

Admission Form

CHILD'S DETAILS

| | |
|----------------------------|----------------|
| SURNAME: | FIRST NAME |
| MIDDLE NAME: | KNOWN AS: |
| GENDER: MALE/FEMALE | DATE OF BIRTH: |
| ADDRESS: | |

Does the child have siblings in this school?

| NAME | CLASS |
|------|-------|
| | |
| | |
| | |

Does the child have siblings in other school/s?

| NAME | School and Year Group |
|------|-----------------------|
| | |
| | |
| | |

PARENTS/GUARDIAN'S DETAILS

Parent/Guardian (Mr/Mrs/Ms/Miss)

| | | |
|---|--------------|--------------|
| SURNAME: | FIRST NAME | |
| ADDRESS: | | |
| MOBILE NUMBER: | HOME NUMBER: | WORK NUMBER: |
| E-MAIL: | | |
| NATIONAL INSURANCE NUMBER / NASS number (if you are asylum seeker): | | |
| DATE OF BIRTH: | | |
| RELATIONSHIP TO CHILD: | | |

Parent/Guardian (Mr/Mrs/Ms/Miss)

| | | |
|---|--------------|--------------|
| SURNAME: | FIRST NAME | |
| ADDRESS: | | |
| MOBILE NUMBER: | HOME NUMBER: | WORK NUMBER: |
| E-MAIL: | | |
| NATIONAL INSURANCE NUMBER / NASS number (if you are asylum seeker): | | |
| DATE OF BIRTH: | | |
| RELATIONSHIP TO CHILD: | | |

Emergency contact details

In the event of any emergency (sickness, medical etc.) where I cannot be located, please contact my family or friends on the following numbers.

I have sought permission to use the following contacts:

| | | |
|--------------------|--------------|--------------|
| RELATION TO CHILD: | | |
| SURNAME: | FIRST NAME | |
| ADDRESS: | | |
| MOBILE NUMBER: | HOME NUMBER: | WORK NUMBER: |

| | | |
|--------------------|--------------|--------------|
| RELATION TO CHILD: | | |
| SURNAME: | FIRST NAME | |
| ADDRESS: | | |
| MOBILE NUMBER: | HOME NUMBER: | WORK NUMBER: |

| | | |
|--------------------|--------------|--------------|
| RELATION TO CHILD: | | |
| SURNAME: | FIRST NAME | |
| ADDRESS: | | |
| MOBILE NUMBER: | HOME NUMBER: | WORK NUMBER: |

| | | |
|--------------------|--------------|--------------|
| RELATION TO CHILD: | | |
| SURNAME: | FIRST NAME | |
| ADDRESS: | | |
| MOBILE NUMBER: | HOME NUMBER: | WORK NUMBER: |

In case of a minor accident the school will administer first aid and change soiled clothing.

If staff are unable to contact myself or any of the above in my absence I give my permission for my son/daughter to be taken to Hospital by a member of Kensington staff. The duty paediatrician/doctor has my permission to administer treatment and/or medication until such times as I am available for consultation.

| |
|---|
| Name: _____ Relationship to the child _____ |
| Signature: _____ |
| Date: _____ |

MEDICAL DETAILS

| |
|---|
| NAME OF DOCTOR: |
| MEDICAL CENTRE: |
| MEDICAL CENTRE NUMBER: |
| HAVE YOUR CHILD RECEIVED ALL THEIR IMMUNISATIONS? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Does your child have any medical conditions that the school should be aware of?

Yes No

If yes,

Name of Medical Condition 1:

Name Medicine:

How many times is this medicine taken a day?

If yes,

Name of Medical Condition 2:

Name Medicine:

How many times is this medicine taken a day?

MEALS

| | | | |
|-------------|--------------|------|---|
| SCHOOL MEAL | PACKED LUNCH | HOME | I have completed the Free School Meals application form |
|-------------|--------------|------|---|

Dietary Needs:

- Artificial colouring allergy
- Gluten Free
- Halal
- Kosher food
- No Dairy Produce
- No Nuts of any type
- No Pork
- Seafood allergy
- Vegetarian

Any other allergy:

Care Plan required: Yes No

How will you travel to school?

| | | | | | | | | | | | |
|--------|--|-----|--|-----|--|-------|--|-------|--|------|--|
| WALK | | CAR | | BUS | | TRAIN | | CYCLE | | TAXI | |
| OTHER: | | | | | | | | | | | |

PREVIOUS SCHOOL/SETTING INFORMATION

MY CHILD HAS ATTENDED SCHOOL PREVIOUSLY:

Abroad UK London Newham No previous education

If Abroad, when did your child arrive in UK: _____

NAME OF SCHOOL: _____

FROM: _____ TO: _____

SCHOOL ADDRESS: _____

CONTACT NUMBER: _____

REASON FOR LEAVING: _____

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS?
DOES YOUR CHILD HAVE AN EHC PLAN/1:1 SUPPORT?
IF YES, DATE WRITTEN: _____
IF YES, PLEASE PROVIDE DETAILS: _____

WHICH LOCAL AUTHORITY (COUNCIL): _____

Does your child receive any of the following:

Occupational Therapy: Yes No

Physiotherapy: Yes No

Speech Therapy: Yes No

Please note that in order to ensure that we continue to meet the needs of your child we will contact the previous school.

ETHNIC ORIGIN (Please tick one category)

- | | | |
|--|---|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White – British |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Black Nigerian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Black Somali | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Other Black African | <input type="checkbox"/> Latin/South/Central American | <input type="checkbox"/> White – Eastern European |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Turkish/Turkish Cypriot | <input type="checkbox"/> White Other |
| <input type="checkbox"/> Filipino | | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Other (please specify): | | <input type="checkbox"/> Any other mixed background |

RELIGION:

- | | | |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> No Religion |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh | <input type="checkbox"/> Other (please specify): |

First Language spoken at Home: _____

Any other languages spoken: _____

PARENTAL CONSENT:

I give permission for my child to go on educational visits - in the local area (a separate letter would be sent in case of a trip further afield)

Yes No

I give permission for my child to use the internet (under supervision) as part of their learning:

Yes No

I give permission to the school to use my child's photograph and/or video recording for as long as the duration of need, which could be after the child has left. I understand that this may be used for the following:

- School and Trust Websites
- Displays around the school building
- Record Keeping
- School and Trust Newsletters
- Portfolios within school
- Local Newspaper/Press
- Billboards / School Boards and Banners / Prospectus / Marketing materials such as leaflets and booklets
- School/Trust social media accounts (e.g. Twitter/School APP)

Yes No

I give permission for the school to retain a copy of my personal details, these may include:

- Passport which may include a copy of a valid visa
- UK Residence Permit
- National Identity Card

Please see the data protection policy or speak to the school for further information.

I the undersigned, agree that the information above is true and correct. I will notify the office if there are any changes that need to be made to the above consent

Parent / Carer signature: _____ Date: _____

This page is for Staff Use Only

(Please see HOME SCHOOL AGREEMENT, GDPR LETTER and SCHOOL PROSPECTUS)

Start Date (please also inform the parent):

Class (please also inform the parent):

Any other information:

Office Staff Use Only:

SEN /Support assessed. Start Date to be agreed with SENCO if support needed

On SIMS (ensure the 'first language' section used ONLY for languages)

Have you received the Date of Birth and National insurance number.

Received full Birth Certificate or

Received Council Tax or Tenancy Agreement

Received 2 proof of address (2 bills etc.)

Weekly pattern created on SIMS Attendance (if applicable)

Label for Class book printed

FSM/Pupil Premium Form Completed

If allergy is SENCO notified?

Member of staff inducting child:

Induction Date:

Parent declaration for the free entitlements

To be completed for all children accessing any free entitlement

1. Child's details

| | | | |
|---|--|--|--|
| Child's Legal Family Name: | | Child's Legal Forename(s): | |
| Name by which the child is known (if different from above): | | | |
| Date of Birth: | | Male/Female: | |
| Address: | | Post Code: | |
| Documentary proof of DoB Type (e.g. Birth Certificate, Passport): | | Document recorded by (name of staff member): | |
| Date document recorded (dd/mm/yyyy): | | | |
| Two Year Funding Approval Number (Golden Ticket or ey number if applicable) | | 30 hour eligibility code (if applicable) e.g. 500012345678 | |

2. Parent / Carer details

| Parent/Carer 1 | Parent/Carer 2 |
|--------------------|--------------------|
| Legal family Name: | Legal family Name: |
| Legal forename: | Legal forename: |
| Date of birth: | Date of birth: |
| NI or NASS number: | NI or NASS number: |

3. Setting and attendance details

You need to agree and complete this Declaration Form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them.

- Your child can attend a maximum of two sites in a single day and if your child attends more than 1 setting we will split the funding fairly between the settings.
- My child will be attending the following setting(s). Please enter below the total free entitlement hours attended per day.
- If, in future, your child's attendance pattern changes, then a new parent declaration form must be completed and kept by your provider with previous declarations.

Appendix 3

Parent Declaration

| Setting Name(s) | Please enter total free entitlement hours attended per day | | | | | | Total number of hours per week ^{1 2} | Number of weeks per year (e.g. 38, 45, 47, 51) |
|----------------------------|--|-----|-----|-----|-----|---------|---|--|
| | Mon | Tue | Wed | Thu | Fri | Sat Sun | | |
| | | | | | | | | |
| | | | | | | | | |
| Total daily hours attended | | | | | | | | |

4. Early Years Pupil Premium (EYPP) Registration Form

Additional funding may be available through EYPP, paid to providers for the provision of extra support for children of families in receipt of certain benefits (see criteria and on line checker details in footnote³). Children who are looked after or have left care of the local authority through adoption or special guardianship are also eligible. EYPP is for children aged three or four and is used to improve teaching and learning facilities and resources to as to impact positively on your child's progress.

Do you wish your provider to apply for EYPP? This check will use the information supplied by you on this form or you may need to provide evidence such as a copy of an adoption certificate or a copy of the special guardianship/residence order.

| | |
|----------------------------------|--|
| Yes please arrange an EYPP check | |
| No thanks | |

5. Disability Access Fund Declaration

Three- and four-year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child. The purpose is to allow providers to make reasonable adjustments and build the capacity of their setting to support children with disabilities.

Is your child eligible and in receipt of Disability Living Allowance (DLA)?⁴:

Yes No If yes please supply a copy of award letter to allow your provider to submit with this form to EDU - Nursery Grant 3-4 <EDU-NurseryGrant3-4@newham.gov.uk>

¹ 2 Year old and universal free entitlement for 3 & 4s totals 570 hours per year. This can be taken at 15 hours per week term time of 38 weeks or may be stretched over more weeks at fewer hours per week over 45 weeks at 12.5 hours, 47 weeks at 12 hours or 51 weeks at 11 hours where the provider offers this.

² Extended 30 hour free entitlement for eligible 3 & 4s totals 1140 hours per year. This can be taken at 30 hours per week term time of 38 weeks or may be stretched over more weeks at fewer hours per week over 45 weeks at 25 hours, 47 weeks at 24 hours or 51 weeks at 22 hours where the provider offers this.

³ Criteria and application details at www.newham.gov.uk/eypp

⁴ <https://www.gov.uk/disability-living-allowance-children/overview>

If your child is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF:

6. Parent/Carer/Guardian with legal responsibility declaration

Declaration I (Name)

Of (Address)

confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise (Name of Provider/s)

..... to claim free entitlement funding as agreed above on behalf of my child.

I confirm that my child is attending the above provider for the following funded hours per week per funding period. In addition I also agree that the information I have provided can be shared with the local authority and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

| Parent/Carer/Guardian with legal responsibility | | Childcare Provider | |
|---|--|--------------------|--|
| Signed | | Signed | |
| Print Name | | Print Name | |
| Date | | Date | |

7. Data privacy

In collecting your data for the purposes of checking your eligibility for the free entitlements as described above, Newham council is exercising the function of a government department. Newham council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006.

Newham council is the data controller for purposes of the EU General Data Protection Regulation and any UK laws supplementary to this, and is registered as a data controller with the Information Commissioner's Office (ICO) under registration number Z5808736.

Newham council is committed to protecting your personal information. As a data controller we have a responsibility to make sure you know why and how your personal information is being collected in accordance with relevant data protection law.

Why we are processing your data - We are collecting your data for the purpose of

- enabling us to pay your early years provider for their provision of the early years free entitlement for your child, including for any supplementary entitlements
- supporting your child's teaching and learning
- monitoring early years and childcare provision

Appendix 3

Parent Declaration

We have a legal basis for collecting this data as we have a legal obligation under the Childcare Acts 2006 and 2016.

We will process special category data regarding your child's ethnicity, disability (where applicable) and this will be done on the basis of Substantial Public Interest: processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued. Data may be used in accordance with the Equality Act 2010.

Your anonymised data may be shared with Newham Children's services, and the government's Department for Education for statistical purposes.

We will hold your data for six years' following the term after your child's fifth birthday.

Your information rights

- You have the right to access a copy of the data held about you and your child and an explanation of the purpose for it.
- If you believe that information held is inaccurate, you have the right to request that it be changed.

Further information

If you wish to exercise any of your information rights, please refer to Newham's data protection privacy statement which is located here

<https://www.newham.gov.uk/Pages/Services/Processing-personal-data.aspx>

To be completed by the provider:

| | |
|--|--|
| Documentary proof of child's date of birth (e.g. birth certificate, passport) | |
| Documentary proof of parent identification (e.g. passport, driving licence) | |
| Documentary proof of eligibility for two year old or 30 hours schemes seen/copied (where applicable) | |
| Documentation seen/copied by (full name of staff member) | |
| Signed: | |
| Date documentation recorded | |