

ADMISSIONS APPLICATION FORM LEAGRAVE PRIMARY SCHOOL

'STRIVING FOR EXCELLENCE, LEARNING FOR LIFE'



Address:	Strangers Way, Luton, Bedfordshire, LU4 9ND
Telephone:	01582 571951
Email:	admin@leagraveprimary.co.uk
Website:	www.leagraveprimary.co.uk
Headteacher:	E Gillespie

Please complete this data sheet **IN FULL** and return to the school office together with your child's original Long Form Birth Certificate and 2 recent (within the last 3 months) utility bills.

Child's Details:

SURNAME:	FIRST NAME:
Middle Name:	Name known by:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Current Address:	Post Code:

Parents Details:

Name of Mother:	
Surname: Mrs/Miss/Ms	First Name:
Address (<i>if different</i>):	Post Code:
Home ☎:	Mobile ☎:
Email 📧	
Name of Work:	Occupation:
Work Address:	Work ☎:
Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	
1 st Priority Contact <input type="checkbox"/> 2 nd Priority Contact <input type="checkbox"/>	
Name of Father:	
Surname: Mr	First Name:
Address: (<i>if different from above</i>)	Post Code:
Home ☎:	Mobile ☎:
Email 📧:	
Name of Work:	Occupation:
Work Address:	Work ☎:
Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>	
1 st Priority Contact <input type="checkbox"/> 2 nd Priority Contact <input type="checkbox"/> 3 rd Priority contact <input type="checkbox"/>	

Emergency Contacts: (in addition to Mother or Father)

Emergency Contact 1:			
Surname: Mr/Mrs/Miss/Ms		First Name:	
Relationship to child: (i.e. grandmother, aunt, etc):			
Address:		Post Code:	
Home ☎:		Mobile ☎:	
Name of Work:		Work ☎:	
2 nd Priority Contact <input type="checkbox"/>		3 rd Priority Contact <input type="checkbox"/>	
		4 th Priority contact <input type="checkbox"/>	
Emergency Contact 2:			
Surname: Mr/Mrs/Miss/Ms		First Name:	
Relationship to child: (i.e. grandmother, aunt, etc):			
Address:		Post Code:	
Home ☎:		Mobile ☎:	
Place of Work:		Work ☎:	
2 nd Priority Contact <input type="checkbox"/>		3 rd Priority Contact <input type="checkbox"/>	
		4 th Priority contact <input type="checkbox"/>	

NOTE: IT IS IMPERATIVE THAT YOU KEEP US INFORMED OF ANY CHANGE IN THE ABOVE DETAILS (IE: CHANGE OF WORK NUMBERS ETC.)


Sibling Connections:

Does your child have any brothers or sisters at this school:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surname:	First Name:	DOB:	M/F	
1.				
2.				
3.				

Dietary Arrangements:

Lunchtime Meal Arrangement:	School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Free School Meal <input type="checkbox"/>
Vegetarian (no meat or fish):	Fish and Dairy (no meat):
Halal:	No special requirements:

Medical Details

Doctor:	Main  :
Address:	
NHS No:	
Please indicate below any health/medical problems (SUPPORTED BY DOCTOR'S LETTER) that the school should be aware of (i.e.: allergies, Asthma etc.)	

Does your child have an Education, Health and Care Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any Special Educational Needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Ethnic Background:

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 nationality or country of birth.** The Information Commissioner (formerly 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 advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

White: British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy Roma <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> White Other <input type="checkbox"/>
Mixed/Dual: White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/>
Asian or Asian British: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Kashmiri <input type="checkbox"/> Other Asian <input type="checkbox"/>
Black or Black British: Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/>
Chinese: Chinese <input type="checkbox"/>
Other Ethnic Group (please specify) _____
This information was provided by: Parent <input type="checkbox"/> Child <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 to the Local Education Authority and for 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.

Language/Religion:

First Language:

Language spoken at home:

Other languages spoken:

Religion:

Country of Birth:

Nationality:

TRAVEL: Please state only the main way you travel to school

Mode of Travel to School e.g. *walk, car etc.*

Name of any other responsible Adult(s) over 16 with permission to collect your child:

PASSWORD to be used for collection:

Previous School/Nursery History:

Name of previous school/nursery:

Number of terms attended at previous school or nursery:

If new to the UK please state date of arrival:

Please let us know of any other information that you think we should know about your child.

Means of Contact:

I give permission for the school to contact me via email, text messaging, mobile or letter:

Yes/No

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The School is required to share some of the data with the Local Education Authority and with the DfES.

Signed:

Dated:

Please check the form carefully and ensure that all permissions are completed below. Thank you

Permissions sheet to be completed by Parent/Carer



Child's Name _____

Class _____

****Please read the Permissions Sheet fully before indicating if permission is given****

The permissions given here will be valid whilst your child is at Leagrave Primary School.

PHOTOGRAPHIC IMAGES

- Photographs and video images within school
- Photographs in the school brochure, profile and other printed publications we produce for promotional purposes
- Photographs in newspapers, with name
- Images on the school website

After your child leaves Leagrave Primary School, we will not reuse photographs or recordings of your child, or personal details without parental consent. We may use group or class photographs or footage with very general labels such as "**A science lesson**". Please see the school's Policy on using Photographic Images for further details.

I give/do not give* permission for my child's image to be used for the purposes listed above.

USE OF THE INTERNET

As part of your child's learning and development, they may have the opportunity to access the internet. Your child will be supervised and all websites are evaluated by staff before they are used. Your child will be encouraged to use the internet safely and appropriately and sanctions will be issued should your child misuse the internet.

I give/do not give* permission for my child to use the internet.

EDUCATIONAL VISITS (WITHIN WALKING DISTANCE)

In order to fulfil curriculum requirements, we may undertake short educational activities off site, such as swimming, shopping surveys, visit to a local park. These visits will be carefully planned and supervised.

I give/do not give* permission for my child to take part in educational visits within Luton and I am aware I will be notified of any other trips outside Luton.

CONSENT TO SHARE INFORMATION

I agree to personal information, such as health, welfare, development, home or family circumstances being shared with relevant organisations, including Luton Borough Council, Health services, Police, Children's Centres and schools, to assist in the effective provision for family support, education or health services to my child.

I give/do not give* permission for information about my child to be shared with the above organisations.

Signed: _____
Parent/Carer

Date: _____

EDUCATION RESOURCES

Books are our most expensive resources. Your child will have the opportunity to borrow a book from the library and take home other books to read and share with you. Should a book get lost or damaged a voluntary contribution of £5.00 is suggested to cover the cost of replacing the book/s.

ACTIVITIES INVOLVING FOOD

As part of our wider curriculum, children will undertake activities such as cooking and food tasting.

Please indicate below if your child has any allergies or dietary requirements that school should be aware of.

Dietary Requirements:

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

**Allergies:
(Supported by a Doctor's Letter)**

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

Signed parent/carers: -----

Signed pupil: -----

Date: -----

OFFICE USE ONLY:

Signed Forms returned to School:

Internet Consent Photography Consent Educational Visits Consent

Educational Resources Activities involving Food Home/School Agreement