



Pupil Admission Form

Please **FULLY COMPLETE** the form in **BLOCK CAPITALS** to ensure we have the correct information to support your child at school. The school will use the data which you have provided regarding your child for the administration of his/her education and training and their physical and mental welfare whilst at school. The data will be passed to the Local Education Authority and may also be passed to other schools and training establishments or other agencies, including Social Care for the same purpose. The data may also be disclosed to police and other enforcement agencies for the purpose of the investigation and prevention of any crime and fraud. You have a right to ask for a copy of the information held by us in our records in return for the payment of a small fee. You also have the right to require us to correct any inaccuracies in the information.

Child's Details			
Legal Surname:			
Legal Forename:			
Preferred Surname:			
Preferred Forename:			
D.O.B:		Gender:	
Address:			
		Postcode:	
Previous School:			
County:			
Parent 1 Details			
Relationship to child:			
Parent's name:			
Address:			
		Postcode:	
D.O.B:			
Home phone:		Mobile phone:	
Work phone:		Work Name:	
Email address:			
Parent 2 Details			
Relationship to child:			
Parent's name:			
Address:			
		Postcode:	
D.O.B:			
Home phone:		Mobile phone:	
Work phone:		Work Name:	
Email address:			
Emergency contact details			
In the event of emergency please give the details of at least two people who we could contact if you are not available. It is your responsibility to keep the school updated with changes of details.			
Name	Relationship to child	Daytime No.	Work No.



Child's Details

Child's Name:

Siblings already at this school

Sibling Name	Date of Birth		
	DD	MM	YYYY
	DD	MM	YYYY
	DD	MM	YYYY
	DD	MM	YYYY

Younger Siblings (we use this information for projection figures)

Sibling Name	Date of Birth		
	DD	MM	YYYY
	DD	MM	YYYY
	DD	MM	YYYY
	DD	MM	YYYY

Social Information

Is your child in care or fostered? Yes / No

If you have answered yes, please note which council has responsibility below:

Is your child known to Social Services? Yes / No

If you have answered yes, please detail below:

Are there any custody arrangements / concerns? Yes / No

If you have answered yes, please detail below:

Special Educational Needs Information

Does your child have any particular problems or difficulties? e.g. playing with other children, speaking clearly or a dislike of something in particular (e.g. loud noises) Yes / No

If you have answered yes, please detail below:

Is your child known to any other agency? e.g. Paediatrician, Speech & Language, Physiotherapy etc.

If you have answered yes, please detail below: Yes / No

Health Declaration

Child's Name:

Doctor Information

Family Doctor's name:	
Address:	
	Post Code:
Telephone number:	

Pre-School Booster

Has your child had their pre-school booster? Yes / No

Dietary Requirements

Please give details of any **dietary requirements** or restrictions. It doesn't matter if your child will have packed lunch or not, as at times your child will take part in food technology lessons. *Please make sure that you keep the school up-dated if dietary requirements change.*

Health Information

<input type="checkbox"/> Allergy (please specify below)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (please specify below)

Asthma

In the event that your child's inhaled is not available, runs out, or is faulty, do you agree to your child receiving salbutamol from the emergency pump held at school? Yes / No

Details of any allergies, illnesses or disabilities:	Details of any medications:

Please make sure that you keep the school up-dated if any medical information changes.

Hearing, Sight and Speech

	Yes	No
Does your child have any difficulties with hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any difficulties with sight?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any difficulties with speech?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered yes to any of the above, please detail below:		



Child's Details

Child's Name:

Ethnicity

<input type="checkbox"/> Asian or Asian British – any other Asian background	<input type="checkbox"/> Mixed – White and Black Caribbean
<input type="checkbox"/> Asian or Asian British – Bangladeshi	<input type="checkbox"/> White – Any other white background
<input type="checkbox"/> Asian or Asian British – Indian	<input type="checkbox"/> White – British
<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> White – Gypsy/Roma
<input type="checkbox"/> Black or Black British - African	<input type="checkbox"/> White – Irish
<input type="checkbox"/> Black or Black British – any other Black background	<input type="checkbox"/> White – Traveller of British Heritage
<input type="checkbox"/> Black or Black British - Caribbean	<input type="checkbox"/> White – Traveller of Irish Heritage
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Mixed – any other mixed background	<input type="checkbox"/> Prefer not to declare
<input type="checkbox"/> Mixed – White and Asian	<input type="checkbox"/> Any other ethnic group
<input type="checkbox"/> Mixed – White and Black African	

Languages Spoken

	LANGUAGE	SPEAKS	READS	WRITES
FIRST				
HOME				
OTHER				

Nationality

Country of Birth

Religion

<input type="checkbox"/> Anglican	<input type="checkbox"/> Greek Orthodox	<input type="checkbox"/> Roman Catholic
<input type="checkbox"/> Baptist	<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish	<input type="checkbox"/> United Reform
<input type="checkbox"/> Christian Other	<input type="checkbox"/> Methodist	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Church of England	<input type="checkbox"/> Muslim	
<input type="checkbox"/> Evangelical	<input type="checkbox"/> No Religion	

Method of Travel to/from School

<input type="checkbox"/> Walk / Cycle / Scoot	<input type="checkbox"/> Car	<input type="checkbox"/> Car Share
<input type="checkbox"/> Bus	<input type="checkbox"/> Taxi	<input type="checkbox"/> Train

Home - School Agreement

Child's Name:

Parents - We agree to:

- See that our child attends school regularly and on time;
- Support the school's policies and guidelines for behaviour;
- Let the school know about any concerns or problems that might affect our child's work or behaviour;
- Immediately provide updated contact information should it change;
- Give our child a healthy breakfast each morning;
- Send our child to school wearing a clean and correct uniform;
- Support our child in homework and other opportunities for home learning;
- Attend parents' evening and discussions about our child's progress;
- Get to know about our child's life at the school.

The School – We agree to:

- Contact parents if there is a problem with attendance or punctuality;
- Let parents know about any concerns or problems that affect their child's work or behaviour;
- Send home an annual report;
- Set, mark and monitor homework;
- Arrange parents' evenings during which progress will be discussed;
- Keep parents informed about school work to be covered and other activities through newsletters and termly letters to parents.

School Policy Agreement

(Policies are available to view on our website)

Behaviour Policy

I have read and understand the details of the Sanctions Ladder and the reward system.

Attendance Policy

I have read and understand the details of the attendance policy and understand that the school will not authorise holidays taken during term time.

Administration of Medication

I have read and understand the contents of the school's policy on medical matters and the administration of medication.

Signature of parent/guardian:

Name of Parent / Guardian (please print): Date:



Parental Consent

Child's Name:

Lunch at school

My child will have a packed lunch	<input type="checkbox"/>
My child will have a school lunch	<input type="checkbox"/>
<ul style="list-style-type: none">• <i>KS2 only - I understand that meals (£2.30) have to be paid for in advance by ParentPay or that I have to apply for free school meals in time for my child starting school each year.</i>• <i>I understand that I will have to pay for meals until FSM are granted.</i>	

Local Trip Consent

Occasionally your child will take part in visits to places of interest within the local area e.g. the post office, the park or local schools. Complete risk assessments are done for these trips, as they are for all visits made from school. A full permission slip is not required for each local trip; rather we would request you to sign this basic consent form to cover all such local trips whilst your child is attending St. Mary Cray Primary Academy.

I do give permission for my child to take part on local trips.	<input type="checkbox"/>
I do not give permission for my child to take part on local trips.	<input type="checkbox"/>

Medical Consent

It is school policy for First Aid staff to seek parental consent before administering any medication unless otherwise prescribed*. However, on occasion we are unable to make contact with parents/guardians, because of this we ask for a general consent to administer liquid paracetamol.

**Please note that the school will only administer medication that is prescribed by a doctor with a prescription sticker and has a required dosage of 4 or more per day.*

I consent to the school administering liquid paracetamol should my child require this.	<input type="checkbox"/>
I do not consent for the school to administer liquid paracetamol without consulting me first.	<input type="checkbox"/>

Signature of parent/guardian:

Name of Parent / Guardian (please print): Date:

Parental Consent cont.

Child's Name:

Photographic Consent

Please tick your preferences for use of your child's photos as detailed below, sign and date the form.

	I give consent to:	Yes	No
Using images of my child (with their first name) in and around school and on school trips as part of displays on noticeboards to celebrate school life (including drawn images)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using images and videos of my child on the school and Trust website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using images of my child on social media (such as Twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local media using images of my child taken by the school to publicise school events and activities. (Please note the use of images taken by an external source are not always able to be controlled by the school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using images of my child in marketing material, e.g. the school brochure, school publicity banners and prospectus which may be in hard copy format and/or available online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A school-appointed external photography company taking individual and class photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using images of my child after they have left the school in line with the Trust Photo and Video policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Collection

If I am unable to collect my child from school I give permission for the following people to collect them.

	Name of person collecting child	Contact No.	Relationship to child
1			
2			
3			

Sibling Collection (Year 5&6 Only Collecting Siblings from Year 3 & Up)

I give permission for the above child to collect the sibling/s below; in doing so, I accept full responsibility for my child/ren's safety when they travel home unaccompanied.

	Sibling Collecting the Above named Child	Sibling Year Group
1		
2		

Walk Home (Year 5&6 Only)

I give permission for my child to travel (walking or public transport) home unaccompanied; in doing so, I accept full responsibility for my child's safety when they travel home unaccompanied.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Signature of parent/guardian:

Name of Parent / Guardian (please print): Date:



Tell us some things about your child...

Child's Name:

If your child is joining us in reception, we'd like to know some more about them so we can help them settle in during their transition.

	Yes	With Help	Not Yet
Plays happily with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joins in with other children's play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays happily alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can follow simple instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can sit still and listen for a short period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to the words 'No' and 'Stop'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ask for help when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can accept a change in routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to look after own toys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can tidy toys away willingly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can talk in sentences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can take turns in conversation? E.g. listen to other / make eye contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses a wide range of words when speaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be understood by others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sing some Nursery Rhymes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys looking at books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can sit and listen to a story?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can talk about a story?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to recognise their name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has awareness of numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can count when playing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can throw and catch a ball?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can cut with scissors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can hold a pencil/crayon correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can go to the toilet independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can dress their self independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All Children Hands

Which hand does your child naturally use for drawing, writing, colouring etc? Left Right

What does your child enjoy?

Specific toys, games or activities etc...

Does your child have any Special Talents / Interests?

Is there anything else you would like to tell us about your child?

Pupil Premium Form

Help us to help your child at school. Did you know that Pupil Premium doesn't just mean a free school lunch every day but also funds to help your child's education and the school?

The school receives an additional £1,320 per year per child who qualifies for Pupil Premium which will mean valuable support towards resources, activities, trips, etc.

About your child/children

Child's Surname	Child's Forename	Child's Date of Birth		
		DD	MM	YYYY
		DD	MM	YYYY
		DD	MM	YYYY

Parent / Guardian Details

	Parent / Guardian 1	Parent / Guardian 2
Surname		
Forename		
Date of Birth	DD MM YYYY	DD MM YYYY
National Insurance		
Mobile No.		
Email Address		
Address		
Post Code		
Date moved to this address	DD MM YYYY	DD MM YYYY

Are you currently in receipt of Pupil Premium / Free School Meals? Yes / No
 If no, have you previously been in receipt of Pupil Premium / Free School Meals? Yes / No

Family Income and Benefit Details

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

If you have ticked yes, you do not need to complete the next section and can go straight to the declaration at the end of the form.

If you ticked no, please tick if you are in receipt of any of the benefits listed below:

- | | |
|--|--|
| <input type="checkbox"/> Income Support
<input type="checkbox"/> Income-based Jobseekers Allowance
<input type="checkbox"/> Income-related Employment and Support Allowance
<input type="checkbox"/> Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
<input type="checkbox"/> Universal Credit | <input type="checkbox"/> The guarantee element of State Pension Credit
<input type="checkbox"/> Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,19
<input type="checkbox"/> Working Tax Credit run-on
<input type="checkbox"/> Please tick if you are not sure whether your joint family income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for pupil premium |
|--|--|

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 school using this information to apply for Pupil Premium / Free School Meals on my behalf. 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:

Name of Parent / Guardian (please print): Date: