**Jasper City School Application Form**

**[CONFIDENTIAL]**

**All schools are required by law to keep on record details of children admitted. Please complete this form in BLOCK CAPITALS and BLACK INK if completing by hand writing.**

**PUPIL DETAILS**

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| --- | --- |
| **Legal Surname:** | **Legal Forename:** |
| **Middle name(s):** |
| **Preferred Surname:** | **Preferred Forename:** |
| **Gender: Male / Female (delete as applicable)** | **Date of Birth:**  |

**ADDRESS DETAILS**

|  |  |
| --- | --- |
| **Home** | **Second Home/other (if applicable)** |
| **Flat/Apartment No.** |  | **Flat/Apartment No.** |  |
| **Block Name:** |  | **Block Name:** |  |
| **House No./Name:** |  | **House No./****Name:** |  |
| **Street:** |  | **Street:** |  |
| **Town/City:** |  | **Town/City:** |  |
| **Borough:** |  | **Borough:** |  |
| **County:** |  | **County:** |  |
| **Postcode:** |  | **Postcode:** |  |
| **Local Authority:** |  | **Local Authority:** |  |

**CONTACTS**

|  |  |
| --- | --- |
| **Parent/ Carer: Mr / Mrs / Miss / Ms / Other** | **Parent/ Carer: Mr / Mrs / Miss / Ms / Other** |
| **Forename:** | **Forename:** |
| **Surname:** | **Surname:** |
| **Address:**  | **Address:**  |
| **Post Code:** | **Post Code:** |
| **Date of Birth:** | **DD** | **MM** | **YY** | **Date of Birth:** | **DD** | **MM** | **YY** |
| **National Insurance No.** |  |  |  |  |  |  |  |  |  | **National Insurance No.** |  |  |  |  |  |  |  |  |  |
| **Tel Nos:** | **Home:** | **Tel Nos:** | **Home:** |
| **Mobile:** | **Mobile:** |
| **Occupation:**  | **Occupation:**  |
| **Work Address:****Please state days & hours worked – for emergency use** | **Work Address:****Please state days & hours worked – for emergency use** |
| **Work Tel No:** | **Work Tel No:** |
| **Email Address:** | **Email Address:** |
| **Parental Responsibility: Yes / No**  | **Parental Responsibility: Yes / No**  |
| **Priority to contact in an emergency: 1st 2nd  3rd  4th 5th**  | **Priority to contact in an emergency: 1st 2nd  3rd  4th 5th** |
| **Relationship to child:** | **Relationship to child:** |
| **With whom does the child live?** |

**ADDITIONAL EMERGENCY CONTACTS**

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| **From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child’s****sickness. Please list below the details of any person we can contact on such an occasion.****Details should be listed in the order of contact preference.** |
| **No** | **Name & relationship to the child** | **Parental Responsibility** | **Daytime address & telephone number** |
| **1** |  | **Priority to contact in an emergency: 1st 2nd  3rd  4th 5th** |  |  |
| **2** |  | **Priority to contact in an emergency: 1st 2nd  3rd  4th 5th** |  |  |
| **3** |  | **Priority to contact in an emergency: 1st 2nd  3rd  4th 5th** |  |  |

**MEDICAL INFORMATION**

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| **DOCTOR** |
| **Surgery Name, Address & Tel No:****Doctor’s name:** |

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| **DIETARY NEEDS** |
| * Artificial Colour allergy
* No nuts of any type
* Vegetarian
 | * Gluten/ wheat free
* No pork
* No beef
 | * No Dairy
* Vegan
* Pescatarian
 | * Seafood allergy
* Low sugar
* Low salt
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| **MEDICAL INFORMATION** |
| **Medical Information**(including allergies, medication requirements |
| * Epilepsy
* Arthritis
* Asthma
 | * Diabetes
* Multiple Sclerosis
 | * Eczema
* Tuberculosis
 | * Other (please specify)
 |
| If your child uses an inhaler, is it carried on their person? | * Yes
 | * No
 |
| Have any other services been involved with your child (e.g. Health Visitor; Social Services; Education Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit; etc) |
| Is there any other information you feel we should be aware of? (E.g. does your child have Special Educational Needs?) |
| Other children in the family.Names/relationship/Ages/School*(This information will only be**used in relation to this**submission to the school)* |  | Position of the child this form refers to in the family (i.e. if this child has one older and younger sibling – write 2/3 |

**ETHNIC/ CULTURAL INFORMATION**

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| Please complete the following, this will help us to see how well children from different groups are doing. We want to make sure that **all**children are treated fairly and do well at school. |
| **ETHNICITY** |
| **Black or Black British*** Caribbean / West Indian (please specify)\_\_\_\_\_\_\_\_\_\_\_\_
* Black African (please specify)\_\_\_\_\_\_\_\_\_\_\_\_
* Any other black background (please specify)\_\_\_\_\_\_\_\_\_\_\_\_

**Asian or Asian British*** Indian
* Pakistani
* Bangladeshi
* Any other Asian background (please specify)\_\_\_\_\_\_\_\_\_\_\_\_
 | **Mixed Heritage/Ethnicity*** Black Caribbean & White
* Black African & White
* Asian & White
* Any other mixed background (please specify)\_\_\_\_\_\_\_\_\_\_

**White*** British
* Irish
* Traveller
* Gypsy/Roma
* Any other white background\_\_\_\_\_\_\_\_\_\_\_
 | **Chinese*** Chinese

**Other*** Any other ethnic group (please specify)\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Nationality** |
| **RELIGION** |
| **Christian:*** Anglican
* Apostolic
* Baptist
* Christian (no denomination)
* Methodist
* Pentecostal
* Presbyterian
* Seventh-day Adventist
* Seventh-day Baptist
* Seventh-day Pentecostal
* Other (please specify)
 | * Roman Catholic
* Jehovah Witness
* Jewish
* Muslim
* Buddhist
* Hindu
* No religion
 | * Sikh
* Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_
 |

**CHILD’S FIRST LANGUAGE**

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| **Please state:** |

**ADDITIONAL INFORMATION**

**SCHOOL HISTORY (for parents/ carers to complete)**

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| **PREVIOUS EDUCATION DETAILS (Most recent first)** |
| **School Name** | **Contact details** | **Date of arrival** | **Date of leaving** | **Reason for leaving** |
|  | **Address:****Telephone:** |  |  |  |
|  | **Address:****Telephone:** |  |  |  |
|  | **Address:****Telephone:** |  |  |  |

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| **TRAVEL TO SCHOOL** |
| * Cycle
* Car
* Bus-public
 | * Bus-school
* Taxi
* Walk
 | * Car share
* Train
* Bus- not known
 | * Other
 |

**PARENTAL DECLARATION**

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| **DATA PROTECTION STATEMENT:*****The purpose of this form is to collect data for further processing within the school/LA systems. Your signature on this******form implies your consent for the school/LA to process the data. The data will be processed in accordance with the******purposes notified by the school/LA to the Data Protection Commissioner's office and is subject to the Data Protection******Act. The information given will be entered onto a computer and will form part of the School’s database. This******information will also be shared with the school nurse and dental health.*** |

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| **DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:***I declare the above information to be correct to the best of my knowledge at the time of completion.**I agree to notify the school of any change in my child’s circumstances.**I agree to my child having dental, medical, hearing and nursing examinations or inspections. I understand that the Head Teacher**must be informed of any conditions which might affect my child’s education.*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If your family is receiving support from a Team Around the Family, please give the name and telephone number of the person you speak to about this (this person is often called the Lead Professional):

Other information which you feel to be relevant. Please state here if you consider yourself or your child to have a disability and please fill in our Accessibility Questionnaire. Please also state if your child is privately fostered (this means living with someone who does not have legal parental responsibility for a period of 28 days or more).

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| **FOR SCHOOL USE ONLY (save record to generate information)****Registration Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\* NC Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Year Taught in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\* Admission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Admission No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Birth Certificate seen: Yes / No (copy taken). Evidence of Address seen: Yes / No (copy taken)** |

**Please return this form to the Head Teacher or Administrator**

**Thank you!**