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### RECEPTION PUPIL APPLICATION FORM

**HAILEY CE PRIMARY SCHOOL**

Please complete each side of this form for your child. The information will be used for administrative purposes within this school. It will be sent on to your child’s next school or other educational institution. The provision of accurate information helps this school and the LA to see that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information you give and, from time to time, we may ask you to confirm that it is correct. The County Council is entitled to collect this information under the provisions of the Data Protection Act 1998.

**Completion of this form does not guarantee a place for your child in our Reception if this has not been notified in writing by Oxfordshire County Council via their application process.**

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| SECTION 1: PUPIL’S DETAILS | |
| Legal Surname: | Forename: |
| Preferred Surname: (if different) | Preferred Forename: (if different) |
| Middle Name(s): | Male/Female: |
| Date of Birth: |  |
|  | |
| House No/Name: | Street: |
| Street: | Postcode: |
| Is this the pupil’s home address? |  |
|  | |
| Additional Pupil Address: |  |
| House No/Name: | Street: |
| Town/City: | Postcode: |

**If your child has siblings already at our school please provide their name/s:**

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| **SECTION 2: CONTACT DETAILS** | |
| To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admission register that includes the name and address of every person considered, in law, to be the parent of a pupil. Please note that this includes: mother; married father- even if separated or divorced from the mother; unmarried father- provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child. **If any parents who do not live with the pupil wish to receive copies of school correspondence e.g. newsletters, pupil report, please notify the school**. | |
| **YOU MUST PROVIDE AT LEAST 2 CONTACTS WITH SEPARATE NUMBERS** | |
| **CONTACT 1** | |
| Mr/Mrs/Ms/Miss/Other: | Male/Female |
| Surname: | Forename: |
| Does this contact have parental responsibility? | |
|  | |
| House No/Name: | Street: |
| Town/City | Postcode: |
|  | |
| Home telephone number: | Mobile number: |
| Work number: | Alternative: |
| e-mail address: | |
|  | |
| **CONTACT 2** | |
| Mr/Mrs/Ms/Miss/Other: | Male/Female |
| Surname: | Forename: |
| Does this contact have parental responsibility? **Y/N** Relationship to Pupil: | |
|  | |
| House No/Name: | Street: |
| Town/City | Postcode: |
|  | |
| Home telephone number: | Mobile number: |
| Work number: | Alternative: |
| e-mail address: |  |

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| **CONTACT 3** | |
| Mr/Mrs/Ms/Miss/Other: | Male/Female |
| Surname: | Forename: |
| Does this contact have parental responsibility? | |
|  | |
| House No/Name: | Street: |
| Town/City | Postcode: |
|  | |
| Home telephone number: | Mobile number: |
| Work number: | Alternative: |
| e-mail address: |  |

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| **SECTION 3: MEDICAL INFORMATION** | |
| Knowledge about children’s health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information  will be available to relevant officers at the LA, school staff and to the School Health Nurse Service  and any other National Health Service professionals, as required. | |
|  | |
| GP Name: | Telephone Number: |
| Surgery Name: | |
| Town/City: | |

|  |  |
| --- | --- |
| Dentist Name: | Telephone Number: |
| Dental Practice Name: | |
| Town/City: | |

**In the event of an emergency do we have your consent to contact your child’s medical practice directly?** Yes/No

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| Has your child had his/her pre-school booster? | Yes/No |
| Do you give consent to your child’s vision being screened by the School Health Nursing Service? | Yes/No |

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| **Does your child suffer from:** | | **Does your child have any problems with:** | |
|  | | | |
| Asthma | Yes/No | Mobility | Yes/No |
| Epilepsy | Yes/No | Behaviour | Yes/No |
| Diabetes | Yes/No | Hearing | Yes/No |
| Bowel or bladder conditions | Yes/No | Speech | Yes/No |
| Serious allergies | Yes/No | Vision | Yes/No |
| Any other medical conditions | Yes/No |  |  |
|  | | |  |
| Does your child have special educational needs? | | | Yes/No |
| Does your child wear glasses? | | | Yes/No |
| Does your child need regular medication on prescription? | | | Yes/No |
| Does your child suffer from any condition which may affect his/her participation in PE/Sport/swimming? | | | Yes/No |

If you have answered Yes to any of the above, please give details:

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| Would you like the opportunity to discuss your child’s health with the school? | Yes/No |

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| **SECTION 4: ETHNIC MONITORING** | | | |
| Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the  Schools’ and the Local Authority’s equal opportunities policies and practices in maximising your child’s  progress and achievement. White British should include any pupils from England, Scotland, Wales and  Northern Ireland. White Irish should include any pupils from the republic of Ireland. | | | |
|  | | | |
| White British |  | Asian or Asian British – Indian |  |
| White Irish |  | Asian or Asian British – any other Asian background |  |
| White Traveller of Irish heritage |  | Asian or Asian-British – Pakistani |  |
| Any other white background |  | Black or Black-British – African |  |
| White Gypsy/Roma |  | Black or Black-British – Caribbean |  |
| Mixed – any other mixed background |  | Black or Black-British – any other background |  |
| Mixed – White and Asian |  | Chinese |  |
| Mixed – White and Black Caribbean |  | Any other ethnic group |  |
| Asian or Asian British - Bangladeshi |  | Prefer not to answer |  |

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| First language – the one mostly used at home: |  |
| Is English an additional language: |  |
| Any additional languages: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick your child’s religion (optional). Please tick one box only | | | |
| Christian |  | Jewish |  |
| Muslim |  | Buddhist |  |
| Hindu |  | Other (please state) |  |
| Sikh |  | No religion |  |

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| Country of Birth: |  |
| Nationality: |  |

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| **SECTION 5: ADDITIONAL INFORMATION** | | | | | | | |
| **Please answer the following (this information is really important to the school’s funding)** | | | | | | | |
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| Are you a services family? | | | | | | | Yes/No |
| Are you receiving Income Support/Job Seekers’ Allowance? | | | | | | | Yes/No |
| **How will you child travel to school generally? Please tick one box only** | | | | | |
| Walks |  | Car |  | Bicycle |  |
| Bus |  | Taxi |  | Other |  |

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| **If this child is in care please give details below** |
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| Start of placement: |
| Care Authority: |

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| --- | --- |
| **SECTION 6: PREVIOUS NURSERY** | |
| Please give details of any previous educational settings (Private Nursery, Pre-school) attended | |
|  |  |
| Name of school or setting |  |
| Address |  |
| Post Code |  |
| Date of arrival: | Date of leaving: |
| Reason for leaving: | |
|  | |
| Name of school or setting |  |
| Address |  |
| Post Code |  |
| Date of arrival: | Date of leaving: |
| Reason for leaving: | |

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| **SECTION 7: YOUR SIGNATURE** | |
| I confirm that the information that I have provided is accurate and true.  I agree that the information can be shared with the LA (local authority) and DFE  (Department for Education) to confirm my child’s eligibility and enable the school to claim the  Early Years Pupil Premium or Disability Access Fund if appropriate. | |
| Parent Signature: | Date: |
| Name (in block capitals): | |