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**Wyton on the Hill Primary School**

**ADMISSION FORM**

Please complete all four sides then sign the last page.

The Data Protection Act and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school’s student records database. The information on ethnic origin and first language is needed by the school and by Cambridgeshire County Council (the Children’s Services Authority). This is to ensure that resources are made available when required and that the Education Service offers real equality of opportunity for all pupils.

The sections marked \* are non-compulsory. If supplied, this information will be shared with Education Welfare Benefit Service, Cambridgeshire County Council, and other relevant bodies administering public funds, who collect and use information about you so that we can provide your child(ren) with entitlement to education benefits under The Education Act 1996.

By signing this form, I confirm I understand that data will be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

Full details about how we use this data and the rights you have around this can be found at [www.cambridgeshire.gov.uk/privacy](http://www.cambridgeshire.gov.uk/privacy). If you have any data protection queries, please contact the Data Protection Officer at data.protection@cambridgeshire.gov.uk.

Legal Surname ...............................................................................................(as it appears on child’s birth certificate)

Legal Forename ...............................................…..........................................(as it appears on child’s birth certificate)

Middle Name(s) ……………………………………………………………...............................................................................

Preferred Forename ………………………………………………………………...................... Gender…….Male / Female

Date of Birth ..............................................………………………………………………………………………………………..

Home Address ..............................................................................................................................................................…

………………………………………………………………………………………………………………………………….………

………………………………………………………………………………………………………………………………………….

Postcode .................................................................. Home telephone number ..............................................................

In Local Authority Care ………. Yes/No If Yes, Name of Care Authority ……………………………………………………

Name & address of previous nursery (if applicable)..........………………….…………...............................................…….

……………………………………………………………………………………………………………………….………………..

**SERVICE CHILDREN IN SCHOOL**

Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No |  | Yes |  | I do not wish a service children indicator to be recorded |  |

**CONTACT INFORMATION**

Please provide details of three parents/guardians/contacts below and place them in the order you wish them to be contacted in an emergency.

Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

**PRIORITY 1 CONTACT**

Title..............Forename...............................................................Surname.........................................................................

Relationship to student ...................................................................…..................... Parental responsibility……YES / NO

\*Date of Birth……………………………………………….. \*NI Number …………………………. ……………………….

Home address …………….…………………………………………………………...…………...........................................….

…................................................................................................................Postcode.....................................................….

Home telephone number ................................................... Mobile telephone number ………..…..…….………………….

Home email.........................................................................................................................................................................

Work address……………………...................................................................................................................................

Work email................................................................... Work telephone number .............................................................

**PRIORITY 2 CONTACT**

Title..............Forename...............................................................Surname.........................................................................

Relationship to student ...................................................................…..................... Parental responsibility……YES / NO

\*Date of Birth……………………………………………….. \*NI Number …………………………. ……………………….

Home address …………….…………………………………………………………...…………...........................................….

…................................................................................................................Postcode.....................................................….

Home telephone number ................................................... Mobile telephone number ………..…..…….………………….

Home email.........................................................................................................................................................................

Work address……………………...................................................................................................................................

Work email................................................................... Work telephone number .............................................................

**PRIORITY 3 CONTACT**

Title..............Forename...............................................................Surname.........................................................................

Relationship to student ...................................................................…..................... Parental responsibility……YES / NO

\*Date of Birth……………………………………………….. \*NI Number …………………………. ……………………….

Home address …………….…………………………………………………………...…………...........................................….

…................................................................................................................Postcode.....................................................….

Home telephone number ................................................... Mobile telephone number ………..…..…….………………….

Home email.........................................................................................................................................................................

Work address……………………...................................................................................................................................

Work email................................................................... Work telephone number .............................................................

Under the 1989 Children’s Act all parents have the right to receive information about their child’s progress.

**SEPARATED PARENT INFORMATION – For parents not living with student**

**PRIORITY CONTACT ………..** (Please specify contact priority)

Title..............Forename...............................................................Surname.........................................................................

Title..............Forename...............................................................Surname.........................................................................

Relationship to student .......................................................................................... Parental responsibility……YES / NO

\*Date of Birth……………………………………………….. \*NI Number …………………………. ……………………….

Home address …………….…………………………………………………………...………….............................................

…................................................................................................................Postcode.....................................................….

Home telephone number ..................................................Home email.....................................................................

Work address…………….. ……………..…………………........................Work email.......................................................

Work telephone number ............................................................. Mobile telephone number ………..…..…….……………

Court Case Yes/No ………………………………………….. Address can be Disclosed Yes/No

**MEDICAL AND DIETARY DETAILS**

Doctor …………………………………………............... Telephone number.............................…………………………….

Address …………………………..........................................................…………………………………………………………

Please state any medical conditions of which you wish the school to be made aware, (e.g. asthma, epilepsy, allergies)

.............................................................................................................................................................................………..

…………………………………………………………………………………………………………………………………….......

Please state if your child has a medically diagnosed food allergy or intolerance………………..……………………………

…………………………………………………………………………………………………………………………...…………….

Please indicate if your child has any particular dietary preferences

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Gluten-free |  | Vegetarian |  | Vegan |
|  | No dairy |  | Nut-free |  | Shellfish-free |
|  | Kosher |  | No red meat |  | Halal |
|  | Other (please give details below) |  |  |  |  |

…………………………………………………………………………………………………………………………...…………….

…………………………………………………………………………………………………………………………...…………….

**PERSONAL INFORMATION**

To help us and the local authority in monitoring equal opportunities you are asked to complete the following:

1. Country of birth .........................………………………Nationality....................………………………………………….

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White - British  |  |  | Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil….)  |  |
| White - Irish  |  |  |
| White - Traveller of Irish Heritage  |  |  | Black or Black British -Caribbean  |  |
| White - Gypsy/Roma  |  |  | Black or Black British -African  |  |
| White - Any other White background  |  |  | Any other Black background  |  |
| Mixed - White and Black Caribbean  |  |  | Chinese  |  |
| Mixed - White and Black African  |  |  | Any other ethnic group – please circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni…)  |  |
| Mixed - White and Asian  |  |  |
| Mixed - Any other mixed background  |  |  |
| Asian or Asian British - Indian  |  |  |
| Asian or Asian British - Pakistani  |  |  |
| Asian or Asian British - Bangladeshi |  |  | I do not wish an ethnic background to be recorded |  |

3. Date of arrival in UK (if relevant)…..……………………………………..……………………………….……………...

4. First language …………………..…………………Other language(s)…….………………………………………….…

5. Religion ………………………………………………………………………………..………………………………….…..

6. If there are any religious or cultural practices of which the school should be aware, please specify.

 …………………………………………………………………………………………………………………………………...

 7. Please give the name, gender and date of birth of any other children in your family.

 Name ............................................................ Date of Birth ……………………………………….Male / Female

 Name ............................................................ Date of Birth ……………………………………….Male / Female

 Name ............................................................ Date of Birth ……………………………………….Male / Female

**TRAVEL ARRANGEMENTS**

Linked to the Government's Travel to School Initiative, we are required to produce a school travel plan, which details how our students travel to and from school. We would be grateful if you could tell us what mode of transport your child normally uses. Where he/she uses more than one mode of travel for each journey to school, you should tell us the most frequently used and/or the longest element of the journey by distance.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| School Bus |  | Public Transport Bus |  | Bicycle |  | Walking |  |
| Taxi |  | Car/Van |  | Car Share |  | Other |  |

Any additional information……………………………………………….………………………..……………………….……….

Who will normally be collecting your child from school? ………………………………………………..

**APPLYING FOR EARLY YEARS FUNDING**

All children from the age of 3 are entitled to 15 government funded hours per week. Working parents may also be entitled to extended entitlement up to 30 hours if certain criterion is met. Before you complete this part of the form please ensure you read the Nursery information booklet regarding Early Years Funding.

**Proof of Identity**

You will be required to provide proof of the identify of your child, ideally a passport or birth certificate. Please indicate which proof of identify you can provide.

Proof of identity (tick one): Passport Birth certificate Other (please state) ………….…….………………..

**Extended Entitlement Code**

If you have an Extended Entitlement Code enabling you to claim for up to 30 hours of childcare, please include it here.

Extended Entitlement Code: ……………………………………..

**SESSION AND ATTENDANCE DETAILS**

The demand for children to attend our nursery is high and by the summer term, we’re having to turn children away. We’re therefore only offering 15 or 30 hour places with children either having all mornings, all afternoons or all day. Your child wouldn’t necessarily have to attend each of the sessions but the place would be allocated to them.

Please indicate below which sessions you would like your child to attend (tick one box):

Mornings (15 hours) Afternoons (15 hours) All Day (30 hours)

**PARENT/CARER DETAILS**

**Parent/Carer Details**

The school will apply for the Universal and Extended Entitlement funding using the details you have provided for the first contact towards the beginning of this form. If the funding has been made by anyone other than the first contact, please provide details below. By completing this section and signing this form you are giving us permission to use your details to make these checks. Your personal information will be kept by us in accordance with our data protection policies.

|  |  |  |
| --- | --- | --- |
| **Economic check details** | **Parent / Carer Details Applicant 1** | **Parent / Carer Details Applicant 2** |
| Parent / Carer Title  |  |  |
| Parent / Carer Full Name |  |  |
| National Insurance or NASS number |  |  |
| Parent / Carer Date of Birth  |  |  |
| Parent / Carer telephone number |  |  |
| Address including postcode  |  |  |

**DISABILITY ACCESS FUNDING (DAF)**

If your child is in receipt of Disability Living Allowance (DLA) please select YES below. We will require you to provide us with a copy of the letter confirming your child’s entitlement in order to access DAF. If your child is attending more than one setting you will need to nominate only one setting where you wish the DAF to go. Please ask if you would like more information about the DAF.

|  |  |
| --- | --- |
| Is your child eligible for DLA  | YES / NO  |
| If your child is eligible, where will be your nominated setting? |  |

**INTIMATE CARE**

There are times during the early stages of schooling, when your child may need some assistance with changing or help with personal care. In the event of an accident, we need your permission to help them. This could be help with changing wet or soiled clothing or cleaning them after a toileting mishap. We are happy to aid your child, but please note that without your consent you will be telephoned and asked to come and change or collect your child.

I give my permission for the school staff to assist my child with their personal care Yes No

**DECLARATION**

In signing this form I am confirming that I have read the information leaflet which gives details of the Early Years Funding for parents / carers. I agree with the conditions of the Early Years Funding and Pupil Premium and the use of my data. I understand that:

* My provider is not obliged to end the claim without reasonable notification and negotiation unless there are exceptional circumstances.
* My free place may be withdrawn if my child does not attend regularly unless there are special circumstances and these are agree with the provider.
* Being in receipt of free childcare gives an automatic registration with my local Children’s Centre
* My information is being held by Cambridgeshire County Council in accordance with the Data Protection act 1998 and will be shared with other bodies administering public funds to determine the support available, to verify my initial and ongoing entitlement and also for the prevention and detection of fraud in connection with this claim. I give permission for the Education Welfare Benefit Service to make periodic checks using the secure benefit checking system to confirm my entitlement to education benefits. Information on how the Local Authority handles personal data is given in the Privacy Notice www. <https://www.cambridgeshire.gov.uk/data-protection-and-foi/information-and-data-sharing/privacy-statement/>

I confirm that the information is true to the best of my knowledge. I understand that any false or incorrect information could lead to funding being withdrawn or reimbursed. Please be aware that to certify false information could be viewed as making a false claim.

|  |  |
| --- | --- |
| Signature of Parent / Carer with legal responsibility |  |
| Please PRINT your name here |  |
| Relationship to child |  |
| Date  |  |