



We collect data and use pupil personal data when the law allows us under the Education Act 1996 and subject to Article 6 & 9 of the General Data Protection Regulation to comply in the main with a legal obligation. Where data is not mandatory we will always seek your consent. Any data sharing will only be in accordance with our policies and processes – further information can be found on our Privacy Notice.

SCHOOL USE ONLY	
Admission no.	
Year Group	
Reg. Group	
Admission Date	
Date Processed	
UPN	
Valid FSM voucher	Yes No Applying

Please print in the areas below

PUPIL INFORMATION

Legal Surname: _____ Legal Forename: _____

Gender (M/F): _____ Date of Birth: _____ Middle Name(s): _____

Preferred Surname: _____ Preferred Forename: _____

Postcode: _____ Home telephone number: _____

Home Address: _____

IMPORTANT

Please provide the school with your child's birth certificate

Copy of your child's birth certificate received

If you claim any of the following please fill in the attached form, your child may be eligible for Free School Meals, Free School Milk and other financial assistance.

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit

I/We are in receipt of the above and would like to apply

I/We have completed the attached form



Family Details & Living Situation

In Care Status: YES NO

Family Situation:

Single Parent 2 Adults Foster Parents In Residential Care

Do not want to disclose

Protection Register Status

Is your child subject to a Child Protection Plan? YES NO

Is your child subject to a Child in Need Plan? YES NO

Sibling Protection Register Status

Is a sibling subject to a Child Protection Plan? YES NO

Is a sibling subject to a Child in Need Plan? YES NO

Traveller Status

Is this child a traveller? YES NO

Refugee Status

Is this child a refugee? YES NO

Armed Forces

Does this child have a parent in the armed forces? YES NO

Transport Arrangements:

How does your child travel to school?

Cycle Car Share Car/Van Public Bus Service
Dedicated School Bus Train Taxi Walk Other

Religion:

Buddhist Jewish Hindu
Christian Muslim Sikh
No religion Other religion

Dietary Requirements:

Artificial Colouring Allergy No Pork No Dairy Produce
Gluten Free Halal Kosher Foods Only
No nuts of any type/quantity Vegetarian Seafood Allergy

Does your child have any other dietary requirements that the school should be aware of?

C

Lunch Requirements: School Lunch Packed Lunch



Languages Spoken:

A **first language** other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

A **second language** is a language that this child has been exposed to later in their development and that they use in the home, community or at school

A **home language** is a language that is regularly spoken in the home, whether or not this child speaks or understands it.

A **tuition language** is a language in which this child is proficient, or is gaining proficiency through tuition.

First Language: _____

Second Language: _____

Home Language: _____

Tuition Language: _____

Country of Birth _____ Nationality _____

Ethnicity _____

I do not wish first Language, country of birth and nationality to be recorded

Medical Information:

Dr's Name _____

Medical Practice Name: _____

Medical Practice Address: _____

Tel no: _____

Does your child have any medical conditions that the school should be aware of?

Does your child receive any Paramedical Support?

Occupational Therapy Physiotherapy Speech Therapy

Other support please specify _____

Yes No

Does your child have Asthma? Yes No

If yes, type of inhaler used 1. _____

2. _____

Is your child required to wear glasses? Yes No

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Prioritise them in the order that you wish for them to be contacted in an emergency.

<u>Contact Information: Parent/Guardian</u>	
Title: _____ Forename: _____ Surname: _____	Priority 1
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Pupil: _____ Parental Responsibility: <input type="checkbox"/> YES <input type="checkbox"/> NO	Currently serving in Regular HM Forces Military units? <input type="checkbox"/>
Permission to take home: <input type="checkbox"/> YES <input type="checkbox"/> NO Armed Forces: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Languages (If not an English Speaker): _____	
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____	
Address (if different to above): _____	
_____ Postcode: _____	

<u>Contact Information: Parent/Guardian</u>	
Title: _____ Forename: _____ Surname: _____	Priority 2
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Pupil: _____ Parental Responsibility: <input type="checkbox"/> YES <input type="checkbox"/> NO	Currently serving in Regular HM Forces Military units? <input type="checkbox"/>
Permission to take home: <input type="checkbox"/> YES <input type="checkbox"/> NO Armed Forces: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Languages (If not an English Speaker): _____	
Daytime Tel. No: _____ Day Place: _____	
Home Phone: _____ Mobile: _____	
E-mail: _____	
Address (if different to above): _____	
_____ Postcode: _____	



Contact Information: Non-Parental Contact

Title: _____ Forename: _____ Surname: _____

Relationship to Pupil: _____ Permission to take home: YES NO

Languages (If not an English Speaker): _____

Daytime Tel. No: _____ Day Place: _____

Home Phone: _____ Mobile: _____

Address: _____

Priority

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Contact Information: Non-Parental Contact

Title: _____ Forename: _____ Surname: _____

Relationship to Pupil: _____ Permission to take home: YES NO

Languages (If not an English Speaker): _____

Daytime Tel. No: _____ Day Place: _____

Home Phone: _____ Mobile: _____

Address: _____

Priority

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Other Information:

Name of previous school: _____

Date
FromDate
To

Reason for leaving: _____

Date entered UK (if applicable) _____

Name/names of brothers and sisters in this school: _____

Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form: _____

_____

Photo Permissions and Consent

We sometimes take photographs of pupils. We use these photos to celebrate work and achievements via Twitter, in the school's prospectus, on the school's website, and on display boards around school.

We would like your consent to take photos of your child and use them in the ways described above. If you're not happy for us to do this, that's no problem – we will accommodate your preferences.

I give permission for my child to:

- I am happy for the school to take photographs of my child YES NO
- I am happy for photos of my child to be used on the school website. YES NO
- I am happy for photos of my child to be used in the school prospectus. YES NO
- I am happy for photos of my child to be used in internal displays. YES NO
- I am happy for photos of my child be displayed in local newspapers. YES NO
- I am happy for photos of my child to be used on the schools Twitter account. YES NO
- I am happy for photos of my child to be taken by the school photographer.
(individual & class photos) YES NO
- I am happy for my child to filmed in school productions. YES NO
- I am happy for photos of my child to be used across the wider trust
organisation for marketing purposes. YES NO
- I am **NOT** happy for the school to take or use photos of my child. (NOT happy)

*If you change your mind at any time, you can let us know by emailing the school email – gdpr@dsatkibworth.org calling the school on **0116 2792485** or just popping in to the school office and speaking to one of the office team members.*

Parent/Carer Name (Please print): _____

Parent/Carer Signature: _____

Date: _____



Other Permissions

I give permission for my child to:

- | | |
|--|--|
| Access the internet with adult supervision | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Visit local offsite activities (e.g. library, Church) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Visit partnering schools | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Be transported to fixtures in staff cars or vehicles belonging to parent helpers | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Participate in food tastings as part of the curriculum | <input type="checkbox"/> YES <input type="checkbox"/> NO |

KPA – Kibworth Parent Teacher Association Consents

I give my consent to receive by email:

- information relating to KPA fundraising activities, YES NO

Church Communication

I give my consent to receive by email:

- information relating to Church activities & services, YES NO

If you change your mind at any time, you can let us know by emailing the school email – gdpr@dsatkibworth.org, calling the school on 0116 2792485 or just popping in to the school office and speaking to one of the office team members.

Parent/Carer Name (Please print): _____

Parent/Carer Signature: _____

Date: _____

