**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**

|  |  |
| --- | --- |
| **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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| 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**

|  |
| --- |
| **Please state:** |

**ADDITIONAL INFORMATION**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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).

|  |
| --- |
| **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!**