EpiPen? Yes No

If yes, please collect a Medication Form from the School Office.

Please give specific details relating to your child's allergy here.....

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Has your child ever had an Epileptic Fit or Infantile Convulsion? Yes No

If yes, please give more details.....

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Dietary Details

Does your child have any Special Dietary Requirements? Yes No

Details of Special Dietary Requirements.....
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Your child's Diet Sheet attached: Yes No Confirmed seen by School Office
Please attach a letter of confirmation from your child's Dietician or Health Professional.

If yes, use this space to add further comments.....
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Name of Dietician or Medical Professional.....

Address.....

.....Telephone Number.....

In making this request for a Medical Diet, I acknowledge that whilst Spring Meadow will make every reasonable effort to comply with my child's dietary requirements, this is not always possible because of manufacturers' variations to food items, which are outside our control.

Any further notes relating to your child's medical needs.....
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Medical Profile Completed by:

Signature..... Relation to Child.....

Print Name..... Date: ____ / ____ / ____

PARENTAL PERMISSIONS

Child's Name.....

The General Data Protection Regulation 2018

In accordance with the requirements of the above named Regulation, any details held on computer are protected by law and must not be divulged without permission. As basic details such as name, address, date of birth, etc., are held in this manner in school for use by e.g. the School Health Department, we ask you to agree to basic family details being made available for education and welfare purposes.

I agree to my family details being made available.

Signed.....Printed Name.....

Child Protection

The school is legally required to report any injury found on a pupil that they feel might be non-accidental. If your child is injured in any way outside school, it would be helpful to inform us of the cause to avoid any misunderstanding. Your child's class teacher will ask you about injuries. Parents will be informed of concerns.

I accept the above statement.

Signed.....Printed Name.....

Permission for Visits During the School Day

I give permission for my child to take part in any visit within the locality which does not incur a cost. Individual visit letters will be sent home on each occasion, with full details of the visit.

Signed.....Printed Name.....

Internet Permission

I grant permission for my son or daughter to use the Internet in school. I understand that some material on the Internet may be objectionable but I am aware that the risk of such material becoming available to the children is minimal, as Spring Meadow has a robust Internet filtering system provided by Cambridgeshire County Council.

Signed.....Printed Name.....

Food Preparation and Tasting Permission

I give permission for my child to participate in food preparation sessions. **Please notify us in the space provided if there is any foodstuff which your child must not eat or handle for any reason** (further details can be included in the medical section of this form):

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Signed.....Printed Name.....

If for any reason you would like to withdraw or amend your consent in the future, please contact the School Office who will be able to process these changes for you.

PHOTOGRAPHIC PERMISSIONS

Child's Name.....

You may be aware that new data protection rules came into effect from May 2018. To ensure we are meeting the new requirements of the Data Protection Act 2018, we need to ensure we have your consent to take and use photos or videos of your child. We really value using photos of pupils, to be able to showcase what pupils do in school and show what life at our school is like to others.

I give permission for my child to be photographed or filmed whilst at school for the following purposes (please tick yes or no for each one):

	Yes	No
Individual Photographs		
Class Photographs		
School Performance/Production		
School Displays		
School Website		
School Publications		
Printed Media (Newspapers)		
Social Media		

Any news/film uploads with images of the multiple children will solely be there for you to share in your child's learning and day to day experiences at Spring Meadow Infant and Nursery School. We respect the consents you have agreed to and would kindly request that any links shared are not shared further on any social media platforms. Once the file(s) are uploaded other than us asking you as parents not to share them, we have no further control of who has access to them. Any photos of your child may be kept by the school for display purposes, this may be the case even after your child has left Spring Meadow.

I agree to my child's first name accompanying the photograph: Yes No

Signature..... Relation to Child.....

Print Name..... Date: ____ / ____ / ____

Or

I DO NOT give permission for my child to be photographed or filmed whilst at school.

Signature..... Relation to Child.....

Print Name..... Date: ____ / ____ / ____

Any additional information that the school should be aware of:

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Please sign and date this Admission Form and return to the School Office with a copy of your child's full Birth Certificate:

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

Signature..... Relation to Child.....

Print Name..... Date: ____ / ____ / ____

For office use only:

Form received: Date: ____ / ____ / ____ Signature.....

Birth Certificate Seen? Yes No

Date: ____ / ____ / ____ Signature.....

Form Data added: Date: ____ / ____ / ____ Signature.....

Child admitted: Date: ____ / ____ / ____ Signature.....