



# St Michael's C of E VA Primary School Admission Form

<b>Child's Information</b>	
<b>Surname:</b>	<b>First name:</b>
<b>Middle Name(s):</b>	<b>Known as:</b>
<b>Date of Birth:</b>	<b>Gender: Male/Female</b>
<b>Child's Address:</b>	<b>Previous School (Nursery or Primary):</b>
<b>Siblings already at St Michael's:</b>	
<b>Special Educational Needs:</b> Does your child have any Special Educational Needs? <b>Yes/No</b> (If yes, please give further information and let us know the details of any additional professional support you are receiving at the moment. This will help us to identify any additional needs as quickly as possible and plan to meet them as appropriate. It also enables us to work with the professionals working with your child to ensure the transition is as seamless as possible. Your child's happiness is paramount in this process).	
Is your child gifted and talented in a subject? <b>Yes/No</b> (If yes, please give details of which subject)	
<b>Additional Needs:</b> Do you feel your child may need additional help within the school to enhance their development, eg toilet issues? If yes, please give details.	
Does your child have likes/dislikes with play/interests that you feel we should know about to help us support your child in school?	
Is your child right or left handed? <b>Right/left</b>	
Does your child wear glasses? <b>Yes/No</b>	

### Parent's Information

<b>Mother: Mrs/Miss/Ms/Dr:</b>	<b>Father: Mr/Dr:</b>
<b>First Name:</b>	<b>First Name:</b>
<b>Surname:</b>	<b>Surname:</b>
<b>Address (if different to child):</b>	<b>Address (if different to child):</b>
<b>Tel No:</b>	<b>Tel No:</b>
<b>Work Tel No:</b>	<b>Work Tel No:</b>
<b>Mobile Tel No:</b>	<b>Mobile Tel No:</b>
<b>Main Email for Parentmail contact:</b>	

*If parents live at separate addresses, all information concerning the child's education can also be sent to the second address upon request.*

### Emergency Contact's Information in addition to parents

	Name	Relationship to child	Home phone	Mobile phone
1				
2				
3				

*These people will be contacted in order of priority in an emergency situation when neither parents can be contacted.*

### Medical Information

<b>Doctor:</b>	<b>Tel No:</b>
<b>Surgery Address:</b>	
<b>Medical Conditions</b> (Please give details):	
<b>Medicines needed in school</b> (Please give details and <u>provide medication</u> ):	
<p><b>Safe Use of Plasters:</b> In the event of a minor injury occurring in school, we will issue your child with a plaster. Please indicate below whether or not you are happy for this to happen.</p> <p>I <b>do/do not</b> give permission for my child to be issued with a plaster in the event of a minor injury.</p>	
<p><b>Medication:</b> <i>Please note, if your child requires medication to be administered during school hours then, after consultation with parents, this may be able to be carried out by a member of staff. A letter of consent from the parent, with full instructions, must then be sent in under separate cover.</i></p>	

### Ethnicity and Language

<b>Ethnicity:</b>	<b>Home Language:</b>
<b>First Language:</b>	<b>English as an Additional Language:      Yes/No</b>
<b>Religion:</b>	

### Dietary and Meal Arrangements:

**Dietary Needs:** (Please enter a tick in any relevant section):

Vegetarian	No nuts	No beef
No seafood	No dairy produce	Other
No egg	No pork	

**School Milk:** Please see attached letter re milk provision for infant children.

**Meal Arrangements** – Please see correspondence attached (enter a tick in relevant section below):

I would like my child to have school meals

My child will bring a packed lunch from home

*\*If you are on income support/receiving Income Based Job Seekers Allowance, Child Tax Credit you may be entitled to claim for free school meals (FSM). The school receives a certain amount of funding based on FSM entitlement, so please speak to the school office confidentially or contact either 0300 123 4048 or visit [hertsdirect.org/scholearn/canhelp/expenses/](http://hertsdirect.org/scholearn/canhelp/expenses/)*

**Please note – should you wish to change your child’s meal arrangements, we require two weeks’ notice in writing.**

### Travel Arrangements

Please indicate your usual method of travelling to school (enter a tick in relevant section):

Bicycle	Car/Van	Walk	Train	Taxi
Car Share	Public Bus	Other (please specify):		

**Local visit consent:** As part of our topic work we sometimes need to take the children on local visits within walking distance to enable them to investigate their surroundings and support their learning in school. Please indicate below whether or not you are happy for your child to take part in these visits:

I **do/do not** agree to my child being taken on local visits within walking distance of the school.

### Data Protection and E-Safety

*The School is registered under the Data Protection Act for holding personal data. The School has a duty to protect this information and to keep it up to date. The School is required to share some of the data with the Local Authority and with the DCSF.*

**Safe Use of Images**

I give permission for my child’s image to be taken and used in publicity material for the school, including printed and electronic publications, video and webcam recordings and on websites	Yes	No
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I give permission for images of my child to be used by the news media in printed and/or electronic form and stored in their archives. This might include images sent to the news media by the school and images/footage the media may take themselves if invited to the school to cover an event.	Yes	No
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**E-Safety** (see attached notes)

I have read the attached notes regarding e-safety and discussed these with my child who now understands the safe use of the internet.	Yes	No
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*I confirm that the above information is correct to the best of my knowledge and belief. I understand that if false information is provided this may lead to the offer of a place being withdrawn. I understand that the Education Department may check any of the information provided.*

Signed: ..... Date: .....