



Pupil Admission Form

**Ely St Mary's C of E
Junior School**



ELY ST. MARY'S C OF E
JUNIOR SCHOOL



A member of the Diocese of Ely Multi-Academy Trust (DEMAT)

ADMISSION FORM

The General Data Protection Regulation, Data Protection Act 2018, 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, by the Diocese of Ely Multi-Academy Trust 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 DEMAT, Cambridgeshire County Council and other relevant bodies administering public funds.

By signing this form, I/we give permission for the data to 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.

For further information on the handling of personal data, please see a copy of the Privacy Notices at <http://www.demat.org.uk/compliance/>

Legal Surname(as it appears on student's birth certificate)

Legal Forename(as it appears on student's birth certificate)

Middle name(s)

Known as Gender.....Male / Female

Date of Birth

Home Address

Postcode Telephone number

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

Name & address of previous school.....

.....
If this school is overseas, please give name and address of any previous UK school attended (primary or secondary)

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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	I do not wish a service children indicator to be recorded	<input type="checkbox"/>
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CONTACT INFORMATION

By means of the section below and the accompanying supplementary Contact Forms, please provide us with relevant details for parents/carers/emergency contacts, and indicate the order in which you wish these named contacts to be approached in case of emergency.
Please tell us if the information changes, as we need to be able to make contact quickly if your child is ill.

PARENTAL RESPONSIBILITY

The Children's Act has put a legal obligation on schools that means that we must record information which might be of a sensitive nature. We regret having to do this but assure you that your response will be treated in confidence.

The Children's Act 1989, as amended, defines who has parental responsibility for a child. In essence:

- **The mother** has responsibility automatically.
- **The father** has responsibility **only** if he and the mother were married (before or after the child's birth).
- **Another person** may be granted responsibility by the Courts, e.g. an unmarried father; grandparents with whom the child lives; if the child is in care.
- Under changes brought in from 1st December 2003, **a father who was not married to the mother at the time of his child's birth** automatically has parental responsibility if named (after this date) on the child's birth certificate.

The law has kept pace with the growing range of family scenarios, and provides means by which, for example, a step-parent or second parent in a civil partnership might gain parental responsibility.

Parental responsibility is permanent and cannot be lost except by death, adoption or Court Order.

An absent mother therefore retains parental responsibility even if the child is living elsewhere. An absent father therefore retains parental responsibility if the marriage breaks down and he is living elsewhere, or if named on the child's birth certificate (after 1st December 2003) and living elsewhere. One consequence of this for schools is that information sent to the caring parent must also be sent to the absent parent. It is the absent parent's legal right to receive such information. An absent parent's consent is required in order for a child's name to be changed. Governors are required to include the absent parent in any of their consultations with parents.

We need to record contact information for parents/carers/emergency contacts in case of need in relation to your child, and to ensure that all persons for whom we hold information have given their express consent to this, and understand how such information will be stored/used/shared.

Please therefore:

- arrange for the attached forms to be completed by parents/carers and designated emergency contacts, and return the complete set of forms to us with this completed Admissions Form, preferably handing these into the School Office in person;
- complete the table below.

(Parents/carers/emergency contacts may, if they so wish, choose, for reasons of confidentiality, to put their forms in individual envelopes.)

The following forms accompany this Admissions Form:

		Order in which to be contacted, in case of need (1/2/3/4)
Parent/Carer 1 <i>Completed Contact Form</i>	Parent/Carer's Name:	
Parent/Carer 2 <i>Completed Contact Form</i>	Parent/Carer's Name:	
Emergency Contact 1 <i>Completed Contact Form and signed Privacy Notice Declaration</i>	Emergency Contact's Name:	
Emergency Contact 2 <i>Completed Contact Form and signed Privacy Notice Declaration</i>	Emergency Contact's Name:	

I hereby confirm my agreement to the details of the above-named Emergency Contacts being recorded in the school's records against my child's name, and for these persons to be contacted in case of need, and to be provided with information relevant to the particular circumstances necessitating contact.

Signature: _____ (Parent/Carer 1) Date: __/__/____

Signature: _____ (Parent/Carer 2) Date: __/__/____

SEPARATED PARENT INFORMATION

For completion in cases where a parent lives at an address which is different from the pupil's address. Please specify contact priority (if any)

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

In all cases where a parent lives at an address which is different from the pupil's address, please complete the following (ie even if a supplementary Contact Form has been provided by the parent):

Title.....SurnameForename.....

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

Wherever possible, please arrange for the above-named parent to complete and return a supplementary Contact Form. If a Contact Form has not been provided by the above-named parent please also complete the information below insofar as you are able, so that a Contact/Consent Form and Privacy Notice can be issued by the school:

*Date of Birth..... *NI Number

Home address

..... Postcode..... First Language.....

Home telephone numberHome email.....

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

Work telephone number Mobile telephone number

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

MEDICAL DETAILS

Doctor

Address and telephone number

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

.....
.....

Does your child have any Special Needs Provision YES / NO

If YES *SEN Support / Education, Health & Care Plan

(*Please delete accordingly)

If your child has a medical condition or allergy (for example, diabetes, epilepsy, asthma, peanut allergy) which necessitates either the regular administration of medication during school hours or the holding in school of emergency medication in case of need (eg Epipen, Piriton, Ventolin) please contact us to discuss this further so as to ensure that the school is provided with all necessary information in relation to the care of your child, this including a copy of any Individual Healthcare Plans, and required 'Consent to the Administration of Medicines' forms.

PERSONAL INFORMATION

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

- 1a. Country of birth 1b. 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	
White – Irish	
White - Traveller of Irish Heritage	
White - Gypsy/Roma	
White - Any other White background	
Mixed - White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Mixed - Any other mixed background	
Asian or Asian British -Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	

Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil....)	
Black or Black British -Caribbean	
Black or Black British -African	
Any other Black background	
Chinese	
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...)	
I do not wish an ethnic background to be recorded	

3. Date of arrival in UK (if relevant).....
4. First languageOther language(s).....
5. Religion
6. If there are any religious or cultural practices of which the school should be aware, please specify.
.....
7. Lunch arrangements - School Meal / Free School Meal / Packed Lunch / Home
8. Please give the name, gender and date of birth of any other children in your family.
- Name Date of BirthMale / Female
- Name Date of BirthMale / Female
- Name Date of BirthMale / Female

TRAVEL ARRANGEMENTS

Linked to the Government's Travel to School Initiative, and in the interests of keeping children safe, we should be grateful if you would 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.

Journey to School

Mode of Transport	Monday	Tuesday	Wednesday	Thursday	Friday
Walking					
Bicycle					
Car/Van					
Car Share					
Taxi					
Train					
School Bus					
<i>Name of Bus Company:</i>			<i>Place where Bus is boarded:</i>		
Public Transport Bus					
<i>Name of Bus Company:</i>			<i>Place where Bus is boarded:</i>		
Other (Please specify)					

Journey Home

Mode of Transport	Monday	Tuesday	Wednesday	Thursday	Friday
Walking					
Bicycle					
Car/Van					
Car Share					
Taxi					
Train					
School Bus					
<i>Name of Bus Company:</i>			<i>Destination Bus Stop::</i>		
Public Transport Bus					
<i>Name of Bus Company:</i>			<i>Destination Bus Stop:</i>		
Other (Please specify)					

Any additional information.....

I certify that, to the best of my knowledge, the information on this form is correct.	
Signature:.....	Parent/Guardian
Date	

PARENTAL PERMISSION

As part of our planned schoolwork, we frequently use the local area. We also take part in activities at such places as Ely Cathedral, St Mary’s Parish Church, Ely Museum and Ely College. To reduce the number of permission slips we send out we would ask that you sign below. Information about food allergies and intolerances is required so as to ensure that we provide appropriate pastoral support at lunchtimes, and during food-related activities.

(Please tick.)

- I give permission for my child to take part in activities and visits within the local area, during school time, whilst s/he is a pupil at Ely St Mary’s Junior School.
- I give permission for my child to be photographed by the local press in connection with school activities.
- I give permission for my child to participate in food preparation sessions.

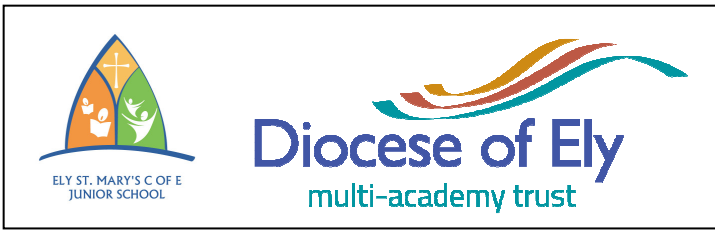
My child has the following food allergies:

My child has the following food intolerances:

Signed Parent/Carer

Printed Name

Date ___/___/___



Ely St Mary's C of E Junior School

High Barns, Ely, Cambridgeshire, CB7 4RB

Tel: 01353 662163

Fax: 01353 666177

Email: office@elystmarys.cambs.sch.uk

Website: www.elystmarys.org.uk

Child's Name: _____ **Year Group:** __ **Class (if known):** _____

Use of Images Consent Form

During the school year there are likely to be opportunities to publicise school activities which may involve the use of an image of your child. This could be a photograph, video/DVD or website image.

It is a requirement of the General Data Protection Regulation and Data Protection Act 1918 that we have your consent to this.

The school has adopted certain safeguards in order to minimise any risk to your child:

- we will avoid the publication of your child's full name with any image on any of our school material/website/social media, etc;
- only appropriate images will be taken;
- images will be kept securely and destroyed when your child leaves the school; and
- appropriate levels of supervision will be undertaken at all times.

(Please note that the school does not have control of how images taken by the media are published.)

Do you give consent to images of your child being taken and used in Accordance with the above guidelines?

YES / NO

Signed: _____

Printed Name: _____

Relationship to child: _____

Date: _____

Request for Parents Wishing to Take Their Own Photos/Videos

During the school year there are also likely to be opportunities for parents/carers to take images at school events such as plays, concerts and Sports Day. Ely St Mary's recognises that parents may wish to take images at school events. These must, however, be for their own personal use only. To ensure the safeguarding of our children the following applies:

- Parents/Carers may take images of their own children at school events. However, these should not be published on any social media website, or on the internet in general, without the express, written permission of the parents of every pupil within the image. Failure to comply will result in a full investigation by the Governing Body.

The school reserves the right to restrict the taking of images.

I agree to ensure that all images I take will be for my personal use, will be kept securely and be used appropriately, and will not be published on any social media website or on the internet in general.

I agree not to distract or obscure the view of others whilst taking images.

Signed: _____

Printed Name: _____

Relationship to Child: _____

Date: __/__/____



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Email: office@elystmarys.cambs.sch.uk

Website: www.elystmarys.org.uk

Collective Worship

You will be aware that, as a Church of England Junior School, St Mary's is required to hold a daily act of collective worship, in which each pupil must participate unless his/her parents have exercised their right of withdrawal.

During your child's time with us there may be occasions on which, due to unavoidable timetable clashes (for example, in relation to the delivery of instrumental music/singing lessons), it is necessary for your child to be withdrawn from collective worship. If you are in agreement with this I should be grateful if you would kindly complete the reply slip below accordingly, and return it to your child's teacher; your reply will be kept on file for the duration of your child's time at Ely St Mary's C of E Junior School.

If you would prefer that your child did not miss collective worship on occasion for the above purpose please indicate this below so that our records can be noted accordingly and any resultant revisions to the timetable made.

Collective Worship

Child's Name: _____ **Class:** _____

I give permission for the above-named child to be withdrawn from collective worship
on occasion, at the school's discretion, if there is an unavoidable timetable clash (eg, for the purpose of attending instrumental music/singing tuition).

I would prefer that the above-named child did **not** miss collective worship.

Signed: _____ (Parent/Carer) **Date:** __/__/__

Printed Name: _____ (Parent/Carer)

Please tick the appropriate box.