

# BOLSOVER INFANT AND NURSERY SCHOOL

## ADMISSION PACKAGE 2015

The information which you enter on the first two pages of the form is required for the efficient organisation of the school and the children's educational needs. It will be kept on the office computer under restricted access and is subject to the provisions of the Data Protection Act. The information will be disclosed only to the education authority, the health and welfare agencies or where a law or an emergency necessitates a disclosure. The information held must be kept up to date by law and so if any of the information which you now supply changes in the future, will you please notify the school or ask for another of these forms.

This information relates to the child named below:

Child's Surname .....Child's Forename(s) .....

Full address of child (including postcode)

.....  
.....

Home Telephone Number .....

Date of Birth.....Place of birth.....

Nationality.....First Language.....

Languages spoken at home.....

Child's Religion .....

Names, ages of brothers and sisters .....

.....

Position in the Family (1<sup>st</sup> child, 2<sup>nd</sup> etc) .....

**Full name of Birth Father and address (if different from above) .....**

.....

Mobile Number.....

**Full name of Birth Mother and address (if different from above).....**

.....

Mobile Number.....

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### Parents' workplaces (including telephone numbers)

Father/Guardians place of work .....Tel.....

Mother/Guardians place of work .....Tel.....

### **Emergency Contact Details**

In case of emergency in school hours, whom would you want the Headteacher to contact if parents are not available?

Name .....

Address .....

.....

Telephone .....Mobile Number.....

Family Doctor .....

Address .....

Telephone Number .....

Are there any court orders relating to the child? E.g. Court orders / Section 8 Orders under the Child Act 1989. **YES / NO**

.....

Who has parental responsibility as in Child Protection Act 1991? **Names and addresses if different from child's address.**

.....

Is there any other person who has the right to receive information or vote in Parent Governors Election **Names and addresses**

.....

Birth Certificate checked by a member of staff:

(Named of staff member).....Date .....

School (including pre-school and / or nursery school) previously attended, and date of last attendance.

School ..... Date.....

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### MEDICAL INFORMATION

Any problem with sight .....

Hearing .....

Speech .....

Physical disabilities .....

Allergies e.g. milk, plasters, penicillin, nuts, cheeses etc .....

Asthma (please indicate medication) .....

If you have answered yes to any of the above, please add any other information in the space below.

Is your child receiving any current medical treatment?

Any other information regarding your child's health

1. I understand that should medical treatment be necessary every effort will be made to obtain my consent. However, in an emergency I authorise the party leaders / school to consent on my behalf to medical treatment, which a qualified doctor considers necessary.
2. I have indicated on this admission form, full details of illness or medical conditions of which the party leader / school should be aware.

This form should be signed by someone who has parental responsibility. I confirm that the information on this form is correct.

Signed by Parent .....

Date of Admission.....

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### Photographic Permission

This permission slip will cover your child's entire time at Bolsover Infant and Nursery School. If in the future you wish to change any of the authorisations, please ask for another of these forms.

**Please amend the give / do not give part of each statement and sign each section.**

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I give / do not give permission for my child to take part in local walking outings during school time - parents will be notified if transport is involved).

Name of parents (please print) .....

Parents Signature .....

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I give / do not give permission for my child to be individually photographed or filmed where the pictures are to be displayed only within school or sent home for purchase.

I give /do not give permission for these photos or footage to be used on the school website.

Name of parents (please print) .....

Parents Signature .....

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I give / do not give permission for my child to be photographed, filmed or videoed by or for the media (e.g. the press or television) and for my child's name to be released for publication such that my child may be identified as an individual or as part of a small group.

Name of parents (please print) .....

Parents Signature .....

### Service children

We are required (by the government) to report on any child who has a parent who is in 'Service'. Please indicate if your child has a parent who is serving in the armed forces and with which service (e'g' Army, Navy, RAF).

.....

.....



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### Ethnic background record form

#### This form is based on the new national population Census ethnic categories.

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 a nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above. Please also tick whether the form was filled in by a parent or the pupil.

#### **White**

- ◆ **British**
- ◆ **Irish**
- ◆ **Traveller of Irish Heritage**
- ◆ **Gypsy/Roma**
- ◆ **Any other White background**

#### **Mixed**

- ◆ **White and Black Caribbean**
- ◆ **White and Black African**
- ◆ **White and Asian**
- ◆ **Any other mixed background**

#### **Asian or Asian British**

- ◆ **Indian**
- ◆ **Pakistani**
- ◆ **Bangladeshi**
- ◆ **Any other Asian background**

#### **Black or Black British**

#### **Chinese**

#### **Any other ethnic background**

#### **I do not wish an ethnic background category to be recorded**

This information was provided by:	
Parent	<input type="checkbox"/>
Pupil	<input type="checkbox"/>

(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education and Skills (DFES) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again).

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### School Travel Plan

PLEASE CHECK ONLY ONE OF THE FOLLOWING BOXES

- |                          |                                |  |                                |
|--------------------------|--------------------------------|--|--------------------------------|
| WALK                     | <input type="checkbox"/> (WLK) | CYCLE  | <input type="checkbox"/> (CYC) |
| CAR / VAN                | <input type="checkbox"/> (CAR) | CAR SHARE<br>(with a child / children<br>from a different household) | <input type="checkbox"/> (CRS) |
| PUBLIC SERVICE BUS       | <input type="checkbox"/> (PBS) | DEDICATED SCHOOL BUS   | <input type="checkbox"/> (DBS) |
| BUS (TYPE IF KNOWN)      | <input type="checkbox"/> (BNK) | TAXI   | <input type="checkbox"/> (TXI) |
| TRAIN                    | <input type="checkbox"/> (TRN) | METRO / TRAM /<br>LIGHT RAIL   | <input type="checkbox"/> (MTL) |
| BOARDER – NOT APPLICABLE | <input type="checkbox"/> (BDR) | OTHER  | <input type="checkbox"/> (OTH) |

### SPECIAL DIET REQUEST

Type of Dietary requirement

.....

Medical Referral Included YES /NO (please delete as appropriate)

Any special requirements / comments

.....  
.....  
.....

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### Pupils with a Disability

It would be helpful to us if you could indicate if your child has already been diagnosed with any of the following disabilities / Special education Needs.

(Please tick)

Problems with ASD / Aspergers		Problems with hearing	
Problems with behaviour		Problems with Incontinence	
Problems with communication		Problems with learning	
Problems with consciousness		Problems with medication	
Problems with Palliative care needs		Problems with mobility	
Problems with eating and drinking		Other disability / health prob's	
Problems with hand function		Problems with personal care	
Problems with vision			

### Child Development

Please tell us about your child's birth. (i.e. Were they born full term or premature? Were there any complications? Any early development issues)

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Please indicate if your child met these milestones at an appropriate age (approximately). (Please tick )

Ages are a guideline	Gross Motor		Fine Motor		Social and Emotional		Language	
Before 1 year	Sitting		Finger Feeding		Social smiling		Cooing and Babbling	
	Crawling							
Between 1 / 2 years old	Walked before 18 months		Spoon Feeding		Separating from known grown up		First words before 18 months	
	Walked after 18 months							First words after 18 months
Between 2 / 3 years old	Climbing stairs		Dressing self		Playing with others		Joining 2 or more words	
	Ride a Tricycle			Toileting				Understandable by others

Additional info...

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### Additional Information

Is there anything else that you think we might need to know about your child that we haven't asked? (e.g. Contact with social care, change of surname, change in parental responsibility)


This information is **OPTIONAL** and it is up to you to decide whether you wish to share this information.

Please circle in response

Has your child ever been looked after by the local Authority? (Have they ever been in care?)	Yes	No	Do not wish to declare
If YES			
Which authority was responsible for their care at that time?			
Was your child looked after by the local authority <b>before Special Guardianship?</b>	Yes	No	Do not wish to declare
Was your child looked after by the local authority <b>before Adoption?</b>	Yes	No	Do not wish to declare
Was your child looked after by the local authority <b>before a residency order?</b>	Yes	No	Do not wish to declare

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### Final Statement

The following needs to be signed after discussion to state parental agreement at the end of the admission interview between parent / carer and school.

I fully understand and comply with the implications of the school's policy with regards to 'home / school agreement and liaison', 'behaviour', 'attendance', the school's responsibility to honoring the Child Protection Act, security, arrangement regards bringing children into the classroom and where to collect at the end of the day, also with regards to health and safety and requesting permission to take children out of school early or during the day.

I have been given the additional information pack and have had time to read and ask questions about it with a member of the school staff. Please tick

Information given:	Have you read and understood these policies in the pink booklet?
National Fruit	
Jewellery	
Student Training	
Insurances	
Charging Policy	
Data Protection	
Internet Access	
1 <sup>st</sup> day response Policy	
Special needs - Parental agreement	
Attendance Policy	Please ensure you have read these separate policies before ticking this box. <input type="checkbox"/>
Home School Contract	
Behaviour Policy	

Signed.....

Date .....