

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 White Irish White Other Mixed: White and Black
 Mixed: White and Black African Mixed: White and Asian Asian or Asian
 British
 Asian or Asian British: Indian Asian or Asian British: Pakistani
 Asian or Asian British: Bangladesh Asian or Asian British: Other Asian
 Black or Black British: Caribbean Black or Black British: African
 Black or Black British: Other Black Chinese or Other Ethnic Group
 Other 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

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) 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 _____

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

GP details: Name _____
Address _____
Phone number _____

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 only:

ID Verification (Full/Secondary Birth Certificate or Passport)

Type of ID: _____ Reference no: _____

Verified by: _____ Date: _____

Return to School Office

School: SPOFFORTH/FOLLIFOOT CE PRIMARY SCHOOL (Delete as necessary)

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/Follifoot 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:

Return to School Office



Photo Consent

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 Class Dojo 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.

I am happy for the school to take photographs within school only: (please circle your answer)

Yes

No

I am happy for the school to take photographs & video of my child and understand it might be used for other online platforms: (please circle your answer)

Yes

No

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

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



Class Dojo Parent User Agreement

Class Dojo is an online learning platform ran by an educational technology company. It allows us as a school to connect to parents/carers through communication features, such as a feed for photos and videos from the school day and messaging that can be translated into more than 35 languages. Classes can be shared with other staff members in school, including school leaders, so that learning can be shared and celebrated.

*At school, we have a number of policies and procedures that keep staff, children, parent/carers, governors and visitors safe. Please can you ensure that you have **read, understood, signed and returned our Class Dojo Parent User Agreement.***

✓	I have downloaded the Class Dojo app.
✓	I understand that my child's first name and surname initial is visible to all parents and staff on Class Dojo.
✓	I will regularly keep up to date with key events and information on the Class Dojo app.
✓	I understand I can only use the messaging feature on the app to send messages regarding learning in keeping with the school's vision and ethos.
✓	I will not use the messaging feature on the app to report my child's attendance, a safeguarding concern or to report an issue in school.
✓	I understand that staff will only use messenger and/or portfolios within school time only, where possible.
✓	I will not record, store, or distribute video material without permission e.g. Whatsapp groups, screen grabbing and posting on Facebook.
✓	I understand that school has the right to suspend my Class Dojo account if I do not comply with the measures, as outlined in this Parent User Agreement.

Parent / carer name.....

Parent / carer signature.....

Child's Name

Date.....

Return to School Office