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| **Pupil’s Information** | |
| **First Name:** |  |
| **Middle Name:** |  |
| **Last Name:** |  |
| **Date of Birth:** |  |
| **Gender:** | Male □ Female □ (*please ☑ appropriate box*) |
| **Address:** | **Post Code:** |
| **Parent Telephone Number:**  ***(this will be used for correspondence)*** |  |
| **Parent Email Address:**  ***(this will be used for correspondence)*** |  |
| **Do you have any other children at Beaver road Primary School? If yes, please give their names and classes:** | |
| **Education History – Was you child previously at Beaver Road Primary School** **Yes ⬜ No ⬜** | |
| **Name and address of last school or Nursery attended in the UK or abroad:** | |
| **Date and Reason for leaving:** | |
| **Date of New arrivals to the United Kingdom:** | |
| ***Please provide Beaver Road Primary School with your child’s Education attainment history***  Reception – EYFS Judgment  Year 1 - Phonics Screening Check  Year 2 - KS1 SATs Results  Year 4 - Multiplication Tables Check | |

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| Please provide contact details in priority order (please provide at least 3 contacts for emergencies and address details if either parent lives at a different address) | |
| **Parental Information – Emergency Contact Information (1)** | |
| **Name:** | **Relationship to child:** |
| **Address:** | |
| **Postcode:** | |
| **Home telephone number:** | |
| **Mobile Number:** | |
| **Email Address:** | |
| **Parental Information – Emergency Contact Information (2)** | |
| **Name:** | **Relationship to child:** |
| **Address:** | |
| **Postcode:** | |
| **Home telephone number:** | |
| **Mobile Number:** | |
| **Email Address:** | |

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| **Additional Emergency Contact Information (3)** |
| **Name:** |
| **Address:** |
| **Telephone Number:** |
| **Relationship to Child:** |
| **Additional Emergency Contact Information (4)** |
| **Name:** |
| **Address:** |
| **Mobile Number:** |
| **Relationship to Child:** |

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| **Dietary Requirements/School Meals** |
| If your child qualifies for a free School meal then you can apply online:  <https://www.cloudforedu.org.uk/ofsm/sims> |
| **Will your child be taking a school meal:** (*please* ☑ *appropriate box*) Yes **⬜**  No **⬜** |
| **Any special dietary needs:** *(e.g. Vegetarian, Halal, Pescatarian, does not eat meat etc.):* |
| **Any known allergies to food/drink:** |
| **Any prescribed medication in case of mistaken contact with food:** |
| **School Grid:**  *(Please nominate a parent and the email of the person who will be ordering school meals)* |

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| **Medical Information:** |
| **Name of Medical Practice:** |
| **Address:** |
| **Name of Doctor/Health Visitor:** |
| **Medical Condition/Information:** |
| **Prescribed medication:** |
| **Medical Consent: Yes ⬜ No ⬜**    *(If your child requires medical attention and we cannot make contact. Do you give consent for your child to be taken to hospital)* |
| **Allergies (please include details if these allergies are diagnosed/monitored by GP/hospital):** |
| **Any special medical needs:** |
| **Does your child have Special Education Needs** *(i.e Education Health Care Plan, Speech Therapy etc.)? If yes please give details below:* |
| **Do you give permission for sun screen provided by Beaver Road applied to your child:**  **Yes ⬜ No ⬜** |
| **Is there any other information you want to tell us with regards to your child’s medical/dietary needs:** |

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| **Welfare Care** |
| **Has your child previously been in welfare care? Yes ⬜ No ⬜**  *(for example: fostered, in a care home, or previously in care)* |
| **Has your child/family ever received support from outside agencies?**  *(for example: Social Services, Early Help, Women’s’ Aid)*  **Yes ⬜ No ⬜** |
| **Is your child being looked after through a special guardianship order? Yes ⬜ No ⬜**  *(If yes to any of the above, the school office will be in touch for more information notify the school office)* |

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| Ethnicity and Religious Information (we are required by the Department for Children, Schools and Families (DCSF) to maintain records of ethnic information of out pupils) |
| **First Language**:  *(If your child has been exposed to language other than English and continues to be at home and/or in the community, this language is recorded as the first language. Even if they speak English more confidently than another language)* |
| **Home Language:** |
| **English as an Additional Language: (*please* ☑ *appropriate box*) Yes ⬜ No ⬜** |
| **Religion:** |

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| **Parental Consent** |
| **Parental Consent:** Please indicate ☑ in the appropriate boxes below:  **Internet Access:** **Yes ⬜ No ⬜**  *(Consent for your child to use the internet as part of the school curriculum. All internet access in school is strictly monitored and supervised. Filters prevent access to inappropriate sites.)*  **Photograph:**  To comply with data protection laws we need your permission before we can use a photograph or recording of your child. We like to take photographs of the children at school. We use these photographs to celebrate the children’s learning journeys and achievements. We may use photographs internally on our school displays, on Tapestry or SeeSaw (learning platforms shared with the class), on our school website and our Twitter feed.  I give consent for my child’s image to be used internally on school display boards **Yes ⬜ No ⬜**  I give consent for my child’s image to be used on the school website **Yes ⬜ No ⬜**  *(pupil names are not added to the image on the website)*  I give consent for my child’s image to be used on schools Twitter feed **Yes ⬜ No ⬜**  *(pupil names are not added to the images)*  I give consent for my child’s image to be used on Tapestry/SeeSaw **Yes ⬜ No ⬜**  *(these are secure platforms visible by other members of the class)*  **School Locality Visits:** **Yes ⬜ No ⬜**  *(Consent for child to go off school premises for short periods of time during the school day in small groups. Appropriately supervised by school staff to study local shops, architecture, local parks, use of maps etc.)* |

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| **Ethnic Origin** | | | |
| What is ethnic origin? Ethnic origin refers to members of an ethnic group who share the same cultural identity. This does **not** mean country of birth or nationality. | | | |
| **I would describe my child’s ethnic origin as: Please tick** | | | |
| **White**   * British [ ] * Irish [ ] * Traveller of Irish Heritage [ ] * Gypsy/Roma [ ] * Any other white [ ] background * Any other white [ ] European | **Mixed/Dual Background**   * White and Black Caribbean [ ] * White and Black Africa [ ] * White and Asian [ ] * Any other mixed Background [ ] | **Black or Black British**   * Caribbean [ ] * African [ ] * Nigerian [ ] * Somali [ ] * Other black African [ ] * Any other black background [ ] | **Asian or Asian British**   * Indian [ ] * Pakistani [ ] * Mirpuri Pakistani [ ] * Other Pakistani [ ] * Bangladeshi [ ] * Other Asian [ ] * African Asian [ ] |
| **Other ethnic group**   * Chinese [ ] * Afghan [ ] * Arab [ ] * Iranian [ ] * Vietnamese [ ] | **Any other ethnic group, please state:** | **I do not wish an ethnic background category to be recorded**  Please tick [ ] | **This information was provided by:**  Parent [ ]  Pupil [ ] |

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| **Please fill in the table below to indicate the nursery provision you are interested in.**  **(please note: this is not a confirmation of a place)** | | | |
| **30 Free Hour Funding with £9 additional Lunchtime surcharge (subject to change)**  **Monday to Friday**  **(subject to availability)**  <https://www.gov.uk/apply-30-hours-free-childcare> | **All week provision with payment of £90 (subject to change) Monday to Friday** | **Part time 15 hours free provision – Monday and Tuesday full days and Wednesday morning** | **Part time 15 hours free provision – Wednesday afternoon, Thursday and Friday full days** |
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| **Please tick if you are interested in** | **YES** | **NO** |
| Breakfast Club |  |  |
| After school Club |  |  |

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| **Rising 3 Admission - Children may be able to start as a rising 3 in January after their 3rd birthday. (subject to availability and prior agreement with Early Years Leader) Please tick if you are interested** | |
| **YES** | **NO** |
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| The information on this form is correct at the current time and I am aware that it is my responsibility to ensure the records held by the school are kept up to date should any changes occur. | | |
| **Signed:** | **Print Name:** | **Date:** |

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| **Office USE ONLY**  Birth certificate/Passport seen □ Address checked □ SIMS □ |