



ADMISSION FORM

Please complete all four sides then sign the last page.

The Data Protection Act (1998) and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school's student records database. The information on ethnic origin and first language is needed by the school and by Cambridgeshire County Council (the Children's Services Authority). This is to ensure that resources are made available when required and that the Education Service offers real equality of opportunity for all pupils.

The sections marked * are non-compulsory. If supplied, this information will be shared with Cambridgeshire County Council, the DfE, EFSA and other relevant bodies administering public funds.

- By signing this form, I/we give permission for the data to be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

For further information on the handling of personal data, please see a copy of the Privacy Notice at http://www.cambridgeshire.gov.uk/info/20044/data_protection_and_foi/148/information_and_data_sharing/5

Legal Surname(as it appears on child's birth certificate)

Legal Forename(as it appears on child's birth certificate)

Middle Name(s)

Preferred Forename Gender.....Male / Female

Date of Birth

Home Address

.....
.....

Postcode Home telephone number

In Local Authority Care Yes/No If Yes, Name of Care Authority

Name & address of previous pre-school/school (We will share information with this setting).....

If this school is overseas, please give name and address of any previous UK school attended (primary or secondary)

.....

Original Birth Certificate seen for photocopying (Office use only)

SERVICE CHILDREN IN SCHOOL

Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.

No		Yes		I do not wish a service children indicator to be recorded	
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CONTACT INFORMATION

Please provide details of three parents/guardians/contacts below and place them in the order you wish them to be contacted in an emergency.

Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

PRIORITY 1 CONTACT

Title.....SurnameForename.....

Relationship to student Parental responsibility.....YES / NO

*Date of Birth..... *NI Number

Home address

.....Postcode.....

Home telephone number Mobile telephone number

Home email.....

Work address.....

Work email..... Work telephone number

PRIORITY 2 CONTACT

Title.....SurnameForename.....

Relationship to student Parental responsibility.....YES / NO

*Date of Birth..... *NI Number

Home address

.....Postcode.....

Home telephone number Mobile telephone number

Home email.....

Work address.....

Work email..... Work telephone number

PRIORITY 3 CONTACT

Title.....SurnameForename.....

Relationship to student Parental responsibility.....YES / NO

*Date of Birth..... *NI Number

Home address

.....Postcode.....

Home telephone number Mobile telephone number

Home email.....

Work address.....

Work email..... Work telephone number

SEPARATED PARENT INFORMATION – For parents not living with student
PRIORITY CONTACT (Please specify contact priority)

Under the 1989 Children’s Act all parents have the right to receive information about their child’s progress.

Title.....SurnameForename.....

Relationship to student Parental responsibility.....YES / NO

*Date of Birth..... *NI Number

Home address
Postcode.....

Home telephone numberHome email.....

Work address.....Work email.....

Work telephone number Mobile telephone number

Court Case Yes/No Address can be Disclosed Yes/No

MEDICAL DETAILS

Doctor Telephone number.....

Address

Please state any medical conditions of which you wish the school to be made aware, (e.g. asthma, epilepsy, allergies).
 If your child has any medical condition we will require a letter or Care Plan from their Doctor.

Please state if your child has a medically diagnosed food allergy or intolerance.....

Does your child have any Special Needs Provision YES / NO

If YES *SEN Support / *EHCP *Statement? (*Please delete accordingly)

PERSONAL INFORMATION

To help us and the local authority in monitoring equal opportunities you are asked to complete the following:

1. Country of birthNationality.....

2. Family’s Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.)

White - British	
White - Irish	
White - Traveller of Irish Heritage	
White - Gypsy/Roma	
White - Any other White background	
Mixed - White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Mixed - Any other mixed background	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	

Any other Asian background (This includes African Asian, Nepali, Sinhalese, Sri Lankan Tamil....)	
Black or Black British -Caribbean	
Black or Black British -African	
Any other Black background	
Chinese	
Any other ethnic group – please circle one. (This includes Afghan, Arab, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin American, Lebanese, Libyan, Malay, Mauritian, Moroccan, Polynesian, Thai, Vietnamese, Yemeni...)	
I do not wish an ethnic background to be recorded	

3. Date of arrival in UK (if relevant).....

4. First languageOther language(s).....

5. Religion

6. If there are any religious or cultural practices of which the school should be aware, please specify.

7. Please give the name, gender and date of birth of any other children in your family.

Name Date of BirthMale / Female

Name Date of BirthMale / Female

Name Date of BirthMale / Female

TRAVEL ARRANGEMENTS

Linked to the Government's Travel to School Initiative, we are currently refining a school travel plan, which details how our students travel to and from school. We would be grateful if you could tell us what mode of transport your child normally uses. Where he/she uses more than one mode of travel for each journey to school, you should tell us the most frequently used and/or the longest element of the journey by distance.

School Bus		Public Transport Bus		Bicycle		Walking	
Taxi		Car/Van		Car Share		Other	

Any additional information.....

Who will be collecting your child at the end of afternoon school?

PERMISSION FOR VISITS DURING THE SCHOOL DAY

I give my permission for my child to be taken in supervised groups to local nearby venues for educational purposes.

Signed Name

PARENTAL CONSENT

I give my consent for photographs and video recordings to be made of my child to support teaching and learning. I understand that if the image can be viewed outside the school my child will not be named.

YES/ NO

I give my consent for photographs to be made of my child for use within school admin systems. This is for internal school use only.

YES/NO

I give my consent for images of my child to appear on the school website and to be used in school literature. I understand that images will not be named.

YES/NO

I give my consent for my child to be photographed by the press in connection with information about school activities. I understand that I will be asked for specific consent if the press wish to publish my child's name with the photograph.

YES/ NO

I give permission for basic First Aid to be carried out by a trained First Aider. This includes the use of plasters, if necessary.

YES/NO

I understand that in the unlikely event of an accident requiring hospital medical attention, the school will endeavour to contact me. However, should this prove unsuccessful I give my permission for a member of staff to take my child to hospital.

YES/NO

I give permission for personal care routines to be carried out with my child in the case of wetting, soiling or vomiting.

YES/NO

These consents will apply for as long as your child attends Alderman Jacobs School, plus 1 year. Consent can be withdrawn at any time by emailing office@ajs.education

Signed Name

I certify that, to the best of my knowledge, the information on this form is correct.

Signature:.....Parent/Guardian

Date