

**(For office use only (v2))**

Admission Date: \_\_\_\_\_ Year Group/Class: \_\_\_\_\_

Birth Certificate/Passport seen: Yes  No

Proof of address: Yes  No

Records requested: Yes  No

Records received: Yes  No

Information inputted into MIS:  please tick

Date Application was submitted: \_\_\_\_\_

Name: .....

Sign: .....

<b>Child's Surname</b>			
<b>First Name:</b>			
<b>Middle Name (s)</b>		<b>Preferred Name:</b>	
<b>Date of Birth:</b>		<input type="checkbox"/> Female <input type="checkbox"/> Male	<i>(please tick)</i>
<b>Home Address:</b>			
<b>Post Code:</b>		<b>Borough:</b>	

*The home address must be the address where the child normally lives and where the child benefit is paid.*

**Section 2: Parent/Carer details**

<b>Parent/Carer's Name:</b>	Title		
Home Address:			
Post Code:		Home Telephone No.	
Work Telephone No.		Mobile No.	
Work Address:			
Email:			
Priority:		Relationship to child:	
<b>Parent/Carer's Name:</b>	Title		
Home Address:			
Post Code:		Home Telephone No.	
Work Telephone No.		Mobile No.	
Work Address:			
Email:			
Priority:		Relationship to child:	
<b>Emergency Contact:</b>	<i>If your child should be taken ill or has an accident in school we will always contact Parent/Carer (priority) 1 and 2 first and then contact Emergency contact (priority) 3 and 4 unless instructed otherwise. Please provide details of <b>two</b> emergency contact people.</i>		
I give my consent for my child to be released to the following person(s) in the event of an emergency or illness if I cannot be contacted: <input type="checkbox"/>			
<b>Name:</b>	Title		
Home Address:			
Post Code:		Home Telephone No.	
Work Telephone No.		Mobile No.	
Email:			
Priority:		Relationship to child:	

<b>Name:</b>	Title			
Home Address:				
Post Code:		Home Telephone No.		
Work Telephone No.		Mobile No.		
Email:				
Priority:		Relationship to child:		
<b>Other adult living at home:</b>	1.		2.	

Does your child have siblings? If yes please complete details below.		<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)		
Number of children in family:		Position in family		
Child's Name	Date of Birth	Year Group	School Attending	

### Section 3: Ethnicity, Nationality & Languages

#### Ethnicity

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.** Please study the list below and tick one box only to indicate the ethnic background of your child.

Ethnic Background	Code	Tick	Ethnic Background	Code	Tick
<b>White</b>			<b>Asian or Asian British</b>		
British (English, Scottish, Welsh)	WBRI	<input type="checkbox"/>	Indian	AIND	<input type="checkbox"/>
Irish	WIRI	<input type="checkbox"/>	Pakistani	APKN	<input type="checkbox"/>
Traveller of Irish Heritage	WIRT	<input type="checkbox"/>	Bangladeshi	ABAN	<input type="checkbox"/>
Roma	WROM	<input type="checkbox"/>	Any Other Asian background	AOTH	<input type="checkbox"/>
Any other White background	WOTW	<input type="checkbox"/>	<b>Black or Black British</b>		
Greek	WGRE	<input type="checkbox"/>	Caribbean	BCRB	<input type="checkbox"/>
Turkish	WTUR	<input type="checkbox"/>	African	BAFR	<input type="checkbox"/>
Portuguese	WPOR	<input type="checkbox"/>	Any other Black background	BOTH	<input type="checkbox"/>
<b>Mixed</b>			<b>Any other ethnic background</b>		
White and Black Caribbean	MWBC	<input type="checkbox"/>	Chinese	CHNE	<input type="checkbox"/>
White and Black African	MWBA	<input type="checkbox"/>	Vietnamese	OVIE	<input type="checkbox"/>
White and Asian	MWAS	<input type="checkbox"/>	Any other ethnic group	OOEG	<input type="checkbox"/>
Any other mixed background	MOTH	<input type="checkbox"/>	Refuse to give a category	REFU	<input type="checkbox"/>

Any information you provide will be used solely to compile statistics on the school career 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 on to the Local Education Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools.

<b>Home Language</b>	Does your child speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)
	Does your child speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)
If yes, please state languages:		
	Does your child understand a language other than or in addition to English?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)
If yes, please state languages:		

Asylum Seeking:	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)	Refugee Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)
Child's country of birth:		Religion:	

Family country:		Date of arrival in the UK:	
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#### Section 4: Health Information

<b>Medical Information:</b>	Name of doctor			Dr.
Doctor's Address:				
Post Code:		Dr Telephone Number:		
Does your child wear spectacles?				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>
Please specify if there is any medical information of which the school should be aware of e.g. medical condition, hearing, vision, speech difficulties etc.				
Please outline any medical allergies (food allergies will be taken later in the form) <i>(please tick boxes or/and write additional information below):</i>				
<input type="checkbox"/> house dust mites	<input type="checkbox"/> insect stings and bites	<input type="checkbox"/> pets	<input type="checkbox"/> grasses	
<input type="checkbox"/> weeds	<input type="checkbox"/> pollen	<input type="checkbox"/> medication	<input type="checkbox"/> latex (rubber products)	
Are you disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>	Is your child disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>	
If yes, please state the disability <i>(if 'yes' to both please be specific):</i>				

#### Children in public care/ SEND/ Exclusions

Is the child looked after or was the child previously looked after and now adopted or subject to a residence or special guardianship order, immediately following having been looked after?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>		
If yes, please state the local authority with whom the child is/was in care and provide documented evidence confirming the legal status of the child:				
Does your child have an Educational, Health and Care Plan (EHCP) or a statement of Special Educational Needs (SEN)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>		
<i>If yes, you must provide us with evidence (please submit original copies of these documents when handing in this application)</i>				
Child's Special Needs (i.e. Physical/ Learning/ Behaviour/ Emotional)				
Does your child have an existing healthcare plan?				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>
<b>Name of Health Visitor</b>				
Health Visitor's Address:				
Post Code:		Telephone Number:		
<b>Name of Social Worker</b>				
Social Worker's Address:				
Post Code:		Telephone Number:		

Has your child previously been permanently excluded from a school?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>		
If yes, please provide details of all previous permanent exclusions your child has experienced below:				
Name of school		Date of exclusion		

## Medical consent

We would like your consent for some of the ways we store and share medical information about your child.  
 We would like to:

- Share information about your child with health professionals coming in to school, for example to do vaccinations and eye tests
- Take information such as height and weight for public health monitoring initiatives

This makes it easier for us all to keep your child healthy.

I give permission for:

My child's information to be shared with the NHS and other relevant health professionals.	<input type="checkbox"/>
The school to share information about my child with health professionals doing vaccinations.	<input type="checkbox"/>
The school to share information about my child with health professionals doing vision checks.	<input type="checkbox"/>
The school to share information about my child with educational psychologists.	<input type="checkbox"/>
Staff to administer the medicines as specified on signed medication forms.	<input type="checkbox"/>

I am **NOT** happy for the school to use and share medical information in these ways above.

## Section 5: Dietary Requirements

<b>Lunches</b>	Is your child entitled to Free School Meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>
	Please provide your NI number	

*You may qualify for Free School Meals (FSM) for your child if you receive certain benefits. Forms to claim entitlement to FSM can be obtained from the school office.*

<b>Dietary</b>	Does your child have any special dietary requirements? If yes please tick the details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick)</i>
<input type="checkbox"/> artificial colour allergy <input type="checkbox"/> eggs <input type="checkbox"/> Kosher foods only <input type="checkbox"/> sesame seeds <input type="checkbox"/> molluscs <input type="checkbox"/> wheat	<input type="checkbox"/> banana <input type="checkbox"/> gluten <input type="checkbox"/> lupin <input type="checkbox"/> soybean <input type="checkbox"/> mustard	<input type="checkbox"/> celery <input type="checkbox"/> Halal only <input type="checkbox"/> milk <input type="checkbox"/> strawberries <input type="checkbox"/> no nuts
	<input type="checkbox"/> crustacean <input type="checkbox"/> kiwis <input type="checkbox"/> seafood allergy <input type="checkbox"/> sulphites <input type="checkbox"/> orange	
If the dietary requirement is not listed above, please specify:	other	

## Section 6: Parental Consent

<b>Travel to School</b>	Please tick how your child usually comes to school (the main mode).
<input type="checkbox"/> Walk <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> Scooter	<input type="checkbox"/> Cycle <input type="checkbox"/> Car Share (with a child/ren from a different household) <input type="checkbox"/> Train <input type="checkbox"/> other
	<input type="checkbox"/> Public Service Bus <input type="checkbox"/> London Underground
	<input type="checkbox"/> Dedicated School Bus <input type="checkbox"/> Metro/Tram/Light Rail

<b>Leaving School</b>	<i>This only applies to Year 6 children.</i>
I give my permission for my child to walk home alone.	<input type="checkbox"/>

<b>School Policies</b>	
I agree to support the policies of the school and to encourage my child to follow the school rules and to behave with consideration to other people.	<input type="checkbox"/>

## Use of information and image (including photographs and video recordings)

At Albion Primary School we sometimes take photographs of pupils. We use these photos in the school's prospectus, on the school's website, school's Twitter site and on display boards around school and in the school's newsletters/letters. In all cases just listed, your pupils' photographs will be displayed on the school website, however their name will not be present. We really value using photos of pupils, to be able to showcase what pupils do in school and show what life at our school is like to others, so we would appreciate you taking the time to give consent again. We would like your consent to take photos of your child, and use them in the ways described below. If you are not happy for us to do this, that's no problem - we will accommodate your preferences. Please tick the relevant box(es) below if you give consent.

I give consent for the school to take photographs of my child.

I give consent for the school to take videos of my child as part of lessons.

I give consent for the school to take videos of my child for marketing and publicity.

### I give permission for my child's:

image to be used on the school website.

image to be used in printed school materials for marketing and publicity e.g. school prospectus.

image to be used externally (outside of building e.g. playground)

image to be used on the school's social media accounts without named identification

image to be used in school letters and newsletters.

image to be used in external media without named identification e.g. local newspaper press release

Image to be included in the school's annual formal class/whole school photographs.

Image to be included in the school's annual formal individual/sibling photographs.

Image to be used in communication with international pen pals.

I am **NOT** giving consent for the school to take photos or use images of my child.

If you change your mind at any time for any part of this form, you can let us know by emailing [admin@albion.southwark.sch.uk](mailto:admin@albion.southwark.sch.uk), calling the school on 0207 237 3738, or just coming in to the school office.

## Section 7: Declaration

### Declaration and signature of parent/carer

I certify that I have parental responsibility for the child named in section one and that the information I have provided is true to the best of my knowledge. I understand and accept that if I have given false or deliberately misleading information on this form and/or any attached supporting papers (or both) or withheld any relevant information, the offer of the school place may be withdrawn. Please note that by submitting this form you are deemed to have accepted the policies of Albion Primary School as set out in the school's prospectus and/or website.

Parent/Carer's Name  
(print):

Parent/Carer's Signature:

Date of signature:

### General Data Protection Regulation 2018

There are new data protection rules that came into effect in May 2018. To ensure we are meeting the new requirements, we need to seek your consent for various things. The personal information collected on this form and information submitted with the application will be used by Albion Primary School for the administration of school admissions and transport where appropriate. This information will only be shared with schools and other local public bodies for the purpose outlined in our school's Privacy Notice Policy. The local authority may also use and share this data with other public bodies in connection with the prevention or detection of fraud or other crime. For more information on how Albion Primary School processes personal data please see our website <http://www.albionprimaryschool.co.uk/>