

Admissions Form

Please supply us with the following important details.

Student Details:

Names as specified on birth certificate

First Name: _____

Middle Name/s: _____

Surname: _____

Preferred first name: _____
(to be used in school)

Date of Birth: _____

Gender: M/F _____

Current or previous Nursery/School: _____

Ethnicity: (Please tick as applicable)

White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	White Other <input type="checkbox"/>	Mixed: White and Black <input type="checkbox"/>
Mixed: White and Black African <input type="checkbox"/>	Mixed: White and Asian <input type="checkbox"/>	Asian or Asian British <input type="checkbox"/>	
Asian or Asian British: Indian <input type="checkbox"/>	Asian or Asian British: Pakistani <input type="checkbox"/>		
Asian or Asian British: Bangladeshi <input type="checkbox"/>	Asian or Asian British: Other Asian <input type="checkbox"/>		
Black or Black British: Caribbean <input type="checkbox"/>	Black or Black British: African <input type="checkbox"/>		
Black or Black British: Other Black <input type="checkbox"/>	Chinese or Other Ethnic Group <input type="checkbox"/>		
Other <input type="checkbox"/> Please Specify: _____			

Home address: _____

Post Code: _____

Family Details:

Siblings in school: _____

Living Arrangements: e.g lives at home with both parents / single parent / carers

Is this child in care? Yes/No

Is this child adopted? Yes/No

Does this child have traveller status? Yes/No

Is this child a refugee? Yes/No

Does this child have a parent in the armed forces? Yes/No

Transport Arrangements:

How does this child normally travel to school? Please delete as applicable.

Walk

Cycle

Car/Van

Taxi

School Bus

Public Bus

Other (please specify) _____

Religion: _____

Contact Details:

Please supply at least two contacts and list in the order you would prefer us to contact you for emergencies and whether each contact has permission to collect your child from school.

1st Permission to collect from school: Yes / No

Title first name & surname: _____

Relationship to child: _____

Address (if different to child) _____

Email address: _____

Home phone: _____

Mobile Phone _____

Work Phone _____

2nd Permission to collect from school: Yes / No

Title first name & surname: _____

Relationship to child: _____

Address (if different to child) _____

Email address: _____

Home phone: _____

Mobile Phone _____

Work Phone _____

3rd (if applicable) Permission to collect from school: Yes / No

Title first name & surname: _____

Relationship to child: _____

Address (if different to child) _____

Email address:

Home phone:

Mobile Phone

Work Phone

4th (if applicable)

Title first name & surname:

Relationship to child:

Address (if different to child)

Permission to collect from school: Yes / No

Email address:

Home phone:

Mobile Phone

Work Phone

Any additional contacts please list on a separate signed and dated sheet.

Dietary Information - Please advise us of any allergies or practices.

Medical Information- Please advise of any **medical condition or disability** whether emotional or physical (e.g any allergies, wears glasses, asthmatic, diabetic) and any relevant information we may need:

Permission to give first aid as per school safeguarding policy (available on website):

Yes / No (please delete as applicable)

Any other relevant information you feel would be useful to school:



Signed: _____

Parent/ Carer Name _____

Date: _____

School use:

ID Verification (Full/Secondary Birth Certificate or Passport)

Type of ID: _____ Reference no: _____

Verified by: _____ Date: _____

Return to School Office

Parental Consent For A Rolling Programme Or Series Of Local Visits

School: SPOFFORTH CE (VC) PRIMARY

Academic Year: _____

Pupil Details:

Name of Pupil _____ Year Group _____

Date of Birth: _____

I understand that my child may leave the school premises for local visits and programmes at Spofforth School. I hereby give my consent for my child to participate in such visits and be transported between the two schools.

I undertake to inform the Group Leader/Headteacher as soon as possible of any change in the medical or other circumstances after the date shown below.

I agree to my son/daughter receiving emergency medical or dental treatment of any nature as considered necessary by the medical authorities present.

I agree that if my child urgently requires medical or dental treatment and it is not possible to contact me/us, the Group Leader in charge at the time is authorised on my/our behalf to give consent to such emergency treatment.

Signed: Name: (Parent/Carer)
Date:

Signed: Name: (Parent/Carer)
Date:

DATA PROTECTION INFORMATION

Dear Parent/Carer

One of the biggest changes to UK data privacy law came into effect on 25th May 2018. The General Data Protection Regulation, also known as GDPR, means that you'll have more control over how your data is used and it ensures that organisations protect your personal data better. To reflect these changes and new obligations, we've updated our privacy notice which now tells you what we do with your personal data, how it's used and your rights as an individual under the new law.

Your Consent Preferences

This form has been written to give you choice and control over how our school uses some of your personal data.

You may withdraw these consent preferences at any time. Further information about how to do this can be found below.

Non-Essential Communications

In some cases our school will want to contact you to tell you about school events, news and general updates. Please state if you would like to receive these communications.

Yes ☐

No ☐

At Follifoot & Spofforth CE Primary Schools we sometimes take photographs and videos of pupils. We might use these photos on display boards around school, in newsletters and in 'Marvelous ME' messages. We might also use these photographs on the schools' websites, the Parish Magazine and local and regional press (e.g. Harrogate advertiser, Yorkshire Post, Stray FM website, in the school's prospectus and marketing materials such as flyers, leaflets and posters – we would never name children in external publications.

We would like your consent to take photos and video of your child, and use them in the ways described above. If you're not happy for us to do this, that's no problem – we will accommodate your preferences indicated on the form.

Please consider this carefully to avoid disappointment as we cannot contact each family every time an opportunity occurs. We will always follow the preferences on the form, however we can only operate an all or nothing approach, there is no option to have them used in some ways but not others.

Please tick the relevant box below and return this form to school.

I am happy for the school to take photographs & video of my child and understand it might be used for the following:

School website

School prospectus and marketing materials

Internal displays

Marvellous ME messages

Parish magazine

Local and regional press

OR

I am **NOT** happy for the school to take or use photos of my child.

☐☐

If you change your mind at any time, you can let us know by emailing the respective school offices admin@follifoot.n-yorks.sch.uk and admin@spofforth.n-yorks.sch.uk.

If you have any other questions, please get in touch.

Child's name: _____

Parent / Carer signature: _____

Date:

Return to school office

Spofforth CE Controlled Primary School

Pupil Acceptable Use Agreement / eSafety Rules

ICT including the internet, e-mails, laptops, digital cameras etc has become an important part of learning in our school. We expect all children to be safe and responsible when using any ICT.

Please discuss these eSafety rules with your child. If you have any concerns or would like some explanation please contact the school.

- I will only use ICT in school for school purposes.
- I will only use my class e-mail address or my own school e-mail address.
- I will make sure that all ICT contacts with other children and adults are responsible.
- I will not deliberately look for, save or send anything that could be unpleasant or nasty. If I accidentally find anything like this I will turn off my monitor and tell my teacher immediately.
- I will not send to children or adults anything that could be considered unpleasant or nasty.
- I will not give out any of my own details such as my name, phone number or home address. I will not arrange to meet someone unless this is part of a school project approved by my teacher and a responsible adult comes with me.
- I will be responsible for my behaviour when using ICT because I know that these rules are to keep me safe.
- I know that my use of ICT can be checked and my parent / carer contacted if a member of school staff is concerned about my eSafety.

Parent / Carer statement

I have discussed this with my child and(name of child)
agrees to follow the eSafety rules and to support the safe use of ICT at Spofforth Primary School.

Parent / Carer's signature

Class Date



Return to school office