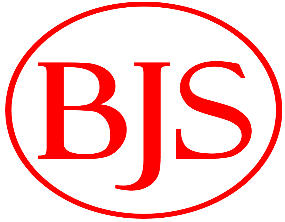
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**Application Form for Admission at Busill Jones Primary School**

**Please complete all pages in black ink and return to School Office along with a copy of your child’s birth certificate, proof of address and proof of identification ie passport, driving licence.**

|  |  |
| --- | --- |
| **Surname:** | **Forenames:** |
| **Date of Birth:**  **Gender: MALE/FEMALE** | **Preferred Name:** |
| **Are you happy for us to keep a copy of your child’s birth certificate securely on file: YES/NO** | |
| **Home Address:** | **Home Telephone Number:**  **Fathers Place of Work:**  **Work Tel No:**  **Fathers National Ins No:**  **Fathers DOB:**  **Mothers Place of Work:**  **Work Tel No:**  **Mothers National Ins No:**  **Mothers DOB:** |

**Who lives at the above address?**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to Child** | **Tel/Mobile Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Parents Email Address** …………………………………………………………………………..@.....................................................

**Parents Email Address** …………………………………………………………………………..@...............................................

**NAME AND ADDRESS OF PARENT LIVING AT ANOTHER ADDRESS**………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Email Address** ………………………………………………………………………........@......................................................…….

**Does this person have access to the above named child YES/NO**

**Does this person have Parental Responsibility YES/NO**

**EMERGENCY CONTACT INFORMATION/END OF SCHOOL DAY COLLECTION (THESE ARE PEOPLE YOU ARE HAPPY FOR US TO call IF WE CANNOT GET HOLD OF YOU IN AN EMERGENCY AND THAT YOU ARE HAPPY TO COLLECT YOUR CHILD AT THE END OF THE SCHOOL DAY) Please put in order to be contacted in the event of an emergency.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Relationship to the Child** | **Telephone Number** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

**FREE SCHOOL MEAL ENTITLEMENT**

|  |  |
| --- | --- |
| **IS YOUR CHILD ENTITLED TO FREE SCHOOL MEALS? – please contact the School Office who will be happy to assist you in relation to your application** | **YES/NO/UNSURE** |

**DIETARY PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Meal** | | | **YES/NO** |
| **Packed Lunch** | | | **YES/NO** |
| **Home for Lunch** | | | **YES/NO** |
| **Vegetarian** | | | **YES/NO** |
| **Food allergy/restriction: (Please list/give details)** | | | |
| **MEDICAL INFORMATION** | | | |
| **Name of Family Doctor** | **Tel No:** | **Address** | |
|  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Is your child allergic to any form of medication |  | YES/NO | If yes, please specify |
| Is your child allergic to plasters |  | YES/NO |

**DOES YOUR CHILD:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Wear Glasses | YES/NO | Wear a Hearing Aid | YES?NO | Have a Speech Difficulty | YES/NO |
| Have Diabetes | YES/NO | Have Asthma | YES/NO | Have Eczema | YES/NO |
| Use an Inhaler | YES/NO | If you have answered YES to any of the above questions please specify, giving as much detail as possible: | | | |
| **Does your child have any other medical need:** | YES/NO | If you have answered YES please specify, giving as much detail as possible: | | | |

**OUTSIDE AGENCIES: Are any of the following agencies helping you and your child?**

|  |  |  |  |
| --- | --- | --- | --- |
| Social Care | YES/NO | Hearing/Speech/Language Therapist | YES/NO |
| Occupational Therapist | YES/NO | Educational Psychologist | YES/NO |
| Does your family have any Social Care involvement? (please give details – Social worker name and contact details) | | | |
| Do you have an Early Help in place? (please give details – Early Help lead name and contact details) | | | |

**SIBLINGS – Does your child have any older or younger siblings?**

|  |  |  |
| --- | --- | --- |
| **Name of Older Child** | **Date of Birth** | **Male/Female** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Name of Younger Child** | **Date of Birth** | **Male/Female** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SCHOOL HISTORY**

|  |  |  |
| --- | --- | --- |
| **Previous School/Nursery (name and ADDRESS)** | **Date of Leaving** | **Reason for leaving** |

**PREVIOUS ADDRESS IF CHANGE OF SCHOOL WAS DUE TO HOUSE MOVE** …………………………………………………………………............................................................................................................................................

...........................................................................................................................................................................................

**SPECIAL EDUCATIONAL NEEDS**

|  |  |
| --- | --- |
| Does your child have any Special Educational Needs (SEN)? | YES/NO |
| Does he/she have a Statement of Educational Needs or Health Care Plan (EHCP) in place | YES/NO |
| Does your child have SEN support? | YES/NO |
| Is your child registered disabled? | YES/NO |
| Does your child receive support from any other agencies not stated above | YES/NO |

If you answered yes to any of the above, please specify, giving as much detail as possible: ……………………………………….

**ETHNIC DETAILS** – Please tick only one

**WHITE**

British [ ] Irish [ ] Traveller of Irish Heritage [ ] Gypsy/Roma [ ] Any other White background [ ]

**BLACK or BLACK BRITISH**

Caribbean [ ] African [ ] Any other Black background [ ]

**MIXED**

White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Any other mixed background [ ]

**ASIAN OR ASIAN BRITISH**

Indian [ ] Pakistani [ ] Bangladeshi [ ] Chinese [ ] Any other Asian Background [ ]

Any other Ethnic Background [ ] I do not wish an ethnic background category to be recorded [ ]

**Nationality ………………………………………………………………………..**

**Please state what language is spoken at home ………………………………………**

**Please state child’s religion ……………………….**

**Please note:**

**It is most important that when telephone numbers are changed that you inform the school of these changes in case we need to contact you in an emergency**

**I will let the school know of any changes to the above and understand that it is my responsibility to ensure that I keep the school informed of any changes in writing.**

The School undertakes to maintain your personal data in secure conditions. Your personal data will be disclosed to staff and agents of the school in order to support our services to you; this is done on a need-to-know basis and all staff are made aware of the procedures they must follow to ensure your data is protected. Your personal data is held for the purposes set out in full in our [ICO registration](https://ico.org.uk/ESDWebPages/DoSearch?reg=55399). By signing this registration agreement, you confirm that you understand that your data may be processed for these purposes which include:

* Maintenance of your student record (including personal and academic details);
* Management of academic processes (including teaching, exam board meetings, and awarding degrees);
* Providing advice and support (through Student Services, the National Health Service etc.);
* Where your data is disclosed to a third party, this is done in accordance with the provisions of the Act. Limited.

Signed …………………………………………………..Parent/Carer Date ……………………………