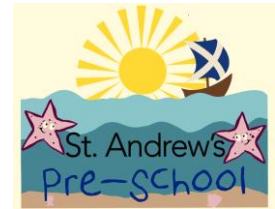




St. Andrew's CE
Primary School



PUPIL ADMISSION FORM

Forename(s) of child	
Preferred name of child	
Surname of child	
D.O.B.	
Preferred start date	

Please indicate preferred sessions below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session 8.45am – 11.45am					
Afternoon Session 11.45am – 2.45pm					

Funding Information

For information on funding, please see our fees and funding sheet. Please tick the method of funding which you intend to use with use. Please tick all that apply. For example if you are using the 15 hour universal entitlement at age 3 and will be self paying for additional hours, please tick 3 year old universal hours and self funding.

Tick	Description	Reference number
	2 year old funding (Golden Ticket)	Golden ticket number (if known):
	3 year old universal hours (15 hours per week)	N/A
	30 hours funded	30 hour code (if known):
	Self Funding	N/A

Will you be accessing part of your funded allocation in another setting? YES/NO

If yes, name of other setting _____

Please sign your agreement to the following:

I understand that I will receive a statement/invoice based on the information provided on this form. Should any of this information be incorrect, I will be liable for any fees subsequently owing.

I understand that non-funded sessions will be charged at the sessional rate as per the T&C.

I agree to the Terms and Conditions and understand that this booking form will form an official contract once the sessions have been confirmed.

Signed: _____ Print Name: _____ Date: _____

CHILD DETAILS

Gender: Male/Female (*circle as appropriate*)

Child's Home Address including Post Code:
(child's ***permanent*** address)

.....
.....

Home Telephone No:

Mobile Telephone No:

Home Email Address:

PARENT/GUARDIAN DETAILS

Please give the full name of the adult(s) with whom the child resides;

1. 2.

Relationship to the child: Relationship to the child:

Please list the adults who have Parental Responsibility for this child:

1: 2:

Relationship to the child:

1. 2:

Please give details if the parent is not living at the main residence identified above:

Name:.....

Relationship to Child:.....

Does this parent have legal access to the child? YES/NO (delete)

Is your child subject to any court orders? YES/NO

If yes, please give details:

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

Please attach copies of any relevant Court Orders that relate to this child; for example, name changes etc.

BACKGROUND DETAILS

Ethnic Origin:

Nationality:

Language spoken at home:

Other Pre Schools or Nurseries which your child attends:

Are there any family circumstances which you would like us to be aware of?

RELIGIOUS INFORMATION

Your child's Religion:

Has your child been Baptised/Confirmed (please circle as appropriate)

As a school we are proud of the strong links with St. Andrew's Church. Throughout the year the children, staff and congregation jointly celebrate seasons, life events and special times in the life of the school and the church. The school encourages an understanding of the meaning and significance of faith and promotes Christian values and awareness of other world faiths. The use of the language of prayer, and worship is always on offer and is encouraged. The school curriculum not only follows national requirements, but is planned and delivered with space to enable the children to have time to reflect as they learn.

You have chosen for your child to be educated in a Church of England school. **If for exceptional denominational reasons** you would prefer your **child not to participate in class or whole school assemblies or visits to St. Andrew's Church**, you are required **to put your reason in writing** to the Head teacher and School Governing Body. If your request is agreed you will be responsible for collecting your child from school as required.

EMERGENCY CONTACT DETAILS

These details are **very** important, it is essential that the school is notified of any changes as soon as they occur. The Emergency Contacts provided will be contacted in numerical order; therefore, it is advisable to make **"Contact Person 1" a parent.** (Children should know and be able to identify all contacts listed.)

CONTACT PERSON 1

Surname		Title	
Forenames (s)		Relationship to child	
Home Address			
E-Mail Address			
Telephone	Home:	Work:	Mobile:

CONTACT PERSON 2

Surname		Title	
Forenames (s)		Relationship to child	
Home Address			
E-Mail Address			
Telephone	Home:	Work:	Mobile

CONTACT PERSON 3

Surname		Title	
Forenames (s)		Relationship to child	
Home Address			
E-Mail Address			
Telephone	Home:	Work:	Mobile

PERSONS AUTHORISED TO COLLECT YOUR CHILD (must be over 18 years of age)

If your child will be regularly collected by someone other than yourself, please provide their details below:

You must always tell us and write in the collection diary if someone other than a parent is collecting your child. If collection arrangements change during the session, please telephone us.

- 1. Name..... Relationship to Child:
Tel/Mobile No:.....

- 2. Name..... Relationship to Child:
Tel/Mobile No:.....

SERVICE CHILDREN IN EDUCATION

We are required to identify children who live with a parent, step parent, civil partner or a person with parental responsibility, who is a current member of the “regular “ armed forces and has been assigned Personal Status 1 or 2 by the Secretary of State for Defence. Does this apply to your family? YES or NO (*If Yes, please give details*)

Name of Armed Services person: Relationship to child:

INSURANCE AND BEHAVIOUR CONTRACT

We are advised to make you aware of the following:
If, in the opinion of the trip organisers, coach drivers, facility managers, members of staff or any person in authority, your son/daughter behaves in such a way as to cause danger, distress or annoyance to others or damage to property their trip arrangements may be terminated. In this situation the school will have no liability to you and will not be responsible for making any refunds, paying compensation or meeting any costs or expenses incurred as a result. Furthermore, you must meet any expenses incurred as a result of such behaviour.

HEALTHCARE DETAILS

The health, safety and welfare of your child is very important to us. In the event of an emergency situation, where we feel that your child needs to be seen by a doctor or a member of the “Accident & Emergency Department”, we will use the emergency contact details you have provided. It is very important that you keep this information up to date. **However, if an emergency contact cannot be reached, the school will act “in loco parentis”.** Please sign below that you are happy for us to do so:

Signed:Print Name:
Relationship to child:

Please tick this box if you do not wish us to act in ‘loco parentis’ in the event of an emergency

My child has Allergies: NO/YES (if yes please indicate)

Gluten		Dairy		Seafood		Fruit (please specify)	
Nuts		Plasters		Artificial Colouring		Vegetables (please specify)	

Any other:

My Child Has Medical Conditions: NO/YES (if yes please indicate)

Epilepsy		Hearing Impairment	
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Eczema		Eyesight Impairment	
Diabetes		Asthma	
Hay Fever		Any other:	
Is your Child on Regular Medication? YES/NO (if yes, please provide details)			
Is there a requirement for it to be administered at the Pre-School? YES/NO			
It would be useful to know if your child, is a vegetarian, or for Cultural / Religious reasons chooses to abstain from eating any specific foods/food groups. Please provide details:			
Are there any other medical conditions or background information that you wish to share with us?			
Registered Disabled: YES/NO (If yes, please attach details)			
Does your child have any problems with hearing or seeing not already mentioned? YES/NO (If yes, please provide details)			
Are there any other professionals who help your child? (E.g. Speech Therapist; Paediatrician) YES/NO (if yes, please provide details)			
Does your child have an EHCP?			
<u>PLEASE GIVE THE DETAILS OF YOUR CHILD'S GP AND PRACTICE AND OTHER MEDICAL PROFESSIONALS</u>			
<i>NHS Number is obtainable from your Doctors Surgery</i>			
Name of Doctor:		NHS Number:	
Practice		Telephone No:	
Practice Address:			
Name of Dental Practice your child registered with:			
Telephone No:			
Name of Health Visitor			
Telephone No:			
Has your child been given a 2-year progress check? YES/NO			
For your information, our "Head lice Policy" is to contact Parents/Guardians when live lice are found or suspected so that early action can be organised on the child's return home. However, where children are in obvious distress or discomfort a decision may be taken to send your child home during the school day.			

CONSENTS

SHORT TRIPS AROUND ST ANDREWS GROUNDS

I give permission for my child to be taken out of the pre-school as part of the daily activities for a walk around the school grounds. For all other outings I understand that I will be informed and my specific consent obtained.

I give permission for my child to go on walks in and around St Andrews school grounds.

ICT CURRICULUM WORK

As part of our ICT work, our pupils will occasionally be required to use the Internet for educational purposes. We abide by the approved code of conduct regarding internet usage and ensure that our children participate in safe learning. If you are happy for your child to participate, please indicate below.

- I give permission for my child to use the Internet for educational purposes.
- I do not give permission for my child to use the Internet for educational purposes.

OTHER CONSENTS

- We offer the children a choice of milk or water at snack time. My child can choose milk/cannot drink milk due to allergy/intolerance.
- I consent that my child can participate in cooking /food preparation and tasting. Yes/No
- I consent for my child to be observed and assessed during their time at Pre-School. Yes/No
- I consent to my child having sun cream applied as required. Yes/No

Please delete as necessary

SCHOOL/NURSERY/PRE-SCHOOL HISTORY

To assist us further please complete details of previous educational establishments that your child has attended:

Name of Pre-School/Nursery:

Address:

Which school will your child attend (if known)?

DATA PROTECTION

ALL THIS INFORMATION IS ENTIRELY CONFIDENTIAL AND WILL BE ONLY SEEN BY STAFF. IF ANY OF THIS INFORMATION CHANGES PLEASE LET US KNOW AS SOON AS POSSIBLE.

For the purpose of the Data Protection I give my consent to this form and related information being processed and retained on file. I declare that the information given on this form is to the best of my knowledge and belief correct.

Signed: Print Name:Date:

Relationship to child:

PLEASE RETURN YOUR COMPLETED FORM, AS SOON AS POSSIBLE TO THE SCHOOL OFFICE SO THAT YOUR CHILDS RECORDS CAN BE UPDATED.

THANK YOU FOR YOU ASSISTANCE.

OFFICE USE ONLY

Year Group	
Start Date	
Sessions attended	
Total hours	
Funding status	