SPRING VALE PRIMARY SCHOOL

Kenilworth Crescent, Parkfields, Wolverhampton, WV4 6SD

Tel:01902 556589 Fax: 01902 556590

Email: springvaleprimaryschool@wolverhampton.gov.uk

Headteacher: Mr C Blunt

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| **PUPIL DETAILS** | Adm No |
| Surname |  | Adm Date: |
| First Name(s) |  | Birth Certificate |
| Date of Birth |  | Male/Female |
| AddressPostcode |  | Telephone Number |  |
| Country of birth |  | Date of arrival in UK (if applicable) |  |
| **PARENT/GUARDIAN DETAILS** |
| Title: Forename: Surname: Relationship to pupil: **WORK DETAILS** Mobile Number: Work tel No:Parental responsibility: **YES/NO** (Delete as applicable) Work Address:Language(s) spoken:Can we contact you in an emergency? **YES/NO** (Delete as applicable)National Insurance Number/NASS Number: Date of Birth: |
| Title: Forename: Surname: Relationship to pupil: **WORK DETAILS** Mobile Number: Work tel No:Parental responsibility: **YES/NO** (Delete as applicable) Work Address:Language(s) spoken:Can we contact you in an emergency? **YES/NO** (Delete as applicable)National Insurance Number/NASS Number: Date of Birth: |
| **DETAILS OF ANY PARENT LIVING AT DIFFERENT ADDRESS TO PUPIL** |
| Title: Forename: Surname:Relationship to Pupil: **HOME DETAILS**Mobile Number: Address:Can we contact you in an emergency? **YES/NO** (Delete as applicable) Language(s) spoken: Postcode: Academic report required: **YES/NO** (Delete as applicable) Parental responsibility: **YES/ NO** (Delete as applicable)  |

**ADMISSION FORM**

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| **OTHER EMERGENCY CONTACTS** |
| Title: Forename: Surname:Relationship to pupil: Home Number: Mobile Number: Work Number: Can we contact in an emergency? **YES/NO** (Delete as applicable)  |
| Title: Forename: Surname:Relationship to pupil: Home Number: Mobile Number: Work Number: Can we contact in an emergency? **YES/NO** (Delete as applicable)  |

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| **FAMILY ARRANGEMENT**  |
| Number of siblings |  | How many siblings live at pupils address |  |
| Pupil`s position in family  |  | Names of siblings currently attending Spring Vale Primary |  |

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| **MEDICAL INFORMATION/DIETARY NEEDS (FOR ALLERGIES – PLEASE COMPLETE THE ADDITIONAL INFORMATION SECTION)** |
| Doctor`s Name:Surgery Address:Tel No: | **DIETARY NEEDS****PLEASE TICK ALL THAT APPLY** |
| Nut allergy |  | Vegetarian |  |
| Gluten free |  | Halal |  |
| No beef |  | No pork |  |
| No dairy |  | Other: |
| Please list your child`s medical conditions/disabilities (allergies, asthma, eczema, heart condition, visual impairment, hearing impairment etc:) Wears glasses: YES/NO Hearing aid: YES/NO Allergic to plasters: YES/NO |
| **Condition/disability** | **Medicine** | **To be taken when?** |

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| **ADDITIONAL INFORMATION/COMMENTS** |
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| **SCHOOL HISTORY** |
| Previous School Name |  |
| Telephone Number |  |
| Date of leaving |  |

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| **ETHNICITY** Please tick one box only |
| Any other Asian background | Any other black background | Any other ethnic group | Any other mixed background | Any other white background | Bangladeshi | Black-African |
| Black Caribbean | Chinese | Gypsy/Roma | Pakistani | Indian  | Traveller of Irish heritage | White British |
| White Irish | White and Asian | White and Black African | White and Black Caribbean | If you do not select one of the ethnic categories, then ethnicity will be shown on our records as `refused` |

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| **RELIGION** Please tick one box only |
| Buddhist  | Christian | Hindu | Jewish |
| Muslim | Sikh | Other Religion | No Religion |

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| **LANGUAGES** |
| Please list the languages that your child speaks at homeMain language: | Does your child celebrate any festivals: **YES/NO** (delete as applicable) If YES, please give details:Asylum seeker / refugee: **YES/NO** |
| **SCHOOL MEAL ARRANGEMENTS (NOT FOR NURSERY CHILDREN)** |
| Free meal / paid meal / packed lunch / Home (delete as applicable)I would like advice from the school about a Free school meal application: **YES/NO** (delete as applicable)  |

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| **WELFARE**Please list any other agencies that are involved with your child / family |
| **AGENCY**  | **TELEPHONE NUMBER** | **CONTACT NAME** |
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| **GENERAL CONSENTS** |
| Any photographs I take of my child(ren) will be for personal use. I will not share or publish group photos of other people`s children via social media e.g Facebook, Twitter, Instagram, etc. **Sign: ………………………………………………………………………………..** | I give permission for my child`s photograph to be taken and displayed for school use via the:-School website: **YES/NO** (delete as applicable)Newspaper: **YES/NO** (delete as applicable)School newsletter: **YES/NO** (delete as applicable) |
| I give permission for my child to be involved in group or class visits out into local neighbourhood: **YES/NO** (delete as applicable)  |
| I give permission for my child to use the internet and email in school for educational purposes:**YES/NO** (delete as applicable) | I give permission for my child to receive necessary emergency medical treatment or advice during school hours: **YES/NO** (delete as applicable) |
| **NURSERY ADMISSIONS ONLY:**I understand that although my child will have a place at Spring Vale Primary School, this does not mean that he/she will automatically be given a full time place at Spring Vale Primary School. I will complete the appropriate form with my preferences at the relevant time: **YES/NO** (delete as applicable) |

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| **Renewing or updating your consent**This form is valid for the entire academic year. Parents are required to fill in a new data collection/consent form for their child every academic year. The school may also choose to request that your consent is updated where any significant changes to circumstances occur – this can include, but is not limited to, the following:* New requirements for consent, e.g. an additional social media account will be used to share pupil images and videos, or for a press release
* Changes to a pupil’s circumstances, e.g. safeguarding requirements mean a pupil’s image cannot be used

**Amending or updating your choices**You can amend or update you consent preferences at any time by submitting your request in writing to Mrs N Wynne, Office Manager at Spring Vale Primary School. A new form will be supplied to you to amend your consent accordingly and provide a signature. **Withdrawing your consent**You have the right to withdraw your consent at any time. Withdrawing your consent will not affect any images or videos that may have already been published. If you would like to withdraw your consent, you must submit your request in writing to Mrs N Wynne, Office Manager at Spring Vale Primary School. |
| **PARENT/GUARDIAN SIGNATURE** |
| Signed: |
| Name: |
| Date: |

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| **SCHOOL USE ONLY** |
| CLASS |  | CTF REQUESTED |  |
| UPN NUMBER |  | ID SEEN |  |