



**NETHERAVON ALL SAINTS C of E PRIMARY SCHOOL  
ADMISSION FORM – DATA COLLECTION SHEET**

All Schools are required to keep on record details of children admitted; please complete in **BLOCK CAPITALS** and hand it in to the school office. Your child's birth certificate/passport should be presented for confirmation of the date of birth/nationality at the time of your child's admission to the school. Thank you.

<b>PERSONAL INFORMATION</b>			
<b>MONTH AND YEAR OF ENTRY SOUGHT:</b>		<b>CURRENT YEAR GROUP:</b>	
<b>Legal Surname:</b>		<b>Legal Forename:</b>	
<b>Preferred Surname:</b>		<b>Preferred Forename:</b>	
<b>Other Names:</b>		<b>Date of Birth:</b>	
<b>Birth Date Verification (birth certificate or passport) Yes /No</b>			
<b>Place of Birth &amp; Country</b>		<b>Ethnicity:</b>	
<b>Nationality of your Child:</b>		<b>First Language:</b>	
<b>Any other languages that your child speaks or hears regularly?:</b>		<b>Service Family: Yes/No</b>	
<b>PARENT/CARER CONTACT DETAILS</b>			
<b>Home Address (including postcode:</b>		<b>Name &amp; Address of parent entitled to copy of report and not living at the family address:</b>	
<b>Name of Parent /Carer</b>		<b>Name of Parent /Carer</b>	
<b>Relationship to Child:</b>		<b>Relationship to Child:</b>	
<b>Email Address:</b>		<b>Email Address:</b>	
<b>Home Telephone No:</b>		<b>Home Telephone No:</b>	
<b>Mobile Telephone No:</b>		<b>Mobile Telephone No:</b>	
<b>Work Telephone No:</b>		<b>Work Telephone No:</b>	
<b>In case of accident/emergency, please give the names and telephone numbers of two people who could be contacted should you not be available and their relationship to the pupil.</b>			
<b>Name of Emergency Contact 1:</b>		<b>Name of Emergency Contact 2:</b>	
<b>Relationship to Child:</b>		<b>Relationship to Child:</b>	
<b>Home Telephone No:</b>		<b>Home Telephone No:</b>	
<b>Mobile Telephone No:</b>		<b>Mobile Telephone No:</b>	
<b>Work Telephone No:</b>		<b>Work Telephone No:</b>	

<b>Religion: (Please circle or delete):</b>	<b>Buddhist    Christian    Hindu    Jewish    Muslim</b> <b>No Religion    Other Religion    Sikh    Refuse</b>			
<b>MEDICAL &amp; ADDITIONAL NEEDS INFORMATION</b>				
<b>Surgery Name:</b>				
<b>Address:</b>				
<b>Telephone No.</b>				
<b>Is your child receiving any medical care at present? Please tick below or add any other information as necessary. (Please give details including any medication required)</b>				
<input type="checkbox"/> <b>Epilepsy</b>	<input type="checkbox"/> <b>Diabetes</b>	<input type="checkbox"/> <b>Physical Difficulties</b>	<input type="checkbox"/> <b>Eczema</b>	
<input type="checkbox"/> <b>Autism</b>	<input type="checkbox"/> <b>Hearing impairment</b>	<input type="checkbox"/> <b>A.D.H.D.</b>	<input type="checkbox"/> <b>Coeliac Disease</b>	
<input type="checkbox"/> <b>Asthma – Does your child require an inhaler in school? YES / NO</b>				
<input type="checkbox"/> <b>Does your child use an Epi-Pen YES / NO</b>				
<input type="checkbox"/> <b>Does your child have any other allergies, if so please advise:</b>				
<b>Further information if necessary: (e.g. does your child wear glasses?)</b>				
<b>Have any other services been involved with your child:            YES <input type="checkbox"/>    NO <input type="checkbox"/></b> <b>(e.g. Speech Therapy, Educational Psychologist, Behaviour Support, Child and Adolescent Mental Health Service (CAMHS), Bilingual Support Services)</b>				
<b>Does your child receive SEN Support:</b>				
<b>Does your child have an Education Health and Care Plan (EHCP) or are they undergoing assessment? Please use this space to provide any additional information.</b>				
<b>Is there any other information you would like us to know?</b>				

<b>DIETARY NEEDS /ALLERGIES</b>					
<input type="checkbox"/> <b>Artificial colours</b>	<input type="checkbox"/> <b>Nut</b>	<input type="checkbox"/> <b>Seafood</b>	<input type="checkbox"/> <b>No dairy products</b>		
<input type="checkbox"/> <b>Vegetarian</b>	<input type="checkbox"/> <b>Gluten Free</b>	<input type="checkbox"/> <b>Halal</b>	<input type="checkbox"/> <b>Kosher</b>		
<input type="checkbox"/> <b>Other allergy or dietary need (please specify)</b>					
<p>All infant school children, those in reception, year 1 and year 2 have been entitled to free school meals since September 2014. Just tell us that you want your child or children to have free school meals.</p> <p>If your infant child would have been entitled to free school meals under the old system, because you are receiving qualifying benefits (listed below) the government will give your school a Pupil Premium of £1,300 for primaryaged pupils (2014-2015). For the school and your child to benefit from this money we need to know that you are receiving a qualifying benefit. Please complete the form which is available from school or download it from <a href="http://www.wiltshire.gov.uk">www.wiltshire.gov.uk</a>.</p> <p>(*for children in years 3 and above, free school meals are not provided automatically. They can be awarded only if you receive any of the following:</p> <ul style="list-style-type: none"> <li>• Income Support</li> <li>• Job Seeker's Allowance (income-based)</li> <li>• Employment and Support Allowance (income-related)</li> <li>• support under part six of the Immigration and Asylum Act 1999</li> <li>• the Guarantee element of State Pension Credit</li> <li>• Child Tax Credit - providing you are NOT entitled to Working Tax Credit and your family's annual income (as assessed by HMRC) is not more than £16,190 (as at 6 April 2012)</li> <li>• Working Tax Credit 'run-on' - the payment you may receive for a further four weeks after you stop qualifying for Working Tax Credit</li> </ul>					
<b>PLEASE TICK THE APPROPRIATE MEAL CHOICE BELOW:</b>					
<input type="checkbox"/> <b>Universal Infant Free School Meal:</b>	<input type="checkbox"/> <b>Free School Meal (*see above)</b>	<input type="checkbox"/> <b>School Meal:</b>	<input type="checkbox"/> <b>Home provided Packed Lunch:</b>		
<b>TRAVEL TO SCHOOL</b>					
<input type="checkbox"/> <b>Walking</b>	<input type="checkbox"/> <b>Bicycle</b>	<input type="checkbox"/> <b>Car</b>	<input type="checkbox"/> <b>Car share</b>	<input type="checkbox"/> <b>School Bus</b>	<input type="checkbox"/> <b>Taxi</b>
<b>PREVIOUS EDUCATION DETAIL</b>					
<b>School/Pre School Name</b>			<b>Contact Details (Address &amp; Telephone Number)</b>		
<b>DATA PROTECTION STATEMENT</b>					
<p>Netheravon All Saints CE Primary School has a duty to protect personal information belonging to the public whom it serves. Netheravon All Saints CE Primary School is a data controller for the purposes of the Data Protection Act 1998 and is committed to all its principals and adheres to the 'Best Practice' in information security. This information will be shared (under statutory requirement with Local Authorities and the DfE for statistical analysis. We will not use you data for any other reason without your consent unless required by law. The school's policy on Data Protection may be viewed on the school website <a href="http://www.allsaints-netheravon.wilts.sch.uk">www.allsaints-netheravon.wilts.sch.uk</a></p>					
<b>DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY</b>					
<i>I declare the above information to be correct to the best of my knowledge at the time of completion</i>					
<i>I agree to notify the school of any changes in my child's circumstances</i>					
<i>I understand that the Headteacher must be informed of any conditions which might affect my child's education</i>					
<b>Signed:</b>			<b>Date:</b>		