THE PINES PRIMARY SCHOOL Headteacher: Mrs Kerry Darby

ADMISSION PACK - PLEASE COMPLETE AND RETURN TO THE OFFICE

ADMISSION FORM

Please complete all four sides then sign the last page.



The Data Protection Act (1998) 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 and by the 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 Suffolk 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 Notice at: https://www.thepinesprimary.co.uk/policies/

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:					
Date of Birth:					
Home Address					
Postcode Telephone nu	ımber				
In Local Authority Care Yes / No If Yes, Name of Care Authority					
Name & address of previous school					
Reason for leaving					
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. **Service children attract extra school funding**.

	No		Yes		I do not wish a service indicator to	be recorded	
_							
Ī	USAF Personnel? (tick if yes)			If yes, please give expected end date of deployment:			

CONTACT INFORMATION

Please provide details of **three** parents/guardians/contacts below and place them in the order you wish them to be contacted in an emergency.

Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

PRIORITY 1 CONTACT					
Title Surname	Forename				
Relationship to child		Parental responsibilityYES / NO			
Date of Birth	NI Number				
Home address					
	Postcode				
Home telephone number	Home email				
Work telephone number	Work email				
Mobile telephone number					
Place of work & address					
	PRIORITY 2 CONTACT				
Title Surname	Forename				
Relationship to child		Parental responsibilityYES / NO			
Date of Birth	NI Number				
Home address					
	Postcode)			
Home telephone number	Home email				
Work telephone number	Work email				
Mobile telephone number					
Place of work & address					
	PRIORITY 3 CONTACT				
Title Surname	Forename				
Relationship to child		Parental responsibilityYES / NO			
Date of Birth	NI Number				
Home address					
	Postcode				
Home telephone number	Home email				
Work telephone number	Work email				
Mobile telephone number					
Place of work & address					

SEPARATED PARENT INFORMATION – For parents not living with the child 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. School is required to hold this information even if the child has no contact with this parent.

Title	.Surname		Forename			
Relationship	to child			Parental responsibilityYES / N	0	
Date of Birth		NI N	umber			
Home addre	SS					
•••••			Postcode	9		
Home teleph	one number		Home email			
Work telepho	one number		Work email			
Mobile telep	hone number					
Place of wor	k & address					
	Yes / No			Address can be Disclosed Yes / N		
	ME	DICAL	DETAILS			
Doctor						
Address and	telephone number					
Address and	telephone number					
Please state	any medical conditions of which you wis	h the so	hool to be made awa	are, (e.g. asthma, epilepsy, allergies)	
Daga yayır al	aild have any Chariel Needs Dravision V	EC / NO	If VEC *EUCD /	CEN 2 (*Diagon delete appordingly)		
-	nild have any Special Needs Provision Y			SEN ? (*Please delete accordingly))	
Please give	details					
	PERSO	NAL II	NFORMATION			
To help us a	nd the local authority in monitoring equal	opportu	unities you are asked	to complete the following:		
1. Child's Co	ountry of birth		Child's Nationality.			
0	There or		·			
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 cold	our, culture, ancestry or family history. Et	hnic bad	ckground is not the sa	ame as nationality or country of birth	า.)	
White – Bri			Black or Black Brit			
White – Iris			Black or Black Brit			
	aveller of Irish Heritage		Any other Black ba	ackground		
White - Gy	psy/Roma y other White background		Chinese	roup – please state.		
	nite and Black Caribbean		Any other ethnic g	roup – piease state.		
	Mixed – White and Black African					
	nite and Asian		(This includes Afgl	han, Arab, Egyptian, Filipino, Iraniai	n ,	
	y other mixed background		Iraqi, Japanese, K	orean, Kurdish, Latin American,		
Asian or As	sian British -Indian			, Malay, Mauritian, Moroccan,		
	sian British - Pakistani		Polynesian, Thai,	Vietnamese, Yemeni)		
	sian British - Bangladeshi				I	
	Asian background (This includes African ali, Sinhalese, Sri Lankan Tamil)		I do not wish an et	thnic background to be recorded		

J		ctices of which the school			
	ments: School Meal		ome		
		of birth of any other child	ren in vour familv:		
· ·		Date of Birth:	•		male
		Date of Birth:			
		Date of Birth:			
ur pupils travel to a ses. Where he/she	rnment's Travel to School Ir and from school. We would e uses more than one mode	RAVEL ARRANGEMENT initiative, we are currently refir be grateful if you could tell use of travel for each journey to	ning a school travel s what mode of trar	nsport your child no	rmally
our pupils travel to a uses. Where he/she used and/or the lon	rnment's Travel to School Ir and from school. We would e uses more than one mode gest element of the journey	nitiative, we are currently refir be grateful if you could tell u e of travel for each journey to by distance.	ning a school travel is what mode of tran school, you should	nsport your child no I tell us the most fre	rmally
our pupils travel to a uses. Where he/she	rnment's Travel to School Ir and from school. We would e uses more than one mode	nitiative, we are currently refir be grateful if you could tell u e of travel for each journey to by distance.	ning a school travel s what mode of trar	nsport your child no	rmall
our pupils travel to a uses. Where he/she used and/or the lon-	rnment's Travel to School Ir and from school. We would e uses more than one mode gest element of the journey Public Transport Bus Car/Van mation:	nitiative, we are currently refir be grateful if you could tell u of travel for each journey to by distance.	ning a school travel is what mode of tran school, you should Walking	rsport your child no tell us the most fre Train Other	rmally
our pupils travel to a uses. Where he/she used and/or the longer School Bus Taxi Any additional information and the control of the control o	rnment's Travel to School Ir and from school. We would be uses more than one mode gest element of the journey Public Transport Bus Car/Van mation:	be grateful if you could tell use of travel for each journey to by distance. Bicycle Car Share	ming a school travel is what mode of transchool, you should walking	Train Other	rmally quent



The Pines Primary Pupil Acceptable Use Policy

This is to be read through with your child and then signed. They will be allowed Internet Access after this is returned to school.

- I will use the school's ICT equipment and tools (including computers, cameras etc.) for schoolwork. If I need to use the school's computers for anything else, I will ask for permission first.
- I will only use the internet or online technologies when an adult is nearby.
- I will not share my passwords with other people and will tell my teacher if I think someone else knows them.
- I will not share details about myself such as surname, phone number or home address.
- I will ask if I need to look at other peoples' work on the computer.
- I will try my hardest to only send messages which don't upset other people.
- I will ask my teacher before using photos or video.
- I will not downloaded files or programmes to the computer from the Internet.
- If I see something on a screen which upsets me, I will always tell an adult.
- I will not bring my own mobile devices into school without prior permission from a member of staff. These will then be kept securely in the school office.

I will do my best to follow these rules because I know they are there to keep me and my friends safe. If I don't follow these rules, I know that my teacher may stop me using technology at school and talk to my parents about how I use technology.

Name of child:	
have read through this agreement v	with my child and agree to these safety restrictions.
Signed:	(Parent/Responsible Adult)



The Pines Primary school PARENTAL PERMISSION FORM

Important Privacy Information

To comply with GDPR consent requirements, we need you to confirm that you are happy for us to hold records about your child.

For an outline of what information we hold, and why, please see our Privacy Notice and Photo Policy at: https://www.thepinesprimary.co.uk/policies/

Please complete this consent form and return to the school.

PRIVACY NOTICE PERMISSION		
Name of child	(Block Capitals Please)	
Signature Date		
PHOTOGRAPH PERMISSION		
I give permission for my child's unnamed image to be used in photograph policy NO	n line with rules set out in the YES	/
Child's name Parent/Carer name	e	
Photograph permission agreement signature:		
DateRelationship to child	I	
LOCAL VISITS		
From time to time the children may be taken on local visits wit to attend one of the cluster primary schools to take part in eith concert, Maths Challenge or some other activity to support the	ner a sporting tournament, music	d
To avoid obtaining repeated reply slips from parents, can you permission for your child to attend such events. Parents will a visits that require travelling by coach or staff car.	•	_
I am the parent/legal guardian of the child named below a make local visits within walking distance of The Pines Primary the cluster schools for various activities involved with their education.	School and to travel by bus/staff ca	
Child's Name(s):	(Block Capitals please)	
Parent/Carer's Signature	Date	