** **

**Watton Westfield Infant and Nursery School & Watton Junior School**

**Admissions Data Collection Form**

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| **Name of Student:** (block capitals) |  |

**The school are required to see a copy of your child’s birth certificate and/or adoption certificate, plus a bank statement or utility bill no more than 3 months old confirming the parents’ address.**

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| **Details of child to be admitted:** |
| **Surname:** (legal)\* | **Preferred surname:** (if different) |
|  |  |
| **Forename(s):** (legal)\* | **Preferred forename:**(if different) |
|  |  |
| **Date of Birth:**  | **Sex: please ✓** |
|  | **Male** |  | **Female** |  |
| **Current Home Address:** |
|  **Postcode:** |

\*If your child has *legally* changed their name from that which is shown on their birth certificate, please provide written relevant documentation.

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| **Details of people who have parental responsibility / parental rights for this child:** |
| The Education Act 1966 defines a parent to include the natural parents of the child as well as a person: (a) who is not a parent, but who has legal parental responsibility; or (b) who has care of the child.  |
| **Residential Parents / Carers:**  |
| **Relationship to child:** | **Forename:** | **Surname & Title: (Mr, Mrs, Miss etc)** |
|  |  |  |
| **Home Address:** (if different from child’s) |
|  **Postcode:** |
| **Home no:**  | **Work no:**  | **Mobile no:**  |
|  |  |  |
| **Email:**  |  |
| **Relationship to child:** | **Forename:** | **Surname & Title: (Mr, Mrs, Miss etc)** |
|  |  |  |
| **Home Address:** (if different from child’s) |
|  **Postcode:** |
| **Home no:**  | **Work no:**  | **Mobile no:**  |
|  |  |  |
| **Email:**  |  |
| **Non-Residential Parent / Carer:**  |
| **Relationship to child:** | **Forename:** | **Surname & Title: (Mr, Mrs, Miss etc)** |
|  |  |  |
| **Home Address:** (if different from child’s) |
|   **Postcode:** |
| **Home no:**  | **Work no:**  | **Mobile no:**  |
|  |  |  |
| **Email:**  |  |

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| **Usual living arrangements for your child if living with different parents or carers on different days of the week:** |  |
| **Additional emergency contacts:** |
| People other than those with parental responsibility / parental rights who are local to the school and may be contacted in an emergency and are authorised to collect your child from school: |
| **Relationship to child:** | **Forename:**  | **Surname & Title (Mr, Mrs, Miss etc)** |
|  |  |  |
| **Home no:**  | **Work no:** | **Mobile no:** |
|  |  |  |
| **Relationship to child:** | **Forename:**  | **Surname & Title (Mr, Mrs, Miss etc)** |
|  |  |  |
| **Home no:**  | **Work no:** | **Mobile no:** |
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| **Other family details:** |
| Please give details of any other children currently living at your child’s home(s) |
| **Children’s names:** | **Dates of birth:** | **Sex: M or F:** | **School attending:** |
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| **Educational History:** (earlier school records will be obtained from the school named below) |
| **Last school attended:** | **Address:** | **Telephone number:** |
|  |  |  |
| **Dates attended:** | **From:** |  | **To:** |  |
| **Pre-school educational experience (for children aged 7 or younger)** |
| **Dates:** | **From:** |  | **Please ✓** | **Playgroup:** | **Nursery:** | **At Home:** | **Other:** |
| **To:**  |  | 🡪 |  |  |  |  |

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| **Medical and health care information:** (we may contact you for further information) |
| **Name of doctor:** | **Surgery name and address:** | **Telephone:** |
|  |  |  |
| **Medical information relevant to your child’s development and school life, e.g. asthma, hearing, sight, allergies, diabetes, epilepsy etc:** |
|  |
| **Details of any regular prescribed medication for your child:** | **Please ✓ if it will be necessary to administer medication in school hours:** |
|  |   **\*Please delete** |
| **Does your child have an Individual Healthcare Plan (IHP)?:** | \*YES / NO |
| **Details of any special dietary requirements and / or food allergies / intolerances:** (we may contact you for further information) |

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| **Details of any Special Educational Needs or Disabilities:** (we may contact you for further information) |
|  **\*Please delete** |
| **Does your child have a statement or ECHP?:**  | \*YES / NO |

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| **How will your child normally get to and from school? Please √** |
| Walk  |  | Car |  |
| Taxi  |  | Bus  |  |

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| **Pupil Premium:** (eligible children attract additional funding to the school used the support their progress and closethe gap between groups of pupils) (further guidance available) **\*Please delete** |
| **As a household, do you receive benefits which would have entitled your child to free school meals at any point in the last six years?**  | \*YES / NO |
| **Are either of the child’s resident parents serving members of the British Armed Forces?** | \*YES / NO |
| **Has your child ever been in the care of the Local Authority?** | \*YES / NO |

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| **Ethnicity and Faith:** |
| Please ✓ the box that best describes your child’s ethnicity: |
| **White** |  | **Black or Black British** |  |
| British |  | British |  |
| Irish |  | Caribbean |  |
| Gypsy / Roma |  | Sudanese |  |
| Traveller of Irish Heritage |  | Angolan |  |
| Albanian |  | Congolese |  |
| Boznian-Herzogovenian |  | Ghanian |  |
| Croatian |  | Nigerian |  |
| Greek / Greek Cypriot |  | Sierra Leonian |  |
| Italian |  | Somali |  |
| Kosovan |  | Other Black African |  |
| Portuguese |  | Any other black background |  |
| Serbian |  | **Other ethnic groups** |  |
| Turkish / Turkish Cypriot |  | Afghan |  |
| Eastern European |  | Arab other |  |
| Western European |  | Chinese |  |
| White Other |  | Egyptian |  |
| **Mixed** |  | Filipino |  |
| White and Black Caribbean |  | Iranian |  |
| White and Black African |  | Iraqi |  |
| White and Pakistani |  | Japanese |  |
| White and Indian |  | Korean |  |
| White and any other Asian background |  | Kurdish |  |
| Any other mixed background |  | Malay |  |
| **Asian and Asian British** |  | Moroccan |  |
| Indian |  | Thai |  |
| Pakistani |  | Vietnamese |  |
| Bangladeshi |  | An ethnic group not listed here |  |
| Any other Asian background |  | I do not wish to have this recorded |  |
| **Details of family religion:** | **What is the main language spoken at home?** |
|  |  |
| **Nationality:** | **Country of Birth:** |
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| **Birth certificate seen by school:**  | **Office use only: Initials: Date:**  |
| **Proof of parental address seen by school:** | **Office use only: Initials: Date:**  |

The information you have given will be held by Watton Westfield Infant and Nursery School and/or Watton Junior School, which are both part of Corvus Education Trust. It will be shared with departments within Norfolk County Council in order to provide and plan services, e.g. school transport. It will be used to administer health, social and welfare care and will be shared with healthcare advisors, practitioners and other relevant agencies. It will be forwarded to your child’s new school if and when they change school. It will also be used for statutory returns and research purposes. All information given will be held in the strictest confidence under the requirements of the General Data Protection Regulations (May 2018). Further information is available on the Privacy Notice on the school website and available from the school office.

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| **Having read the statement above, I agree that the information provided on this form is correct as of this date and I will inform the school in writing of any changes that may occur while my child attends the school:** |
| **Signature of parent / carer:** |  | **Date:** |  |