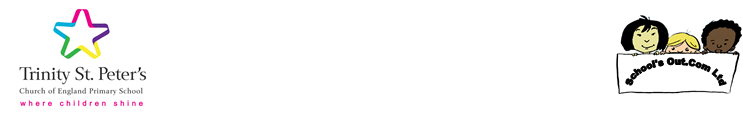
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**Trinity St. Peter’s Church of England Primary School**

### **ADMISSION FORM**

#### CHILD’S DETAILS

Name:

Name by which child likes to be known:

Date of Birth: Country of Birth:

Age: Ethnicity:

Gender: Male Female Religion:

Home address:

Postcode:

First Language: Pupil Nationality:

School Class:

#### DETAILS OF PARENTS/ CARERS/ EMERGENCY CONTACT DETAILS

Please list contact details in order of who you would wish us to contact in the case of an emergency involving your child, or if we have to implement our Emergency Evacuation Procedure. Please ensure that these contact details are added to your collection details on page 6 & 7. Please complete **at least 3 people** who can be contacted in an emergency.

1ST CONTACT

Name:

Relationship to child:

Does this person have parental responsibility for this child? YES NO

Address (If different from child’s):

Postcode:

Tel no.: Day:

Evening: Mobile:

Email address:

#### 2ND CONTACT

Name:

Relationship to child:

Does this person have parental responsibility for this child? YES NO

Address (If different from child’s):

Postcode:

Tel no.: Day:

Evening: Mobile:

Email address:

Email address:

3rd CONTACT

Name:

Relationship to child:

Does this person have parental responsibility for this child? YES NO

Address (If different from child’s):

Postcode:

Tel no.: Day:

Evening: Mobile:

Email address:

4TH CONTACT

Name:

Relationship to child:

Does this person have parental responsibility for this child? YES NO

Address (If different from child’s):

Postcode:

Tel no.: Day:

Evening: Mobile:

Email address:

DOCTOR’S DETAILS

Name:

Address:

Postcode:

Tel no.:

EMERGENCY MEDICAL ADVICE OR TREATMENT

I/we consent to the seeking of any necessary emergency medical advice or treatment for my child in the future when in your care.

YES NO

I/we authorise the staff to sign any written form of consent required by the hospital authorities, if the delay to obtain my signature is considered inadvisable by the doctor or surgeon concerned.

YES NO

PERMISSION TO APPLY A PLASTER TO A WOUND

I/we give permission for a plaster to be applied to my child, if deemed appropriate by the appointed first aider.

YES NO

ASTHMA

Does your child suffer from asthma?

YES NO

If yes, an inhaler & volumatic must be provided and you must indicate the required medication before your child can attend school.

DIETARY REQUIREMENTS/ ALLERGIES

Please provide details if your child has any special dietary requirements, preferences or food allergies. If your child suffers with a food allergy, please give details below before your child can attend school.

ADDITIONAL REQUIREMENTS

Please provide details if your child has any health requirements, learning difficulties, disabilities, regular medication or specific needs.

INDIVIDUAL HEALTH CARE PLAN

Does your child have an Individual Health Care Plan?

YES NO

If yes, please provide a copy for School.

PERMISSION FOR OUTINGS

Some of the activities may involve supervised outings. For your child to take part in these outings, you must give your permission.

I/we give permission for my child to take part in supervised outings.

YES NO

PERMISSION FOR PG DVD’S

I/we give permission for my child to watch dvd’s with a PG classification.

YES NO

PERMISSION FOR FACE PAINTS

I/we give permission for my child to have face paints.

YES NO

PERMISSION FOR PHOTOGRAPHS

As a parent/carer, I/we understand that photographs and videos may be taken by the school for the purpose of recording activities.

I/we give permission for school to use an unidentified picture of my child in a booklet or display to promote the school.

YES NO

I/we give permission for school to use an unidentified picture of my child on their website and Twitter feeds.

YES NO

I/we give permission for my child to appear in a video presentation made by, or authorised by, the school. E.g. KS1 Nativity.

YES NO

I/we give permission for my child to be photographed, interviewed or filmed by the press, radio or television if permission is granted to those organisations by the Headteacher/ Deputy Head.

N.B. Parents/Carers will be notified prior to any of these events taking place.

YES NO

I/we give permission for my child’s full name to be provided to the press, radio or television for the possible publication with a photograph or film.

N.B. Parent/Carers will be notified prior to any events taking place.

YES NO

**Photographs and Videos taken by parent/carers.**

Although practice varies from school to school, in this instance the Governors have agreed that parents/carers may take photographs or videos of events to which they have been invited, such as Sports Day or a school Assembly or Play.

I/we agree that if, **with the permission of the Headteacher/Deputy Head**, I/we take photographs or videos of any school event, I/we will ensure that these are used for personal and family use only and will not be made available to anyone else. I/we understand that any other use may be in breach of the Data protection act 1998.

I/we understand that if at any point whilst my child is attending school.

I/we change my mind, I/we need to let school know, in writing, about the changes.

Parent/Carer Name: Signature:

Parent/Carer Name: Signature:

COLLECTION DETAILS

**School will only allow the child to be collected from the premises by the following nominated person/s. Any amendments must be notified in writing to school. Please ensure contacts named in Page 2 & 3 are also included on your collection details.**

**Please note this nominated person/s will also be contacted if we have to implement our Emergency Evacuation Procedure.**

Name:

Relationship to child:

Tel no.: Day:

Evening:

Mobile:

Name:

Relationship to child:

Tel no.: Day:

Evening:

Mobile:

Name:

Relationship to child:

Tel no.: Day:

Evening:

Mobile:

Name:

Relationship to child:

Tel no.: Day:

Evening:

Mobile:

Name:

Relationship to child:

Tel no.: Day:

Evening:

Mobile:

Name:

Relationship to child:

Tel no.: Day:

Evening:

Mobile:

In the event of an unfamiliar adult collecting your child from Nursery, please provide a password below for that adult to use before your child will be dismissed from class.

Password :

Parent/Carer Name: Signature:

Reviewed April 2020

Admission Documents.

Office use

Received by……………………………………

Date……………………………………………..