|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your child’s details** | | | | **Class:** | | | | | | | | | |
| Surname: | | | | | | | | | | | Please circle:  *Boy Girl* | | |
| First Name(s): | | | | | | | | | | |
| Date of Birth  Day: | | | | | | Month: | | | | | Year: | | |
| Address:  Postcode: | | | | | | | | | | | | | |
| Name and address of previous school: | | | | | | | | | | | Date of leaving: | | |
| Looked After Child  Is this child in Public Care? Please circle:  *Yes No*  If ‘YES’, by which Local Authority? | | | | | | | | | | | Is your child entitled to a Free School Meal?  *Yes No*  Registration No.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Travel details (please circle how your child will normally journey to school): | | | | | | | | | | | | | |
| Walk | Cycle | Bus | | | Car/Van | | Train | | Taxi | Underground | | | Car Share |
| School Meal preferences (please circle): Packed Lunch School Meal | | | | | | | | | | | | | |
| Dietary Needs: (please circle) | | | Vegetarian | | | | | No pork | | | | No fish | |
| *FOR OFFICE USE ONLY:* Date of birth proof: *Yes No* Address proof: *Yes No* | | | | | | | | | | | | | |

**Your details (Parent or Legal Guardian):**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | | Title:  *(please indicate)* | Mr Mrs  Ms Dr  Other |
| First Names: | | Relationship to child: |  |
| Mother’s National Insurance Number Date of birth  Father’s National Insurance Number Date of birth | | | |
| Address:  *(if different from address above)*  Postcode: | | | |
| Mobile:  Home: | Email: | | |
| Previous address:  Postcode: | | | |

**Other children in your family:**

*(child’s brothers, sisters)*

|  |  |  |
| --- | --- | --- |
| Name: | DOB: | Please circle:  Boy Girl |
| Name: | DOB: | Please circle:  Boy Girl |
| Name: | DOB: | Please circle:  Boy Girl |
| Name: | DOB: | Please circle:  Boy Girl |

**Emergency contact details:**

(Please note that it is essential that we have 3 emergency contact details)

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | *Your* details: | Mr Mrs Ms Miss  Name:  Address:  Postcode: | Relationship  to the child: |
| Mobile:  Home: | Email: |
| **2** | Details of your child’s other parent, family member or responsible adult: | Mr Mrs Ms Miss  Name:  Address:  Postcode: | Relationship  to the child: |
| Mobile:  Home: | Email: |
| **3** | Details of your child’s other parent, family member or responsible adult: | Mr Mrs Miss Ms  Name:  Address:  Postcode: | Relationship  to the child: |
| Mobile:  Home: | Email: |

|  |
| --- |
| Any other information you would like us to know about your child (e.g. legal, disability, social, educational issues): |

**Transferring Schools:**

|  |  |
| --- | --- |
| Name of previous school: | Please give your reasons for requesting a school transfer |

**Other information about your child:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does your child have a statement of special educational needs? | | Yes No | | Is your child on the special needs register? | | | | Yes No | Has your child attended school before? | | | Yes No | | |
| **Pupils recently arrived in the country:** | | | | | | | | | | | | | | |
| Date of arrival: | | | | | | Arrived from  *(please state country):* | | | | | | | | |
| Country of birth: |  | | | | | Refugee: | | | | Yes No | Asylum seeker: | | Yes No | |
| First Language: |  | | | | | Other language: | | | | Nationality | | | | |
| English  *(please circle):* | Spoken: Reading:  Writing: | | Yes  Yes  Yes | | No  No  No | Some  Some  Some |  | | |  | | | |  |

**Religion:**

In order to comply with our Equal Opportunity Policy please complete the religion of your child by ticking the appropriate box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Muslim |  | Christian |  | United Reform Church |  |
| Sunnui Muslim |  | Quaker |  | Rastafarian |  |
| Shi’a muslim |  | Anglican |  | Orthodox |  |
| Hindu |  | Roman Catholic |  | Baha’i |  |
| Jain |  | Jehovah’s Witness |  | Ravidasian |  |
| Sikh |  | Salvation Army |  | Pagan |  |
| Jewish |  | Methodist |  | No Religion |  |
| Shinto |  | 7th Day Adventist |  | Other Religion |  |
| Buddhist |  | Baptist |  | Humanist |  |
| Parsee/Zoroastrian |  | Mormon |  |  |  |

**Ethnic Origin:**

**Our ethnic origin is how we think of ourselves**. This may be based on many things, including our skin colour, language, culture, ancestry and family history.

Ethnic background is **not the same** as nationality or country of birth.

Please study the list below and **tick one box only** to indicate **your child’s** ethnic background.

|  |  |  |  |
| --- | --- | --- | --- |
| White | | Black/Black British | |
| British |  | Caribbean |  |
| Irish |  | African |  |
| Traveller of Irish heritage |  | Ghanaian |  |
| Gypsy/Roma |  | Nigerian |  |
| Eastern European |  | Somali |  |
| Western European |  | Other Black African |  |
| Other white background |  | Any other black background |  |
| Mixed | | Any other ethnic group | |
| White and Black Caribbean |  | Afghan |  |
| White and Black African |  | Arab |  |
| White and Asian |  | Iranian |  |
| White and any other |  | Iraqi |  |
| Asian and any other |  | Japanese |  |
| Black and any other |  | Latin/South/Central America |  |
|  |  | Any other ethnic group |  |
| Asian | |  |  |
| Any Chinese group |  |  |  |
| Indian |  |  |  |
| Pakistani |  | *Please tick if you do not wish us to record an ethnic group for your child.* |  |
| Bangladeshi |  |
| African Asian |  |
| Any other Asian background |  |

|  |  |  |
| --- | --- | --- |
| First Language: | Other Language | Nationality |

**Medical Information:**

|  |  |
| --- | --- |
| Child’s Name: NHS Number | |
| Name of Doctor  Address  Tel No | **Name of Health Visitor**  **Address**  **Tel No** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please tick the boxes below if your child suffers from or has treatment for any of the following. | | | | | |
|  | Suffers  from Y/N | Is receiving  treatment for |  | Suffers  from Y/N | Is receiving  treatment for |
| Allergies (please give details below) |  |  | Nose bleeds |  |  |
| Asthma |  |  | Speech disorder |  |  |
| Epileptic fits |  |  | Hearing deficiency |  |  |
| Heart condition |  |  | Eyesight i.e. wears glasses |  |  |

|  |  |  |
| --- | --- | --- |
| Please bring in your child’s health record book (red book).If you do not have the red book, please list the immunisations your child has had. | **YES** | **Date(s)** |
| BCG (Tuberculosis) |  |  |
| Multiple Vaccine (Diptheria:Tetanus:Whooping Cough:Hib) |  |  |
| Polio |  |  |
| Measles |  |  |
| Mumps |  |  |
| Rubella (German Measles) |  |  |
| Meningitis C |  |  |
| Hepatitis |  |  |
| Other (please specify) |  |  |

|  |  |
| --- | --- |
| Has your child ever been admitted to hospital? (Please give details).  Any additional information you feel we should know? | |
| Will your child need to be given medicine in school? If so please refer to school office for further information.  The school will only agree to administer medicine in a few circumstances. | |
| **I give permission for the above named child to receive simple First Aid treatment if necessary in school.**  *Please cross out this paragraph if you do not agree.* | |
| **School staff would like permission to inspect your child’s hair if the feel it is appropriate during any head lice**  **Infestation in school.**  *Please cross out this paragraph if you do not wish to give this permission.* | |
| **Signed:**  **Relationship to pupil** | **Date:** |

**DECLARATION**

* Please read the following declaration. We will not process your application if you do not attach the required documents noted below and sign and date this form. **School does not accept photocopies of these documents – you will need to provide the original.**

1. The information I have given on this form is complete and accurate, to the best of my knowledge and belief.
2. I have presented my **\*council tax bill** for the current year and another item of \***documentary evidence (current service bill or a solicitor’s letter)** which clearly show my name and permanent home address.
3. I have presented my child’s **\*Birth Certificate or \*Immigration papers** as proof of his/her date of birth.
4. I understand that if I give false information, or do not give complete information that if may disadvantage my child’s application.

* ***I give permission for my child to travel in fully insured teacher’s vehicles, by train/underground, bus or on foot, on visits to local places of educational interest.***
* ***I give permission for my child to have photographs taken and/or video recordings made of various learning activities. These photographs and/or video recordings may be published on our school website and/or local newspapers.***

*Please cross out these paragraphs if you do not wish to give this permission.*

**PLEASE ENSURE THAT YOU SIGN AND DATE HERE**

|  |  |
| --- | --- |
| **Signature of parent (or legal guardian):** | **Date:** |

**Data Collection Notice**

Data Protection Act 1998

The information you have provided to the London Borough of Ealing in accordance with the Data Protection Act 1998 will be used to assist you child’s admission to school.

The council has a legal obligation to protect public funds we may therefore share the information you have provided with other departments of the authority and with similar bodies for the detection and prevention of fraud.

You have the right to ask for a copy of the information about you held in our records. You must request this in writing to the Data Controller in IICT Services. You also have the right to require us to correct any inaccuracies in your information