

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM**

**EVINGTON VALLEY PRIMARY SCHOOL**  
*Caring and Learning Together*

**ADMISSION FORM**

Child's Legal Surname:

Child's Legal Forename:

Gender:

Date of Birth:

Child's Legal Middle Name:

Child's Preferred Surname:

Child's Preferred Forename:

Class:  Year:  **END DATE** Admission Date:

Admission no:  UPN:

Home / School Visit Date .....

Copy of Birth Certificate / Passport / Immigration Identification card taken Yes / No

Home Address:   
.....  
.....  
.....  
.....Postcode.....

Home Tel. Number:

Mobile No. / Work No. If No Home Number:

Is your child in the care of a Local Authority? Yes  No

Is your child on the Social Care and Health Safeguarding Register? Yes  No

**PRIORITY CONTACT DETAILS**

**1<sup>st</sup> PARENTAL / CARER CONTACT**

Forename:  Surname:

Relationship to child:  Parent's Date of Birth:

Telephone No:  Mobile No:

Address: ..... Post Code.....

Email Address .....

Place of Work / Study & Works Telephone No:  Occupation:

**2<sup>nd</sup> PARENTAL / CARER CONTACT**

Forename:  Surname:

Relationship to child:  Parent's Date of Birth:

Telephone No:  Mobile No:

Address: ..... Post Code.....

Place of Work / Study & Works Telephone No:  Occupation:

**3<sup>rd</sup> ADDITIONAL DAYTIME CONTACT – Relative/Friend or Neighbour willing and able to care for your child in an emergency if we are unable to contact either Parent / Guardian during the day.**

Forename:  Surname:

Address: ..... Post Code.....

Relationship to Child:

Telephone No:  Mobile No:

Place of Work & Works Telephone No:  Occupation:

**MEDICAL**

**DOCTORS INFORMATION**

Doctors Surgery & telephone No:

Doctors Name:

**MEDICAL INFORMATION.** It is important that the school is aware of any medical details which affect your child. Could you kindly complete the following:-

- 1. Should he / she wear glasses for school? Yes / no
- 2. Does he / she have a hearing problem? Yes / no
- 3. Does he / she have speech therapy? Yes / no
- 4. Does he / she suffer with asthma? Yes / no  
Does he / she need to keep an inhaler at school? Yes / no
- 5. Does he / she suffer with eczema? Yes / no  
Does he / she need to keep medicated cream in school? Yes / no
- 6. Does your child have a nut allergy? Yes / no
- 7. If Yes - Does your child have an Epi-pen? Yes / no
- 8. Does he / she suffer from epilepsy? Yes / no
- 9. Was your child born pre-maturely? Yes / no  
If Yes at how many weeks .....
- 10. Is your child Diabetic? Yes / no

If Yes – Type 1 Diabetes  Type 2 Diabetes   
Insulin Dependent

- 11. Does your child have any allergies, food allergies etc.? Yes / no.  
If yes please give details below.

.....

- 12. Does your child have any additional learning needs? Yes / no.  
If yes please give details below.

.....

Name and contact details of your Health Visitor

.....

Name/s of any professional / agency that are or have been involved with your child or family

.....

Any other medical details which you feel the school should be aware of

.....

**ETHNIC INFORMATION**

**ETHNIC ORIGIN**

**ASIAN BRITISH / ASIAN**

**BRITISH**

- Indian
- Pakistani
- Bangladeshi
- African Asian
- Other Asian

**MIXED / DUAL**

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other mixed background

**BLACK / BLACK**

- Black Caribbean
- Black Somali
- Other Black African
- Any other Black background

**WHITE / WHITE BRITISH**

- White British (Inc. English, Scottish, Welsh)
- Irish
- Traveller of Irish Heritage
- Gypsy / Roma
- White European (non UK)
- White Other
- I do not wish an ethnic background category to be recorded

**OTHERS**

- Chinese
- Any Other Ethnic Group

Country of Birth (For Child).....

Nationality (Taken From Passport).....

**Religion:**

**First Language**

A child's First Language

is the language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community.

- Level of English:
- No English Spoken
  - Speaks a few words of English only
  - Speaks enough English to understand basic instructions
  - Would have enough English to cope in the classroom
  - Is competent in both languages

**TRAVEL**

- Car / Van  Walk  Taxi  Public Bus Service

Other

**FAMILY LINKS**

Child's position in the family:

Names of brothers or sisters:

Name:.....	Year Group / Class.....
School / Home /Other .....	
Name:.....	Year Group / Class.....
School / Home /Other .....	
Name:.....	Year Group / Class.....
School / Home /Other .....	
Name:.....	Year Group / Class.....
School / Home /Other .....	

**HISTORICAL INFORMATION**

PREVIOUS SCHOOL / PRE SCHOOL SETTING (If Applicable) – Full name, address (including postcode) & telephone number (including dialing code)

.....  
.....

**RESIDENTIAL STATUS**

Permanent Resident of the UK Yes / No

Was your child born in the EU Yes / No

If **NO** – exact date of arrival to the UK .....

Type of passport / visa held by your child .....

First address in the UK.....

.....

Is your child an Asylum seeker or Refugee? Yes / No

If **YES** please give contact details of any agencies involved

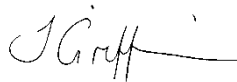
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**The following two pages contain the school's Home School Agreement. After reading the agreement with your child both you and your child need to sign this copy**

**THE SCHOOL**

**The school will:**

- **care for your child's safety and happiness;**
- **ensure that your child achieves his/her full potential as a valued member of the school community;**
- **provide a balanced curriculum and meet the individual needs of your child;**
- **achieve high standards of work and behaviour through building good relationships and developing a sense of responsibility;**
- **keep you informed about general school matters and about your child's progress in particular;**
- **be open and welcoming at all times and offer opportunities for you to become involved in the daily life of the school;**



Signature(s). \_\_\_\_\_

\_\_\_\_\_

**Class teacher**

**Headteacher**

**THE PUPIL**

**I \_\_\_\_\_ (pupil name) will:**

- **attend school regularly and on time;**
- **bring all the equipment I need every day;**
- **wear the school uniform and be tidy in appearance;**
- **be friendly and polite to everyone**
- **do all my classwork and homework as well as I can;**
- **Take care of the school environment;**
- **follow the whole school rules at all times**

Signature. \_\_\_\_\_

## **PARENTS/ CARERS**

**Having chosen to send my child to Evington Valley I/we shall:**

- **make sure my child goes to school regularly, on time and properly equipped;**
- **provide an explanation if my child is absent**
- **make the school aware of any concerns or problems that might affect my child's work or behaviour;**
- **support the school's policies including guidelines for behaviour;**
- **support my child with homework and other opportunities for home-learning;**
- **attend parents' evenings and discussions about my child's progress;**
- **get to know about my child's life at the school and what he/she is learning;**
- **Support the school's guidance for dress code.**

**Parent / Carers Signature(s)** \_\_\_\_\_

\_\_\_\_\_

This agreement holds true for the duration of your child's time at Evington Valley. It will be discussed at the Autumn term parent / teacher interviews each year. If at any time changes are required you will be consulted and following consultation a new agreement produced for school, pupil and parent / carer to sign.

**Please note a copy of the full Home School Agreement Policy is available on request from the school office**

**PARENTAL SIGNATURE SHEET**

Having chosen to send my child to Evington Valley Primary School I agree to the following and understand that this permission holds true for the duration of my child’s time at the school:

**HOME SCHOOL AGREEMENT**

I have received and will read the Home School Agreement with my child.

Signature of Parent / Carer .....

**EXTENDED HOLIDAYS**

I agree that I will not take my child on any extended holiday in term time unless it is absolutely necessary. I understand that I must get permission from the Headteacher before I book a holiday or book flight tickets. I understand that if I do not follow the guidelines, set out in the prospectus, my child may be taken off roll.

Signature of Parent / Carer .....

**PHOTOGRAPHS AND VIDEOS**

With regard to the school’s Data Protection Policy, I give permission for any photographs or video footage of my child to be displayed within school.

Signature of Parent / Carer .....

**INTERNET AND SCHOOL WEBSITE AGREEMENT**

I give permission for my child to have access to the internet in accordance with the terms of the school’s internet / website agreement.

Signature of Parent / Carer .....

I give permission for work that my child has produced or appeared in to be published within booklets or on the website at the discretion of the school.

Signature of Parent / Carer .....

**BRINGING/COLLECTING CHILDREN IN FOUNDATION STAGE 1 - YEAR 2**

Children must be dropped off and collected by a responsible person over the age of 16 with Parent/Carer permission to and from the classroom door.

Signature of Parent / Carer .....

**SWIMMING**

I understand that swimming is a compulsory part of the curriculum and this will mean my child will be attending mixed gender swimming lessons during year 3 and year 4.

Signature of Parent / Carer .....

**EDUCATIONAL VISITS**

I give permission for my child to be taken out of the school grounds for educational purposes. I understand that I will be given prior notice of visits that are not within the local area.

Signature of Parent / Carer .....

**SOILED CHILDREN**

I give permission for staff to clean and/or change my child, if necessary.

Signature of Parent / Carer .....

**SINGING / MUSIC**

I understand that music is a compulsory part of the curriculum and agree to my child participating.

Signature of Parent / Carer .....

**OFFSITE SCHOOL INSURANCE**

I agree to pay the sum of 50p per year to cover the cost of insurance.

Signature of Parent / Carer .....