

Braywood C of E First School

Oakley Green Road Windsor Berks SL4 4QF

Tel : 01628 623661 e-mail: Braywood@rbwm.org



ADMISSION FORM

CHILD'S DETAILS

Child's full name _____

Date of Birth (DOB) _____ Male / Female _____

Child's address _____

Post code _____

MOTHER'S DETAILS

Mother's full name _____

Address the same as child's ? Yes / No Phone no. _____

Address if different Mobile No. _____

Place of work _____

Occupation _____

E-mail address _____

Does the mother have parental responsibility for child ? Yes / No

Is the mother first point of contact in an emergency ? Yes / No

- I agree to the school using the mother's email as a correspondence address , e.g. for newsletters
- I have no access to email please use alternative methods of communication

The school uses a text messaging system for urgent communication such as snow closures, trip information, and so on.

- Please tick the box if you agree to the mother's mobile number being used in this way.
- I would rather a different number be used - please specify _____

FATHER'S DETAILS

Father's full name _____

Address the same as child's ? Yes / No Phone no. _____

Address if different Mobile No. _____

Place of work _____

Occupation _____

E-mail address _____

Does the father have parental responsibility for child ? Yes / No

Can the father be contacted in an emergency ? Yes / No

OTHER EMERGENCY CONTACT DETAILS

Full name _____

Relationship _____ Phone no. _____

Address _____

Can they be contacted in emergency ?

Yes / No

SIBLING DETAILS

Name _____	School _____	DOB _____
Name _____	School _____	DOB _____
Name _____	School _____	DOB _____

SCHOOL MEALS

Please tick if any of the following apply to your child -

Allergy: Nuts – Gluten – Dairy – Other _____
Vegetarian – Halal – Kosher – Other _____

Please indicate your child's preference School dinner – Packed lunch –

FREE SCHOOL MEALS

– My child is entitled to **free school meals** as I receive the following (*please tick the relevant reason*) -

- Income Support
- Income-based Job Seekers' Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The Guaranteed element of State Pension Credit
- Child Tax Credit, provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190, as assessed by HMRC.

I have attached paperwork from the relevant authority to support this claim.

– My child is not entitled to **free school meals**

MEDICAL INFORMATION

Doctor's Name _____ Practice Phone No. _____

Practice Address _____

Please indicate if your child has any medical conditions that may require attention at school -

Please give information on any regular medication taken during the school day i.e. asthma inhaler

ETHNIC AND CULTURAL INFORMATION

Our ethnic background describes how we think of ourselves. This may be based on many things, including your skin colour, language, culture, ancestry or family history. Please **circle one** of the categories below to describe your child's ethnicity, if you feel none is relevant use the Other section

<u>WHITE</u>	<u>BLACK /BLACK BRITISH</u>	<u>ASIAN/ASIAN BRITISH</u>	<u>CHINESE</u>
White British	Black British	Indian	Chinese
White Irish	Black Caribbean	Bangladeshi	
White Gypsy/Roma	Black African	Pakistani	
	Black - Other	Asian - Other	

MIXED/ DUAL HERITAGE

OTHER - please specify

- I prefer not to supply this information

Languages

Languages spoken *(please circle your child's preference)*

Religion

Please state the religion most appropriate to your child

DISABILITY

This section is a requirement of the Department of Education, if there are any issues you wish to discuss please let us know so we can arrange a meeting before your child starts school.

that they have substantial difficulties with any of the areas of his/her life shown below?

By long-standing we mean anything that has troubled them over a period of at least 12 months or it likely to affect them in the next 12 months. Please exclude difficulties that you would expect for a child of that age. Please indicate whether your child has any long-standing illnesses, health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below?

By long-standing we mean anything that has troubled them over a period of at least 12 months or it likely to

Diagnosed with Autism or Asperger's syndrome Yes / No

Behaviour – very active, has short attention span, behaves unacceptably Yes / No

Communication – speaking with others, or understanding them Yes / No

Eating & Drinking – without help Yes / No

Hand function – touching or holding Yes / No

Hearing Yes / No

Incontinence – wetting or dirtying Yes / No

Learning – problems with numbers, letters, words Yes / No

Medication – taking regular medication Yes / No

Mobility – moving around in or out of doors Yes / No

Palliative care needs – has life limiting condition or requires care Yes / No

Personal care – going to the toilet, dressing Yes / No

Vision Yes / No

Other Disability/health problem – could include depression, being anxious, having fits or seizures.

Please give more details Yes / No

No Disability Yes / No

Does your child take any medication, use any physical aides or require any special diet or supplements. *Please give more details (these can be attached)* Yes / No

If your child did not take this medication, use any physical aides or require any special diet or supplements, would they have substantial difficulties with any of the areas of life listed above. Yes / No

Has your child seen a professional, such as a paediatrician or a psychologist or speech & language therapist because of the difficulty? *If YES please give more details* Yes / No

If you have indicated that your child has difficulties, please circle the term that best describes how these difficulties affect their -

Classroom Learning? Yes / Sometimes / No / Don't know

Interaction with his/her classmates or peers? Yes / Sometimes / No / Don't know

Joining in other school activities i.e. breaks, social or leisure activities? Yes / Sometimes / No / Don't know

Attendance at School? Yes / Sometimes / No / Don't know

Day to day like outside school? Yes / Sometimes / No / Don't know

What sort of help/ equipment do you think your child needs so that they get on well at school?

Are there any people in the school who you would not like to share this information with?

Name/s :

TRANSPORT

Please tick **ONE** box for the type of transport your child usually uses to get to school. Please note that if your child uses more than one type of transport, i.e. Drives to a convenient parking site and the walks to school the longest part of that journey should be recorded. We are aware that for some children there may be seasonal changes and or intermittent changes perhaps due to inclement weather conditions.

Walk	–	Car/Van	–	Train	–	Other	–	_____
Cycle	–	Car Share	–	Taxi	–			
Bus	–	For Bus please circle relevant service : Public /dedicated school /other						

PARENTAL CONSENTS

Braywood School need parental consent for the following purposes :-

PHOTOGRAPHIC

Braywood confirms that we shall only use photographic/video images of young people in line with the Information Commissioner's Office Code of Practice to demonstrate or promote activities and events relating to schools and curricula provision. Please note the use of video and voice recording as part of day to day curriculum activities for teaching purposes generally do not need permission from parents.

I consent to images of my child to be used within the school/on school documentation.	YES / NO
I consent to my child's name to be used where a photo is used within the school.	YES / NO
I consent to images of my child being used in Local and National Press coverage.	YES / NO
I consent to my child's name to be used where a photo is used in Local and National Press coverage.	YES / NO

The recorded image/voice may be used for a period of 12 months from the date of my signature to this form and used only as set out above. I understand that I may withdraw my consent at any time by contacting the school and that where possible any publications or material containing the image/voice of my child will be recalled and withdrawn.

Please note Braywood School allows parents to take photographs and make video recordings of our public events such as Concerts, Sports Day, etc. As such your child's image may be included in these private records. However, we **strongly discourage** parents from uploading these photos/videos to social media sites such as YouTube, Facebook, etc.

ICT

I give permission for my child to have an e-mail address YES / NO

I give permission for my child to use the internet facility within school. YES / NO

MEDICAL

In the unlikely event of an emergency and parents/carers being unavailable, we require your permission to act and take decisions as appropriate. **YES I understand I agree by signing this document**

RBWM & Braywood School support the objectives of the Data Protection Act 1998, and are registered as a data controller to process data. Any information you provide will be treated with the strictest confidence and will only be used for RBWM & the School's purposes. See enclosed summary for more details.

I confirm I have completed all areas of the admission document and by signing agree to permissions required

Signature of parent/carer responsible for child

Print full name

Date

For office use only

Entered into School database by :

In England, children are eligible to receive free school meals (FSM) if their parents are in receipt of any of the

Income Support

Income-based Job Seekers' Allowance

Income-related Employment and Support Allowance

Support under Part VI of the Immigration and Asylum Act 1999

the Guaranteed element of State Pension Credit

Child Tax Credit, provided they are not also entitled to Working Tax Credit and have an annual gross income

e following benefits:

ie of no more than £16,190, as assessed by Her Majesty's Revenue and Customs.¹