**PINE CONES ADMISSION FORM**

ADMISSION PACK – PLEASE COMPLETE AND RETURN TO THE OFFICE

Please complete all 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://pinesprimary.org/about-us/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:………………………………………………………………...................... Gender…….Male / Female

Date of Birth: ..............................................………………………………………………………………………………………………………

Home Address ...............................................................................................................................................................…

…………………………………………………………………………………………………………………………………………

Postcode .............................................................................. Telephone number ..............................................................

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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **USAF Personnel?** (*tick if yes*) |  | If yes, please give expected date of leaving: |  |

**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 responsibility……YES / 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 responsibility……YES / 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 responsibility……YES / 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 responsibility……YES / 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……………………………………………………………………...……………………………………

Court Case Yes / No …………………………………………... Address can be Disclosed Yes / No

**MEDICAL DETAILS**

Doctor ………….…………………………………........................................................................…………………………….

Address and telephone number .....................................………………................................................……………………

Please state any medical conditions of which you wish the school to be made aware, (e.g. asthma, epilepsy, allergies)

.............................................................................................................................................................................………..

………………………………………………………………………………………………………………………………………..

Does your child have any Special Needs Provision **YES / NO** If YES **\*EHCP / SEN** ? (\*Please delete accordingly)

Please give details………………………………………………………………………………………………………………..

**Immunisations/Vaccinations**

|  |  |
| --- | --- |
|  | Date given: |
| Diphtheria |  |
| Tetanus |  |
| Whooping cough |  |
| Meningitis C |  |
| Polio |  |
| MMR |  |
| HIB meningitis  |  |
| Other… |  |

**PERSONAL INFORMATION**

1. Does your child have any siblings at The Pines Primary School? ……………………………………………………

To help us and the local authority in monitoring equal opportunities you are asked to complete the following:

2. Child’s Country of birth………………………………… Child’s Nationality…………………………………………

3. 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 colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| White – British |  |
| White – Irish |  |
| White – Traveller of Irish Heritage  |  |
| White – Gypsy/Roma |  |
| White – Any other White background |  |
| Mixed – White and Black Caribbean |  |
| Mixed – White and Black African |  |
| Mixed – White and Asian |  |
| Mixed – Any other mixed background |  |
| Asian or Asian British -Indian |  |
| Asian or Asian British - Pakistani |  |
| Asian or Asian British - Bangladeshi |  |
| Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil….) |  |

 |

|  |  |
| --- | --- |
| Black or Black British -Caribbean  |  |
| Black or Black British -African  |  |
| Any other Black background  |  |
| Chinese  |  |
| Any other ethnic group – please state. m\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni)  |

|  |  |
| --- | --- |
| I do not wish an ethnic background to be recorded  |  |

 |

3. Date of arrival in UK (if applicable) ……..……………………………………………………………………

4. First language: ………………………………………………………………………………………………….

Other home language(s)……………………………………………………………………………………….

5. Religion:………………………………………………………………………………………………………….

6. If there are any religious or cultural practices of which the school should be aware, please specify:

 …………………………………………………………………………………………………………………………….

7. Lunch arrangements: School Meal Packed Lunch Home

8. Please give the name, gender and date of birth of any other children in your family:

 Name: …………………………………………..…. Date of Birth: ……………………………… Male/Female

 Name: …………………………………………..…. Date of Birth: ……………………………… Male/Female

 Name: …………………………………………..…. Date of Birth: ……………………………… Male/Female

 **TRAVEL ARRANGEMENTS**

Linked to the Government's Travel to School Initiative, we are currently refining a school travel plan, which details how our pupils travel to and from school. We would be grateful if you could tell us what mode of transport your child normally uses. Where he/she uses more than one mode of travel for each journey to school, you should tell us the most frequently used and/or the longest element of the journey by distance.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School Bus |  | Public Transport Bus |  | Bicycle |  | Walking |  | Train |  |
| Taxi  |  | Car/Van |  | Car Share |  |  |  | Other |  |

**PRE-SCHOOL SESSIONS**

Please complete the box below indicating which sessions you would like your child to attend (Please note, not all sessions are guaranteed to have a space). Please note spaces are term time only.

Preferred start date (to be agreed with setting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday  | Thursday | Friday |
| 8.30am-1pm |  |  |  |  |  |
| 8.30am-4pm |  |  |  |  |  |
| 9am-12pm\* |  |  |  |  |  |
| 9am-1pm |  |  |  |  |  |
| 9am-3pm\* |  |  |  |  |  |
| 1pm-4pm\* |  |  |  |  |  |

\*-Funded sessions are 9am-12pm, 9am-3pm or 1pm-4pm, please speak to a member of staff or email with any queries. Please note Pre School closes at 3pm on a Friday.

Note: Children are eligible for 15 hours early years grant funding the term after their 3rd birthday. Some children may be eligible for 30 hours dependant on family circumstances the offer of 30 hours is restricted and will be offered on a first come first served basis.

Any additional information: …………………………………………………………………………………………………………......................................

………………………………………………………………………………………………………………………………………

I certify that, to the best of my knowledge, the information on this form is correct.

Signature: …………………………………………………………………………………………. Parent/Guardian

Date: ………………………………………………………………………………………………...

**COLLECTION FORM**

Security at Pine Cones Pre-School is paramount. If a parent is unable to collect, we will require information about who is collecting your child at the end of the pre-school session. We will only allow your child to leave our setting with a responsible adult aged over 18 years. **Please always inform a member of staff if someone else is collecting child.**

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name of adult collecting: |  |
| Relationship to child: |  |
| Contact Telephone number: |  |
| Brief description: |  |
|  |
| Name of adult collecting: |  |
| Relationship to child: |  |
| Contact Telephone number: |  |
| Brief description: |  |

Password to be used for anyone other than parents collecting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an emergency you may have to send someone not known to pre-school to collect your child, please give us a password that is personal to yourselves that can be used by the person collecting your child. We **will not** release your child into the care of another adult without a password being given.

**I give permission for the people named on this form to collect my child at any time.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL PERMISSION AND CONSENT FORM**

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I do/ do not** given permission to seek emergency treatment or advice for my child

I **agree/disagree** to photographs and videos being taken of my child for Tapestry and use of displays.

I **agree/disagree** to my child’s photo being used on the Pine Cones Primary School and Pine Cones Pre-School website or being used by the media (including their websites) for publicity.

I **agree/disagree** to my child having their face painted.

I **agree/disagree** to Pine Cones staff applying sun cream to my child that I will provide.

I **agree/disagree** to Pine Cones Pre-School taking my child on outings in the surrounding area.

I **agree/disagree** for Pine Cones Pre-School to seek advice from outside agencies regarding your child’s learning and development (if we have concerns regarding your child we will always discuss this with you)

(In the event of a safeguarding concern, where we believe sharing information with a child’s family may cause further harm, we will refer to external agencies without seeking parental consent.)

**I agree/ disagree** to Pine Cones Pre-School to pass on my child’s learning and development records when they leave the setting.

**Privacy notice**

To comply with GDPR requirements, we need you to confirm that you are happy for us to hold records about your child. If you wish to see our privacy notice, please ask a member of staff.

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TAPESTRY**

At Pine Cones we use Tapestry. This is an online Learning Journey for your child. We will use Tapestry to capture milestones in your child’s development and to demonstrate how we are supporting your child’s learning and development.

You will receive notifications when your child has a new observation so you will be able to log on to their Learning Journey to view, ‘like’ and if you wish, comment. You will also be able to download the app yourselves and send us photos and notes about what your child is doing at home too. This is a really great way of us all working together to contribute to the Learning Journey. It also gives us as practitioners a full picture of where your child is currently developmentally.

In order to access your child’s online Learning Journey, we will need to have your email address. Once we do you will receive an email from Tapestry inviting you to set yourself up a Tapestry account to gain access to your child’s private Learning Journey.

To help us set up your child’s account please fill in the details below.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/s Details

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permissions:

I give permission for my child to appear in the background of other children’s observations:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent form for using Pupil Photographs and videos**

We often use photos of pupils on our website, on social media and in our school prospectus and newsletters to give people a flavour of school life, to keep the school community informed about what our pupils do and to celebrate achievements.

Under data protection laws (UK GDPR and Data Protection Act 2018 and other applicable laws), we need the consent of parents / carers to use photographs or video images of pupils in this way.

Where we use images of individual pupils, the full name of the pupil will not be displayed and not used in such a way that the pupil can be identified, unless permission is sought and given. However, a first name may be used if appropriate to do so.

As part of our commitment to processing personal data fairly and transparently, we will ask you to complete the consent form each year to make sure you’re still happy with the ways we use your child’s data. Photographs and videos will be retained for up to 2 years.

You can withdraw or change your consent at any time by contacting the school office.Please note that processing of your child’s personal data for the reasons below will cease once you have withdrawn consent. Your consent will still be valid for any publications that have already been printed.

We place great emphasis on personal data protection, and you can find full details regarding our processing activities in our Privacy Policy, available at <https://anglianlearning.org/gdpr-policies/>. Our Data Protection Officer (DPO) is Mark Povey who can be contacted at the following email address Mark@js-ig.com.

I consent to Anglian Learning and/or its member schools using photographs or videos of my child in the following ways:

| Use of photos/videos (may contain audio)  | photos ü | videoü |
| --- | --- | --- |
| On school or Trust websites (eg articles, newsletters, school prospectus) | [ ]  | [ ]  |
| On school or Trust printed resources (eg newsletters, school prospectus) | [ ]  | [ ]  |
| In internal displays (eg pictures of events and classroom activities, for identification purposes) | [ ]  | [ ]  |
| In the media, (eg local newspapers) | [ ]  | [ ]  |
| On social media, (eg Twitter, Linked In, Facebook, Instagram) | [ ]  | [ ]  |
| For the purpose of staff recruitment, such as in recruitment packs and job adverts on school or Trust websites. | [ ]  | [ ]  |
| For promoting the school or Trust by third-party organisations listed on our website including staff recruitment platforms. | [ ]  | [ ]  |
| I am **NOT** happy for the school to take or use photos or videos of my child. | [ ]  | [ ]  |

Pupil name: Class:

Parent Name:

Signature:

Date: