



Hermitage Primary School
Focused on Excellence; Surrounded by Care



Reception – Year 6

Admissions Forms

Admission Forms – In year

All schools are required by law to keep on record details of children admitted. We would, therefore, be grateful if you could complete this for in **BLOCK CAPITALS** and hand in to the school office when your child is admitted.

At Hermitage Primary School, we use a company called Eduspot, who provide us with the communication system, Teachers2Parents and an online payment/ordering system called School Money. Eduspot is registered with the Data Protection Registrar and guarantees that all information that you provide will be kept private and will not be passed on to any other organisation.

FOR SCHOOL USE ONLY

Year Group / Class	
Admissions Date	
UPN	
Medical Form	
P.P.	
Notes	

Pupil Details

Legal Forename: As shown on birth certificate or passport		Legal Surname: As shown on birth certificate or passport	
Middle Name(s):		Asylum Seeker Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date entered country:
Preferred Surname:		Preferred Forename:	
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Position in Family (i.e. 2 nd of 4 children):			

Address Details

Home Address:		Other Address: Term time / Overseas / Other	
Town/City:		Town/City:	
Postcode:		Postcode:	

It would be very helpful to have available the names and dates of birth of any older or younger siblings who are currently attending or have attended this school, or are likely to join the school at a later date.

Forename	Surname	Date of Birth

Contacts

Parent / Carer 1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):	Parent / Carer 2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):
Forename:		Forename:	
Surname:		Surname:	
Relationship to Child:		Relationship to Child:	
Do you have parental responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have parental responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address (if different to pupil)		Home Address (if different to pupil)	
Town/City:		Town/City:	
Postcode:		Postcode:	
Telephone Numbers: (please tick the box against your main telephone number)	Home: <input type="checkbox"/>	Telephone Numbers: (please tick the box against your main telephone number)	Home: <input type="checkbox"/>
	Mobile: <input type="checkbox"/>		Mobile: <input type="checkbox"/>
	Work <input type="checkbox"/>		Work <input type="checkbox"/>
Email Address:		Email Address:	
Please attach a copy of any court orders relating to your child. Please tick if attached <input type="checkbox"/>			

Others with Parental responsibility as defined by The Children's Act 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents, for example, those with a Parental Responsibility Order. Married parents have equal parental responsibility; on separation or divorce, both parents continue to have responsibility. In such circumstances, the school will forward copies of school reports etc. to the separated parent, if requested. Please give details below.

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):	Relationship to Child:	
Forename:	Surname:	
Address	Home Telephone:	
	Mobile Telephone:	
	Work Telephone:	
	Email Address:	

Is the child resident with Foster Parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which Authority is financially responsible for Maintenance?	
--	--	---	--

Is the child Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Adoption:		If Yes, which Authority Managed the adoption	
-----------------------	---	-------------------	--	--	--

Is the child involved in a private fostering arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Adoption:		If Yes, which Authority Managed the adoption	
---	---	-------------------	--	--	--

Other Contacts

From time to time it may be necessary to contact someone during the school day e.g. in the case of a child's sickness. Please list below, in order of preference, the details of any person(s), who we can contact on such occasions.

Priority 1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):		
First Name		Surname	
Relationship to the Child (Parent, Grandparent, Neighbour etc.)		Known to the Child as: (E.g. Gramps, Nana etc.)	
Daytime Telephone:		Mobile:	

Priority 2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):		
First Name		Surname	
Relationship to the Child (Parent, Grandparent, Neighbour etc.)		Known to the Child as: (E.g. Gramps, Nana etc.)	
Daytime Telephone:		Mobile:	

Priority 3	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):		
First Name		Surname	
Relationship to the Child (Parent, Grandparent, Neighbour etc.)		Known to the Child as: (E.g. Gramps, Nana etc.)	
Daytime Telephone:		Mobile:	

Priority 4	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):		
First Name		Surname	
Relationship to the Child (Parent, Grandparent, Neighbour etc.)		Known to the Child as: (E.g. Gramps, Nana etc.)	
Daytime Telephone:		Mobile:	

Pupil Premium

Please tick here if you believe your child is entitled to Pupil Premium

Family Income and Benefit Details

Is your family income over £16,190 per year? Yes No

If you have answered **Yes**, you do not need to complete the form below.

If you have answered **No**, please tick the box if you receive any of the following benefits

- Income Support
- Income-based Jobseeker's Allowance (ISA)
- Income-related Employment and Support Allowance (ESA)
- Support under part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit (providing you are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190 per year)
- Working Tax Credit run-on, which is paid for 4 weeks after you stop qualifying for Working Tax Credit.
- Universal Credit – If applying on or after 1 April 2018, your household income must be less than £7,400 per year (after tax and not including any benefits you may receive).

(Please fill out the information below so that we can check your eligibility)

About your Child / Children

Child's Last Name	Child's First Name	Child's Date of Birth			Name of School
		DD	MM	YY	
		DD	MM	YY	
		DD	MM	YY	
		DD	MM	YY	

Parent / Guardian Details

	Parent / Guardian 1			Parent / Guardian 2		
Last Name						
First Name						
Date of Birth	DD	MM	YY	DD	MM	YY
National Insurance Number						
Daytime Telephone Number						
Mobile Number						
Address						
Postcode						

National Asylum Support Service Number (NASS)			/			/						/			/							
---	--	--	---	--	--	---	--	--	--	--	--	---	--	--	---	--	--	--	--	--	--	--

Please make sure all the information is completed.

Declaration

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for Free School Meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances, as set out in this form.

Signature of Parent/Guardian		Date	
------------------------------	--	------	--

Dietary Needs

Please indicate your child's dietary needs (only foods they are allergic to – not foods they do not like).			
<input type="checkbox"/> Artificial Colouring Allergy	<input type="checkbox"/> Coeliac	<input type="checkbox"/> Cows Milk Allergy	<input type="checkbox"/> Fish Allergy
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Halal	<input type="checkbox"/> Kosher Foods Only	<input type="checkbox"/> No Aubergines
<input type="checkbox"/> No Beans	<input type="checkbox"/> No Beef	<input type="checkbox"/> No Cheese	<input type="checkbox"/> No Chickpeas
<input type="checkbox"/> No Dahl	<input type="checkbox"/> No Dairy Produce	<input type="checkbox"/> No Dates	<input type="checkbox"/> No Eggs
<input type="checkbox"/> No Fish	<input type="checkbox"/> Honey	<input type="checkbox"/> Kiwi	<input type="checkbox"/> No Lamb
<input type="checkbox"/> No Lentils	<input type="checkbox"/> No Milk	<input type="checkbox"/> No Nuts of Any type	<input type="checkbox"/> No Peas
<input type="checkbox"/> No Pesto	<input type="checkbox"/> No Pips	<input type="checkbox"/> No Pork	<input type="checkbox"/> No Pumpkin
<input type="checkbox"/> No Raisins	<input type="checkbox"/> No Raw Egg	<input type="checkbox"/> No Seafood	<input type="checkbox"/> No Sesame
<input type="checkbox"/> No Strawberry	<input type="checkbox"/> No Turkey	<input type="checkbox"/> Pescatarian	<input type="checkbox"/> Pumpkin Allergy
<input type="checkbox"/> Ramadam	<input type="checkbox"/> Soya Bean Allergy	<input type="checkbox"/> Sugar Free	<input type="checkbox"/> Vegetarian

Ethnic/Cultural Information

The Department for Education (DfE) has asked for the collection of the following information for all pupil. Please indicate your child's ethnicity from the list below:			
White	British <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Other White British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller Heritage <input type="checkbox"/> Gypsy / Roma <input type="checkbox"/> Any other White Background <input type="checkbox"/> Albanian <input type="checkbox"/> Kosovan <input type="checkbox"/> Portuguese <input type="checkbox"/> Serbian / Yugoslavian <input type="checkbox"/> White Eastern European <input type="checkbox"/> White Western European	Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Kashmiri Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian Background <input type="checkbox"/> African Asian <input type="checkbox"/> Kashmiri <input type="checkbox"/> Nepali <input type="checkbox"/> Sri Lankan Tamil <input type="checkbox"/> Sri Lankan Sinhalese <input type="checkbox"/> Sri Lankan Other <input type="checkbox"/> Any other Asian group
Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed Background <input type="checkbox"/> White and any other ethnic group <input type="checkbox"/> Asian and any other ethnic group <input type="checkbox"/> Black and any other ethnic group <input type="checkbox"/> Chinese and any other ethnic group <input type="checkbox"/> Any other mixed ethnic group	Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Nigerian <input type="checkbox"/> Somali <input type="checkbox"/> Other Black African <input type="checkbox"/> Any other Black background
Chinese	<input type="checkbox"/> Any Chinese group	Any Other Ethnic Group	<input type="checkbox"/> Afghan <input type="checkbox"/> Arab other <input type="checkbox"/> Filipino <input type="checkbox"/> Iranian <input type="checkbox"/> Iraqi <input type="checkbox"/> Kurdish <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish an ethnic background category to be recorded.

First Language (the language to which they were first exposed in the early childhood and which they continue to use or to be exposed to at home or in your community) Please tick the ONE that applies:

- | | | | | |
|----------------------------------|--|---|---|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese Cantonese | <input type="checkbox"/> Chinese Mandarin | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Punjabi (Gurmukhi) | <input type="checkbox"/> Punjab (Mirpuri) |
| <input type="checkbox"/> Pashto | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Shona | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Swahili | <input type="checkbox"/> Tagalog/Flipino | <input type="checkbox"/> Tamil | <input type="checkbox"/> Thai | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (please specify) | | |

Child's Country of Birth		Child's Nationality	
---------------------------------	--	----------------------------	--

Religion

<input type="checkbox"/> Anglican	<input type="checkbox"/> Baptist	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Church of England
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> Jewish	<input type="checkbox"/> Methodist	<input type="checkbox"/> Mormon
<input type="checkbox"/> Muslim	<input type="checkbox"/> Plymouth Brethren	<input type="checkbox"/> Quaker	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Sikh
<input type="checkbox"/> United Reform Church	<input type="checkbox"/> No Religion	<input type="checkbox"/> I do not wish a religion to be recorded	<input type="checkbox"/> Other (please specify)	

Additional Information

Please indicate your child's main preference:

- | | | |
|---|---|---|
| <input type="checkbox"/> Free School Meal | <input type="checkbox"/> Packed Lunch from Home | <input type="checkbox"/> Home for Lunch |
|---|---|---|

Travel to School

Please tick your child's usual main mode of travel to school. If the journey to school involves more than one mode of travel, tick the mode used for the greatest part, by distance, of the journey.

<input type="checkbox"/> Walk	<input type="checkbox"/> Cycle	<input type="checkbox"/> Car / Van	<input type="checkbox"/> Car Share (with a child/children from another household)
<input type="checkbox"/> Public Service Bus	<input type="checkbox"/> Dedicated School Bus/coach	<input type="checkbox"/> Bus (type not known)	<input type="checkbox"/> Taxi
<input type="checkbox"/> Train	<input type="checkbox"/> London Underground	<input type="checkbox"/> Metro/Tram/Light Rail	<input type="checkbox"/> Other

FOR SCHOOL USE ONLY

LA Provided Transport

Route:

Service Children in Education Indicator

Are one or both parents Service personnel, serving in regular military units of any of the HM Forces, or in the Armed Forces of another nation and stationed in England, and exercising parental care and responsibility.

Yes No

Special Educational Needs

Does your child have Special Educational Needs?

Yes No

If you, please list needs / support required:

--

Welfare

Please indicate the following regarding the child

<input type="checkbox"/> In Care	Start Date		Care Authority	
<input type="checkbox"/> Young Carer	Start Date			

Previous School History

Name and Address of Previous School/Nursery:			
Date of Arrival:		Date of Leaving	
Telephone Number:		Email Address:	

Name and Address of Previous School/Nursery:			
Date of Arrival:		Date of Leaving	
Telephone Number:		Email Address:	

For pupils being admitted into the Reception Year only.

Please indicate the number of terms spend in pre-school education:	
Pre-school Education Provider details:	

Parental Consent - Please note, you have the right to retract your permission at any time.

Head Lice I agree to a member of the school staff checking my child's hair should it be suspected that there may be a possibility of the presence of head lice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trips / Visits in the local area I agree to my child visiting areas of interest in the local area to support/enrich their curriculum.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photographs / Videos for School Publicity I give permission for my child's image to be used on the school website and prospectus. (Children will never be identified in such circumstances without prior consent.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dojo Posts ClassDojo is a closed site where staff at school can upload information and updates to parents throughout the school day. The information uploaded is only available to parents of Hermitage Primary School. I give permission for my child to appear in Dojo posts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Preparation I give permission for my child to take part in food preparation / cooking and tasting activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Film and Video Clips rated PG We like to make use of modern technologies through the curriculum and sometimes take the opportunity to use feature films and video clips. There are occasions when materials have been classified PG. We ask your permission to use PG rated films that we deem acceptable for the age, maturity and well-being of your child. I give permission for my child to watch films and clips that have PG classification.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Internet Access – Acceptable Use Agreement</p> <p>As part of the school’s ICT programme. We offer pupils supervised access to the internet. In order to reduce the risk of accidentally accessing inappropriate material, the school employs a service provider that prevents access to listed undesirable sites; however, no system is fool-proof. We require your written permission for your child to have access to the internet.</p> <p>I understand that my child will use the internet at school.</p> <p>I understand that the school takes reasonable precautions to ensure that my child does not gain access to inappropriate material.</p> <p>I understand that pupils will be held accountable for their own actions.</p> <p>I give permission for my child to use the internet at school.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Use of Data – Data Protection Statement</p> <p>The purpose of this form is to collect data for further processing within the school/Local Authority/Health Authority systems. The data will be processed in accordance with the purposes notified by the school/Local Authority/Health Authority to the Data Protection Commissioner's office and where subject to the Data Protection Act and the Information Commissioner’s Office for the General Data Protection Regulation (GDPR) May 2018. The information given will be entered onto a computer and will form part of the School’s database.</p> <p>We seek your consent for the school/Local Authority/Health Authority to process the data. The lawful basis on which we process this information is:</p> <p>Article 6(1)(e) of the GDPR as processing is necessary for us to perform a task in the public interest or for our official functions, and this task or function is lawful.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Declaration of Persons with Legal Responsibility

<p><input type="checkbox"/> I declare the above information to be correct to the best of my knowledge at the time of completion.</p>
<p><input type="checkbox"/> I agree to notify the school of any change in my child’s circumstances.</p>

Please sign the form in the spaces indicated using your usual signature.

Where Father and Mother both have Parental Responsibility, the form must be signed by both parents.

Signature of Parent/Guardian (1)		Date	
Name in Print:			

Signature of Parent/Guardian (2)		Date	
Name in Print:			

Medical Information

Child's Name:		Date of Birth:	
Address:			

Does your child have any medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please give full details:	

Does your child have any Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please give full details:	

Does your child have Asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please give full details:	

Does your child attend any Medical Clinics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please give full details:	

Does your child require Medication / Asthma Inhaler / EpiPen in School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , please bring medication in to school and discuss with the school Welfare Officer.	

Dietary Information (Please tick options that apply)

If your child has a diagnosed allergy – please provide medical evidence.

<input type="checkbox"/> Artificial Colour Allergy	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Kosher Food Only	<input type="checkbox"/> No Dairy Produce
<input type="checkbox"/> No Nuts of any type or quantity	<input type="checkbox"/> No Pork	<input type="checkbox"/> Ramadan	<input type="checkbox"/> Seafood Allergy
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Halal	<input type="checkbox"/> Other (please specify):	

Do you consider your child to have a Disability? (Please tick options that apply)

A child is considered to have a disability if their parent indicates substantial and/or long term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.

<input type="checkbox"/> Mobility	<input type="checkbox"/> Hand Function	<input type="checkbox"/> Personal Care	<input type="checkbox"/> No Dairy Produce
<input type="checkbox"/> Medication	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Communication	<input type="checkbox"/> Seafood Allergy
<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> Behaviour	<input type="checkbox"/> Consciousness (seizures)
<input type="checkbox"/> ASD / Asperger's	<input type="checkbox"/> Palliative Care needs	<input type="checkbox"/> Other Disability/Health Problems (please specify):	

If you have ticked any of the boxes, please give full details:

--

If your child will be having School Lunches provided by our cater (Taylor Shaw) and your child has a diagnosed food allergy, you must register this with Taylor Shaw, through Lunch Hound (our in-house order service) so that they can provide a medical diet.

Please register at
<https://orders.lunchhound.co.uk/medicaldiets/request>

Write your reference code here:

--

G.P Information

Name of Surgery:

Address of Surgery:

Surgery Telephone No:

Parent/Carer Name:

Parent/Carer Signature:

Date:

Parent Declaration**Data Protection Statement**

The purpose of this application form is to collect data for further processing within the school / Local Authority / Health Authority systems.

The data will be processed in accordance with purposes notified by the school / Local Authority / Health Authority to the Data Protection Commissioner's office and where subject to the Data Protection Act and the Information Commissioner's Office for the General Data Protection Regulation (GDPR), May 2018. The information given will be entered onto a computer and will form part of the school's database.

Your signature on this form implies your consent for the school / Local Authority / Health Authority to process the data. The lawful basis on which we process this information is:

Article 6(1)(e) of the GDPR as processing is necessary for us to perform a task in the public interest or for our official functions, and this task or function is lawful.

Declaration of Persons with Legal Responsibility

I declare the above information to be correct to the best of my knowledge at the time of completion.

I agree to notify the school of any change in my child's circumstances.

Please sign the form in the spaces indicated using your usual signature. Where Father and Mother both have Parental Responsibility, the form must be signed by both parents.

Signature of

Mother / Guardian

Date:

Signature of

Father / Guardian

Date:

Wrap Around Care

All children need to be registered before they are able to attend our Breakfast and After-School Care. A registration form must be provided for each child attending and must contain contact numbers and medical information.

Breakfast Care opens at 7.45am. Upon arrival, parents must sign their child in. Children arriving before 8.20am are offered a choice of cereal, toast, scrambled egg/beans and milk or fruit juice. At 8.35am, pupils attending are walked to their classes and handed over to the class teacher.

After School Care is available from 3.15pm until 6pm. At the end of the school day, those children registered to stay on will be brought to ASC by their class staff and signed in. If your child is attending an extra-curricular club, they will be brought to ASC by the club provider and signed in. Parent can pick their children up at any time.

Child's Name:			
Year:		Date of Birth:	

Parent's / Carer's Details

Adult's Name:	
Relationship to Child:	
Emergency Contact Number 1:	
Emergency Contact Number 2:	

Adult's Name:	
Relationship to Child:	
Emergency Contact Number 1:	
Emergency Contact Number 2:	

Other Contact

Adult's Name:	
Relationship to Child:	
Emergency Contact Number 1:	
Emergency Contact Number 2:	

Medical

Dietary Requirements:	
Medical Conditions:	

I have read and agree to the Wrap Around Care Terms and Conditions.

Signature of Parent/Guardian		Date	
------------------------------	--	------	--