**ADMISSION FORMS**

All schools are required by law to keep on record details of children admitted. We would therefore be grateful if you would complete this form and hand it into the school office with your child’s full birth certificate.

**CHILD**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Legal Name of Child: | | | |
| Preferred Surname or Forename (if different from legal name): | | | |
| Date of Birth: | Child’s Sex  Choose an item. | | **(Office Use Only):**  Birth Certificate checked: |
| Child’s Permanent Address: | | | |
| Postcode: | | | |
| Nationality: | | Country of Birth: | |
| My child’s religion is: Choose an item. | | My child’s first language is: Choose an item. | |
| My child’s ethnicity is:Choose an item. | | My child’s second language is: | |

**PARENTS**

|  |  |
| --- | --- |
| Mother: (Name) | Father: (Name) |
| Dr  Mrs  Miss  Ms | Dr  Mr |
| Address: (If different from above) | Address: (If different from above) |
| Postcode: | Postcode: |
| Home Telephone No: | Home Telephone No: |
| Mobile No: | Mobile No: |
| Work No: | Work No: |
| Email address: | Email Address: |
| Does this person have parental responsibility?  Yes  No  (See note on page 6) | Does this person have parental responsibility?  Yes  No  (See note on page 6) |
| With whom does the child live?  **Mother**  **Father** | Older siblings? (If so how many?)  Younger siblings? (If so how many?) |

**DETAILS OF PERSONS WILLING TO BE CONTACTED IN CASE OF EMERGENCY IF PARENTS ARE NOT AVAILABLE IN ORDER OF PREFERENCE (This is the order we will phone or contact people should either of the parents be unavailable)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | Name: | | **2** | Name: | |
| Dr  Mr  Mrs  Ms  Miss | | | Dr  Mr  Mrs  Ms  Miss | | |
| Address: | | | Address: | | |
| Postcode: | | | Postcode: | | |
| Relationship to child: | | | Relationship to child: | | |
| Does this person have parental responsibility? Yes  No  (See note on page 6) | | | Does this person have parental responsibility?  Yes  No  (See note on page 6) | | |
| Home Tel: | | Mobile: | Home Tel: | | Mobile: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3** | Name: | | **4** | Name: | |
| Dr  Mr  Mrs  Ms  Miss | | | Dr  Mr  Mrs  Ms  Miss | | |
| Address: | | | Address: | | |
| Postcode: | | | Postcode: | | |
| Relationship to child: | | | Relationship to child: | | |
| Does this person have parental responsibility? Yes  No  (See note on page 6) | | | Does this person have parental responsibility?  Yes  No  (See note on page 6) | | |
| Home Tel: | | Mobile: | Home Tel: | | Mobile: |

|  |
| --- |
| Do you require school letters and information about your child being sent to both parents? Yes  No |

|  |  |
| --- | --- |
| Is the above child resident with foster parents?  Yes  No | If yes, which Authority is financially responsible for maintenance? |

|  |
| --- |
| Playgroup, Nursery or School last attended: Date of last attendance: |

**MEDICAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **DOCTORS**  Name: | | **ANY OTHER CLINIC/HOSPITAL**  Name: | |
| Address: | | Address: | |
| Postcode: | | Postcode: | |
| Telephone: | | Telephone: | |
| DOES YOUR CHILD NEED? | Glasses  Yes  No | | Hearing Aid  Yes  No |
| Any allergies? For example, foods or plasters:  Yes  No (If yes please give details) | | | |
| Please give details of any medical conditions and any medication that may need to be administered in school on a regular basis (for example, asthma pumps):  *A medical form must be completed for any medication (including asthma pumps) that need to be administered during the school day. Please ask for a form from the school office.* | | | |
| Does your child have any special dietary requirements? (Please circle any that apply)  No eggs  Gluten Free  Lactose Intolerant  No beef  No dairy produce  No milk  No nuts  No pork  Vegan  Vegetarian  No wheat  Please specify what your child’s dietary needs are regarding the above selection: | | | |
| Is your child up to date with all vaccinations? Yes  No  If no, please give details. | | | |
| The date (if known) of child’s last anti-tetanus injection? | | | |
| Has your child been professionally diagnosed with any special educational needs? Eg autism, speech and language delay etc. If yes, please give details in the space provided on page 5 | | Yes  No | |
| Are any other agencies involved? Eg Doctors, Special Needs Nursery, Speech and Language Therapists etc. | | Yes  No | |
| Please give any other information that you feel may be relevant to your child’s well-being whilst at South Borough Primary School. (For example, any behaviour or learning difficulties your child may have. You may continue on page 5 if necessary) | | | |

**PERMISSIONS**

|  |
| --- |
| ***Emergency medical treatment:***  I understand that during my child’s period of time at South Borough Primary School, there will be occasions when he/she will participate in educational visits and various outdoor activities. Should the necessity arise, I agree to the person in charge of the activity giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.  **Signed:**  (please insert your name and check the box to confirm)  **Date:** Click or tap to enter a date. |

|  |
| --- |
| ***Leaving the school site:***  As part of the children’s curriculum, they have to look at the local environment. To save us having to seek your permission for each of these visits, we ask that you sign to give permission for your child to leave the school site on foot during these supervised outings.  **Signed:**  (please insert your name and check the box to confirm)  **Date:** Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| ***Photograph permissions:* Yes No** | | |
| I give permission for my child’s image to be used around the school site (this could, for example, include classroom and hallway displays).  **N.B. The school reserves the right to use your child’s image where we feel it is necessary for the school to operate.  For example medical information boards to keep staff informed.** |  |  |
| I give permission for my child’s image to be used in official school photographs (including annual whole class photos) |  |  |
| I give permission for photographs and video film to be taken of my child and be used in school publications including publication on the school website, school social media, newsletters and in the local press. **N.B. Pictures posted on the internet can be viewed by members of the general public.  This includes performances, sports events, day to day school achievement, newspaper articles etc.  Any concerns, please speak to the office.** |  |  |
| * *We, the school, setting or service, will not use the personal details or full names (which means first name* ***and*** *surname) of any child in a photographic image or on videos, on our website, on school social media, in our school prospectus or in any of our other printed publications.* * ***As the child’s parents/carer, we agree that if we take photographs or video recordings of our child/ren which include other pupils, we will use these for personal and family use only.*** *I/We understand that where consent has not been obtained from the other parents for any other use, we would be in breach of the General Data Protection Regulation Act 2018 if we used our recordings for any wider purpose.* * *These photo permissions are valid from the date of signature below.  It is your responsibility to let us know if you want to withdraw or change your permissions at any time, which must be given in writing.*   **Signed:**  (please insert your name and check the box to confirm)  **Date:** Click or tap to enter a date. | | |

**TRAVEL ARRANGEMENTS**

|  |
| --- |
| Please tick your *usual* form of transport to and from school. Please tick only one.  Walk  Car/Van  Car share  Train  Public Bus Service  Taxi  Cycle  KCC provided transport |

|  |
| --- |
| Please use this space as a continuation if there is insufficient room in any section of the form: |

**CONFIRMATION**

I confirm that I have legal responsibility for (Insert name of child here) and that the information I have given is true to the best of my knowledge.

\*I also confirm that (Name of person) (please insert name here) also has legal responsibility. (\*if applicable)

**Signed:** (please insert your name and check the box to confirm the whole admissions form) I confirm

**Date:** Click or tap to enter a date.

**These authorisations will run for the duration of the time your child attends South Borough Primary School. If you would like to withdraw any or all of these permissions, your request must be submitted to the Head of School in writing.**

**Who has Parental Responsibility?**

A mother automatically has parental responsibility for her child from birth.

A father usually has parental responsibility if he’s:

* Married to the child’s mother
* Listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in – see below)

**Births registered in England and Wales**

If the parents of a child are married when the child is born, or if they’ve jointly adopted a child, both have parental responsibility. They both keep parental responsibility after divorce.

An unmarried father can only get legal responsibility for his child in 1 of 3 ways:

* Jointly registering the birth of the child with the mother (from 1st December 2003).
* Getting a parental responsibility agreement with the mother.
* Getting a parental responsibility order from a court.

**Births registered in Scotland**

A father has parental responsibility if he’s married to the mother when the child is conceived, or marries her at any point afterwards. An unmarried father has parental responsibility if he’s named on the child’s birth certificate (from 4th May 2006).

**Births registered in Northern Ireland**

A father has parental responsibility if he’s married to the mother at the time of the child’s birth.

If a father marries the mother after the child’s birth, he has parental responsibility if he lives in Northern Ireland at the time of marriage.

An unmarried father has parental responsibility if he’s name, or becomes named, on the child’s birth certificate (from 15th April 2002).

**Births registered outside the UK**

If a child is born overseas and comes to live in the UK, parental responsibility depends on the UK country they’re now living in (as above).

**Same-sex parents**

Civil/Married Partners Same-sex partners who were civil partners at the time of the treatment will both have parental responsibility.

Non-Civil/Married Partners For same-sex partners who aren’t civil partners or married, the 2nd parent can get parental responsibility by either:

* Applying for parental responsibility if a parental agreement was made.
* Becoming a civil partner/married to the other parent and making a parental responsibility agreement or jointly registering the birth.