

Hemingbrough CP School



Learn Laugh Succeed

Hemingbrough Community Primary School

Admission Pack

Please return to the
school office with a copy of your child's
birth certificate

HEMINGBROUGH COMMUNITY PRIMARY SCHOOL

Hemingbrough CP School



ADMISSIONS FORM

PUPIL INFORMATION (Please complete in block capitals)					
Surname					
First name		Other names			
<p style="text-align: center;">Male Female</p> <p style="text-align: center;"><i>(delete as appropriate)</i></p>		Date of birth / / Birth Certificate seen YES / NO			
Address		Postcode			
Language spoken at home:		Other languages used regularly			
PARENT INFORMATION (or adult with parental responsibility)					
Parent(s) Full Names		Title:		Title:	
Home Tel:					
Mobile Tel:					
e-mail Address					
Work Tel:					
Absent Parent's details		<p style="color: red;">If parents are separated: Has the other parent access? YES / NO Please advise school if any conditions are attached and any other information which staff working with your child should be aware of.</p>			
		<p>If a second parent would like copies of school reports, photos, newsletters etc please let us have their address here:</p>			
Please tick the box if one or more parent are in the Armed Forces				<input type="checkbox"/>	
PLEASE GIVE ADDITIONAL CONTACTS TO BE USED IN CASE OF ILLNESS OR EMERGENCY.					
Other Contacts Name:		Relationship to pupil	Telephone		
			Home	Mobile Work	
1					
2					
3					
Other children at this school from the same household	Surname		Forenames		Class

Pupil's previous school/ Nursery	Name & Address	
	Telephone Number	
OTHER INFORMATION - Please complete the following sections IN FULL		
Doctor's Name		
Doctor's Telephone		
Doctor's Address		
In your opinion does your child have Special Educational Needs and Disability? (The DDA definition of a disability is "A disabled person (child or adult) is someone who has a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities")		YES / NO
Details of ongoing medication		
Details of allergies		
Please outline any special dietary requirements of your child:		
Wears glasses?	YES NO	Hearing problems? YES / NO (If yes, give further details)
Should my child require first aid or changing whilst at school, I give permission for this to be done by a member of School staff.		YES / NO
Children previously in care. Please advise school if your child was Adopted from Care or ceased to be looked after through a Special Guardianship Order (SGO) or through a Residence Order (RO)		YES / NO

Data Protection Act 2018

The Data Controller is: Hemingbrough Community Primary School

The information you provide on this form will only be used for the purposes for which you have given consent.

ETHNIC BACKGROUND & RELIGIOUS INFORMATION

Please tick **one box only** to indicate the ethnic background of the child. Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

<p><u>White</u></p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Traveller of Irish heritage <input type="checkbox"/></p> <p>Gypsy/Roma <input type="checkbox"/></p>	<p><u>Mixed</u></p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p>	<p><u>Asian or Asian British</u></p> <p>Indian <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Any other Asian Background <input type="checkbox"/></p>
<p><u>Black or Black British</u></p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p>	<p><u>Chinese</u> <input type="checkbox"/></p> <p>I do not wish an Ethnic Background to be recorded <input type="checkbox"/></p>	<p><u>RELIGION</u></p> <p>Christian <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>Hindu <input type="checkbox"/></p> <p>Other Religion <input type="checkbox"/></p> <p>No Religion <input type="checkbox"/></p>

PLEASE READ AND SIGN THE PRIVACY NOTICE AT THE END OF THIS BOOKLET

- Hemingbrough Community Primary will process personal data in accordance with GDPR requirements.
- How my data is processed and why.
- My personal data will not be shared with third parties without my consent unless there is a legal requirement to do so.
- My personal data is retained in line with statutory requirements and/or organisational purposes.
- My rights in relation to the processing of my personal data and how I can exercise these rights.

Your support for your child's education is crucial to their progress. If there is any other information you wish school to be aware of, please attach to this form or speak with a member of staff.

Please also tell us if there is any adjustments we need to make to help you support your child, for example: letters in large font; letters in different languages; wheelchair access; explaining things over the phone; a discussion with a school colleague of the same gender.

Please notify us immediately if any of the information included in this document changes in order for us to update our records.

This would include: Change of address; Change of mobile or home phone number; Change of email address; Changes to your child's medical condition; Changes to your child's dietary needs.

If you require clarification on any aspect of this form or need assistance completing it, please do not hesitate to contact School.