

Step 1: PUPIL ADMISSION FORM
BASSINGHAM PRIMARY SCHOOL

All schools are required by law to keep on record details of children admitted; we would then be grateful if you would complete this form and hand it into the school office. Your child's birth certificate should be presented at the same time.

Please tick accordingly

Full Name Of Child:		Male		Female	
Date of Birth: __ __ / __ __ / __ __		Birth certificate checked at school (Date & initial):			
Child's Permanent Address:					
Postcode:			Telephone Number:		

DETAILS OF THOSE WITH LEGAL PARENTAL RESPONSIBILITY:

Mother: (Name)		Title:	
Address: (If different from the child)			
Postcode:			
Telephone No. /Email	Home:	Work:	
	Mobile:	Email:	

Father: (Name)		Title:	
Address: (If different from the child)			
Postcode:			
Telephone No. /Email	Home:	Work:	
	Mobile:	Email:	

With whom does the child live?

Details of other children:

Name:	Date of Birth:	Relationship:	School: (If applicable)

DETAILS OF ANY OTHER PEOPLE WITH PARENTAL RESPONSIBILITY: (See * notes overleaf)

Name:		Title:	Relationship to child:
Address: (If different from the child)			
Postcode:			
Telephone No. /Email	Home:	Work:	
	Mobile:	Email:	

Name:		Title:	Relationship to child:
Address: (If different from the child)			
Postcode:			
Telephone No. /Email	Home:	Work:	
	Mobile:	Email:	

PLEASE ATTACH A COPY OF ANY COURT ORDERS RELATING TO YOUR CHILD

Please tick if attached:	<input type="checkbox"/>
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**Step 1: PUPIL ADMISSION FORM
BASSINGHAM PRIMARY SCHOOL**

Full Name Of Child: _____

EMERGENCY INFORMATION: DETAILS / ORDER OF PEOPLE TO BE CONTACTED IN CASE OF EMERGENCY

(1) Name:		Title:	
Address: (If different from the child)			
Postcode:		Relationship to child:	
Tel No.	Home:	Work:	Mobile:
(2) Name:		Title:	
Address: (If different from the child)			
Postcode:		Relationship to child:	
Tel No.	Home:	Work:	Mobile:
(3) Name:		Title:	
Address: (If different from the child)			
Postcode:		Relationship to child:	
Tel No.	Home:	Work:	Mobile:
(4) Name:		Title:	
Address: (If different from the child)			
Postcode:		Relationship to child:	
Tel No.	Home:	Work:	Mobile:

DETAILS OF CHILD'S DOCTOR

Name:	
Address:	
Postcode:	
Telephone Number:	

DETAILS OF ANY OTHER CLINIC / HOSPITAL / THERAPY THAT THE CHILD ATTENDS

Name:	
Address:	
Postcode:	
Telephone Number:	

In the event of my child requiring emergency treatment and the Headteacher (or his / her representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anesthetic advised by the medical authorities for the wellbeing of my child.

Date of my child's last anti-tetanus injection: _____

SIGNATURE OF PERSON WITH LEGAL RESPONSIBILITY: _____

Print Name: _____

Relationship to child: _____

Date: _____

Step 2: PUPIL ADMISSION FORM - HEALTH / MEDICAL INFORMATION
BASSINGHAM PRIMARY SCHOOL

OTHER MEDICAL DETAILS

Does your child:

Have any health condition or disability?

YES		NO	
-----	--	----	--

IF 'YES' please describe:

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Has it lasted or is it expected to last 12 months or more?

YES		NO	
-----	--	----	--

Does this have a substantial effect on your child's ability to carry out day to day activities?

YES		NO	
-----	--	----	--

Take regular medication?

YES		NO	
-----	--	----	--

Have any allergies?

YES		NO	
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IF 'YES' please describe:

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If you have answered 'YES' to any of the questions, your child may have met the Disability Discrimination Act 2005 definition of disabled. Please tick the boxes below that more accurately describe your child's health condition or disability. This information will help us to identify what we need to do to support your child at school.

Due to your child's health condition or disability do they have difficulty with:

* Moving about the school and going on educational visits?

YES		NO	
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* Washing, going to the toilet, controlling the need to go to the toilet?

YES		NO	
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* Dressing themselves?

YES		NO	
-----	--	----	--

* Hearing or sight?

YES		NO	
-----	--	----	--

* Any heredity or learning conditions that may affect your child's learning, e.g. dyslexia, autism.

YES		NO	
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* Complex health needs requiring daily assistance in order to maintain optimum health, such as physiotherapy at school?

YES		NO	
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YES		NO	
-----	--	----	--

If your child takes regular medication (if medication is to be administered at school a Health Care Plan will be drawn up). Please give details:

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Any further details or information we need to know about your child's condition?

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Please give details of any agencies involved in your child's health condition or disability:

Agency	Name of person(s) involved with your child	Telephone Number(s)

Regulations make it necessary for a medical consent form to be signed by one of the parents, or legal guardians of every child going on an educational visit of any kind.

This consent will cover all time in school and educational visits taken by your child whilst attending this school.

Should the necessity arise I agree to the person in charge of the party from Bassingham Primary School giving consent to such medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

SIGNATURE OF PERSON WITH LEGAL RESPONSIBILITY: _____

Print Name: _____

Relationship to child: _____

Date: _____

Step 3: WALK PERMISSIONS
BASSINGHAM PRIMARY SCHOOL

Full Name Of Child:

I give permission for my child to go on local walks and visit local sites.

YES		NO	
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SIGNATURE OF PERSON WITH LEGAL RESPONSIBILITY:

Print Name:

Relationship to child:

Date:

Step 4: PRIVACY NOTICE
BASSINGHAM PRIMARY SCHOOL

Privacy Notice - GDPR (General Data Protection Regulation)

Aspire Schools Trust is a data controller for the purposes of the GDPR (General Data Protection Regulation). The school collects personal information from you regarding your child and may receive information about your child from their previous school / nursery. We hold this personal data to :

- * support your child's learning;
- * provide appropriate pastoral care, and
- * monitor and report on your child's progress;
- * assess how well we are doing.

Information about your child that we hold includes contact details, national assessment results, attendance information and personal characteristics such as ethnic group, any special education needs they may have and relevant medical information.

We will not give information about your child to anyone without your consent unless the law and our policies allow us to.

We are required by law to pass some information about your child to our Local Authority (LA) and the Department for Education (DfE).

If you want to receive a copy of the information about you that we hold or share, please contact the Headteacher.

If you need more information about how the LA and DfE store and use your information, then please go to the following website:-

<http://www.education.gov.uk/researchandstatistics/datatdatam/b00212337/datause>

If you cannot access this website, please contact the LA or DfE as follows:

- * www.kelsi.uk
- * Public Communications Unit
Department For Education
Sanctuary Buildings
Great Smith Street
London
SW1P 3BT

Website: www.education.gov.uk

Email: www.education.gov.uk/help/contactus

Telephone: 0370 000 2288

We all enjoy and treasure images of our family and friends; family events and holidays. School events are moments we all like to capture in photographs or on video.

Whilst this can be very useful to all of us at home and in school, we must ensure we protect and safeguard all children and staff, including those who do not want to have their images stored online.

From time to time our school may be visited by the media who will take photographs or film footage of a special event or visiting dignitary. Pupils will often appear in these images, which may appear in the local or national newspapers, county magazines or on televised programmes.

We also have a school website where we display pictures of events which may include your child.

To comply with the GDPR (General Data Protection Regulation), we need your permission before we can photograph or make recordings of your child.

Please answer the questions below then sign and date. Ensure that you read and understand the conditions of use at the bottom of this form.

1a. Do you consent to your child being photographed or filmed in press events agreed by the school?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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1b. May we use a photograph which includes your child on our school website?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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1c. May we use your child's image in the form of a photograph, video or webcam for school use e.g. to display in classrooms, in photograph albums of special events such as educational visits, email across classes?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2a. Do you consent to your child's name (first and surname) being published with a press photograph? (These are also normally put on the press website)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2b. Do you consent to your child's name (first and surname) being included on our school website?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

2c. Do you consent for your child's name (first and surname) to be put in our 1/2 termly newsletter which goes on the website?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. Do you consent for your child to use electronic mail and the internet?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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4. I have read and understood the conditions of use on the bottom of this form.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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As the child's parents/carers we agree that if we take photographs or video recordings of our child/ren at Bassingham Primary School which include other pupils or staff, we will use these for personal and family use only and for the purpose for which they are intended (to enjoy watching your child's educational development). Images will not be distributed or stored online or shared on any social networking sites. We will support the school's approach to online safety and will not upload or add any pictures, videos or text that could upset, offend or threaten the safety of any member of the school community.

We understand that where consent has not been obtained from other parents or staff for any other use, we would be in breach of the GDPR (General Data Protection Regulation) if we used our photographs or recordings for any wider purpose.

Signed Parents/Carers:	<input type="text"/>	1)	<input type="text"/>	2)
Print Names:	<input type="text"/>	1)	<input type="text"/>	2)
Date:	<input type="text"/>	1)	<input type="text"/>	2)

CONDITIONS OF USE:

- This form is valid at Bassingham Primary School from the date you sign it for the period your child attends the school. The consent will automatically expire after this time. It is your responsibility to let us know and confirm in writing if you withdraw or change your agreement at any time. In which case photographs and recordings will not be used in future publications but may continue to appear in publications already in circulation.
- We may include pictures of pupils and teachers that have been drawn by the pupils.
- We will only use images of pupils who are suitable dressed to reduce the risk of such images being used inappropriately.
- Bassingham Primary School does not include personal email, postal addresses or telephone numbers on videos or photographs.
- The annual class group photograph taken by a professional photographer and sold to parents will include all children present that day, unless the school is informed otherwise by a parent/carer.

Step 6: ADDITIONAL FUNDING
BASSINGHAM PRIMARY SCHOOL

In certain circumstances the school will receive additional funding to support pupils.

In order for the school to access this funding on the parents behalf, please tick all the boxes applicable to your status:

UNIVERSAL CREDIT (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods)	<input type="checkbox"/>
INCOME SUPPORT	<input type="checkbox"/>
INCOME BASED JOB SEEKERS ALLOWANCE	<input type="checkbox"/>
GUARANTEED ELEMENT OF PENSION CREDIT	<input type="checkbox"/>
CHILD TAX CREDIT (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)	<input type="checkbox"/>
WORKING TAX CREDIT run-on - paid for four weeks after you stop qualifying for Working Tax Credit	<input type="checkbox"/>
EMPLOYMENT AND SUPPORT ALLOWANCE(Income related)	<input type="checkbox"/>
SUPPORT UNDER PART VI OF THE IMMIGRATION AND ASYLUM ACT 1999	<input type="checkbox"/>
A PARENT SERVING IN THE REGULAR ARMED FORCES	<input type="checkbox"/>
NONE OF THE ABOVE APPLY	<input type="checkbox"/>

Signed Parent/Carer:	<input type="text"/>
Print Name:	<input type="text"/>
Date:	<input type="text"/>

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below carefully and tick one box only to indicate the ethnic background of the named child.

At Basingham we celebrate diversity and greatly value the wide range of languages spoken by our children outside of school.

What is the main language spoken in your family? _____

Please tell us of any language that is spoken in your family: _____

RELIGION:

Christian		
Hindu		
Jehovah Witness		
Jewish		
Muslim		

Sikh	
Roman Catholic	
No Religion	
Other :	

WHITE:

English		Greek Cypriot	
Scottish		Gypsy/Roma	
Welsh		Kosovan	
Other White British		Portuguese	
Irish		Turkish	
Traveller of Irish Heritage		Turkish Cypriot	
Albanian		White Eastern European	
Bosnian-Herzegovinian		White Western European	
Croatian		Other White	
Greek			

ASIAN or ASIAN BACKGROUND

Indian	
Pakistani	
Bangladeshi	
African Asian	
Nepali	

Sri Lankan Sinhalese	
Sri Lankan Tamil	
Sri Lankan Other	
Other Asian	

MIXED/DUAL BACKGROUND

White & Black Caribbean		Black & any other ethnic group	
White & Black African		White & any other ethnic group	
White & Pakistani		White & any other Asian	
White & Indian		Chinese & any other ethnic group	
Asian & any other ethnic group		Other Mixed Background	

BLACK or BLACK BRITISH

Caribbean	
African	

Other Black Background	
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ANY OTHER ETHNIC GROUP

Afghan	
Arab	
Egyptian	
Filipino	
Iranian	
Iraqi	
Japanese	
Chinese	

Kurdish	
Latin/South/Central American	
Lebanese	
Malay	
Thai	
Vietnamese	
Other Ethnic Group	

I do not wish an ethnic background category to be recorded

Signed Parent/Carer: _____

Print Name: _____

Date: _____