

Etwall Primary School Admission Form

The information which you enter on this form is required for the effici- children's educational needs. It will be stored securely in the office up provision of the General Data Protection Regulation (GDPR) (EU) 2016 the Education Authority, the Health and Welfare agencies or where a The information held must be kept up to date by law and so if any of in the future, will you please notify the school in writing or ask for and consent to your child's personal information being used for the purpor For more information on how Etwall Primary School uses the data we	Birth Certificate Seen (Office use)		
rights over relating to it eg, to have it corrected, erased, restricted, tra website at <u>www.etwall.derbyshire.sch.uk</u> or contact the Headteacher	Current Address Checked (Office use)		
PLEASE COMPLETE	IN BLOCK CAPITALS		
Surname:	Forenames: (please underline the name by which the pupil is usually known)		
Date of Birth:			
(in figures please eg, 14 06 1984)			
Home Address: Postcode: Home Telephone No:			
Brothers and Sisters already at the school if any:			
Parents/Guardians living at pupil's l	nome address – relationship to pupil		
Parent/Carer 1 – Relationship to pupil: Title:	Parent/Carer 2 – Relationship to pupil: Title:		
Forename:	Forename:		
Surname:	Surname:		
Mobile: Mobile:			
mail: Email:			
For contacting in an emergency during the day, please provide whereabouts and telephone number			
Whereabouts home/work:	Whereabouts home/work:		
Emergency daytime Tel No:	Emergency daytime Tel No:		
mergency contact 1 Emergency contact 2			

Additional Parental Contacts				
For the purpose of the school records, a pupil's parent is defined as his/her natural parent and any other person who is his/her guardian who has custody of, or who is likely to maintain him/her and is not included above.				
Title:				
Forename:				
Surname:				
Relationship to pupil:				
Home Address:				
Home Telephone No:				
Mobile No:				
Can be contacted in an emergency	during the day: Y	es / No (delete as ap	propriate)	
Emerger	icy Contacts – oth	er than parents/g	uardians	
Emergency contact 3:			Emergency contact 4:	
Title:		Title:		
Forename:	name:		Forename:	
Surname:			Surname:	
Emergency daytime Tel No:		Emergency dayti	me Tel No:	
Relationship to child:		Relationship to c		
(eg; grandparent/neighbour/friend)		(eg; grandparent/ne	ighbour/friend)	
Any other relevant	family background	d information? (e.	g. separated family)	
If there are any court orders applicable to the child please provide the school with a copy:				
	Additional	Information		
Medical Details eg; allergies/dietary information (please attach any further information where necessary)				
Premature at Birth	Permission to a	administer First	Permission to contact	
			Doctor/Dentist	
	of an emergency			
Yes / No	Yes / No		Yes / No	
Eschools Messaging Priority (email addresses used)				
(priority person who you would like messages to be sent to: eg; Mother or Father)				
Name of previous school/nursery/pre-school if any:				
Name/Address:				

Pupil Premium Funding			
If you are in receipt of certain bene	efits/ or have been in	n the past, the	school may be able to receive extra
funding for your child. Don't wor	ry if you are not sure	. If you can cor	mplete the below information, the
	school will wor	k this out.	
Name of Child	Age of Child		
Name of Parent:	National Insurance	Number:	Date of Birth (of parent)
Dreferred Meel Arrengement			
Preferred Meal Arrangement (If your child has any special dietary requir	amonts as agreed by a d	actor plagsa ask th	a school for a diatary request form)
School Meal	ements as agreed by a ac	felor pieuse usk in	e school joi a aletary request joining
Packed Lunch			
Mode of Travel			
Eg; car/walk			
	Promoting Disab		
Do you consider your child to have	a physical, mental c	or sensory impa	airment that disables them in
society?			
Yes / No (delete as appropriate)			
Note: the definition of disability in the Dis	-		-
substantial and long term adverse effect of		-	ay to day activities". This may include
learning difficulties, dyslexia, migraine, as Service Personnel	strima and other conditio	ons.	
	Vac / Na /dalata as a	e e re e riete)	
Is your child of Service Personnel:	•		
	Additional Inform	nation cont	
Religious affiliation			
Please tick the one category which bes			
	ristian (please specify)	:	
Hindu			
Jewish Muslim			
	er Religion (please sp	acify).	
No Religion	iei keligioli (piease spo	echy).	
No Religion			
Main Mother Tongue			
Please tick the one category which best describes your child's main home language:			
Arabic German Malayalam			
		-	
0		Punjabi Snanish	
	ajarati Ma	Spanish	
0 -	kka 	Turkish	
French Hin		Urdu	· · · ·
Gaelic Ital	ian	Other (please	specity)
Country of Birth:			
Nationality:			

Ethnic Background					
	(based on the new national population Census ethnic categories)				
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. The Information Commissioner (formerly the Data Protection Register) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision themselves. Information provided by: Parent Pupil ETHNIC ORIGIN					
\A/hita	Dritich		Asian or Asian British	Indian 🗌	
White	British Irish	_	Asian or Asian British	Pakistani 🗆	
	-				
	Traveller of Irish Heritage			5	
	Gypsy/Roma			Any other Asian background	
	Any other White Background		Black or Black British	Caribbean 🗌	
Mixed	White & Black Caribbean			African	
	White & Black African			Any other Black background	
	White & Asian		Chinese		
	Any other mixed background		Any other ethnic backgr	round 🗆	
			I do not wish an ethnic l	background category to be recorded \Box	
			Permission policy		
At E	twall Primary School, we use in	formatio	n about your child in a r	number of different ways and we'd like ye	our
conser	nt for some of the ways we use	this pers	onal data. We also need	to use and store some information about	ıt you
			and your child.		
We wil	ll contact you using your:				
•	Home and mobile phone num	bers (me	ssaging service – Eschoo	ols)	
•	Email address (messaging serv				
•	Postal address				
Using	our contact details in these wa	vs helns	us to:		
USING)		• •		child has at the school	
•	Raise extra money to continue	•	• •	child has at the school	
•	Keep you in the loop with what		-		
•	Let you know about extra-curr			child	
Specifi	c ways we use you and your chi				
•	On the school's Management	Informat	ion System (RMIntegris)). This information is shared with the Loc	al
	Authority (Derbyshire County	Council)	and Central Governmen	t for statutory census returns.	
•	On the school's assessment tra	acker (In	sight)		
•	In School's computerised syste	ems, e.g.	Tapestry (Online Learni	ng Journal) Reception Children only,	
	computerised Library system.	, 0	, , ,		
	(All systems are GDPR complia	int)			
Please refer to the consents on the separate sheet for specific permissions.					
If you're not happy for us to use information in this way, that's no problem – we will accommodate your					
preferences.					
preferences.					
Why are we asking for your consent?					
why are we asking for your consent?					
Ver men he even that there were new data materian value within along form 25 May 2010 enverde. To					
You may be aware that there were new data protection rules put in place from 25 May 2018 onwards. To					
ensure we are meeting these requirements, we need to seek your consent for some of the ways we use			ē		
information about you.					
Similarly, if you change your mind at any time, you can let us know by emailing					
enquiries@etwall.derbyshire.sch.uk calling the school on 01283 732301, or just popping in to the school					
office.					
If you have any other questions, please get into touch.					
ה אסט חמיב מוץ סגוובו קמבסנוסוס, אובמסב בכו וונס נסמכוו.					

We would appreciate you taking the time to give consent, as we really value being able to use the

information in the ways we do.

Permission Document (Whilst your child is at Etwall Primary School)

I give / do not give permission for my child to take part in local educational (walking) outings during school time. (If transport is involved, a further permission slip will be sent out to parents).

Signed

I give / do not give permission for my child to take an active part in lessons where food tasting is involved. Checks on food allergies will be carried out before hand. Please notify the school on this form of any allergies. If allergies change please notify the school directly.

Signed

I give / do not give permission for my child to be photographed individually / groups or filmed where the pictures are to be displayed within the school /on the school website / school newsletter / Etwall Express / School Dojo. (please delete as necessary) No children's names are used alongside pictures.

Signed

I give / do not give permission for my child to be individually / In class / goups photographed to send these <u>home for</u> <u>purchase.</u>

Signed

I give / do not give permission for my child to be photographed, filmed by or for the media (eg, the Press or television) and for the child's first name only to be used alongside it. This may be to celebrate events at Etwall Primary School.

Signed

I give / do not give permission for staff to clean my child after a soiling incident (if a parent cannot be contacted or are further than 10 minutes away). Where possible, two members of staff will be present.

Signed

I give / do not give permission for my child to use the school's sun cream dispensers at the discretion of the staff. Parents MUST ensure a spot test has been done. Ideally parents are requested to apply 8 hour sun cream before school.

Signed

I give / do not give permission for my child to watch films or extracts from films which have a PG certificate if their teacher has deemed them appropriate for viewing.

Signed

I have **read and understood** the on-line safety rules and give permission for my son / daughter to access the Internet. I understand that the school will take all reasonable precautions to ensure that pupils cannot access inappropriate materials, but I appreciate that this is a difficult task. I understand that the school cannot be held responsible for the content of materials accessed throughout the Internet. I agree that the school is not liable for any damages arising from use of the internet facilities.

Signed

RECEPTION YEAR CHILDREN ONLY – I give / do not give permission for staff to use Tapestry (<u>https://tapestry.info/</u>) to record their child's learning journey. This is an online learning journal for EYFS children.

Signed

I give / do not give permission for my child to take part in swimming sessions.

Signed

I give / do not give permission for my child to be transported in suitably insured cars of staff (e.g. for medical emergencies).

Signed

	Home time arrar	gements 2020/21		
We are requestin		ur child goes home with adults authorised by parents/carers		
to do so. Please r	nake sure all those named below have been	n made aware of your child's home time arrangements and		
agree to these an				
		irmation of this change. We will not accept changes to		
arrangements on arrangements ha		dren and/or parents with whom these alternative		
	Pupil Name:	Class:		
	Parents / Carers	Contact Number/s		
1				
2				
All other corers	who are authorised to collect pupil –			
	LATIONSHIP TO PUPIL.	Contact Number/s		
Name	Relationship to Child	contact Numbery's		
	THIS SECTION MU	IST BE COMPLETED		
		Arrangements		
Collection/A	ttendance at After School Provision by	ALL OTHER ARRANGMENTS		
external providers		Please give details of arrangements i.e. collected by		
I.e. after school club / Baytree nursery etc.		parents or other named person/s. For older children,		
		please give permission to walk home without an adult $(y_{1}, y_{2}, y_{3}, y_{4})$		
Example	A N Other Nursey	(Year 5/6) Mr Bloggs		
Monday	ANOther Nuisey			
monday				
Tuesday				
Wednesday				
Thursday				
Thursday				
Friday				
i i i i i i i i i i i i i i i i i i i				
	1			
SignedParent/carer Date/				
Print name				
DECLARATION I declare the information on this form to be correct to the best of my knowledge. I give my consent for my				
child's personal information to be used for the purpose described below. Please note you have the right to				
withdraw this consent at any time and you can do this by informing the school in writing.				
withdraw this consent at any time and you can do this by morning the school in writing.				
SignedDate				
		and an tarm data the Cale al Office		

Should any of the details change please remember to update the School Office.