

# School Entry Forms

Please complete this form as fully as possible. It includes essential information in case of an emergency.

Child's Family Name		Date of Birth	/ /
Child's First Name		NHS No	
Known As:		Female <input type="checkbox"/>	Male <input type="checkbox"/>

Child's Address	This address is in the London Borough of
	Position of child in family
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
	Number of children in family
Postcode	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

### Collection of Pupil NHS Numbers

The pupils' NHS Number is being collected by schools as additional information. It may be used in the event of a medical emergency to enable the NHS to access the pupils' records more quickly. Additionally it will be shared with the Local Authority to allow services to work more effectively in supporting children in schools.

### Child's Arrangements before / after school:

Brought to school by		Collected at 3.35 by	
Telephone contact No		Telephone contact No	
If your child makes his / her own way to and from school, please tick.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
How do you travel to school			

**If for any reason you are unable to pick your child up, we would like you to give us a password which you can give to another reliable adult who will have your permission to pick your child up. They will be expected to give the teacher the password before taking your child.**

**Password**

### Collection of National Insurance/National Insurance/ National Asylum Support Service (NASS) Number Information

The collection and assessment of National Insurance/National Insurance/National Asylum Support Service (NASS) Number information by the Local Authority ensures that schools and pupils are funded to their appropriate level and ensures that the statutory data shared with the Department for Education at School Census accurately reflects the situation in the school.

Schools now receive additional funding, Pupil Premium. For each pupil on their roll assessed and registered as eligible. This is £900 per pupil for 2013-14. This is assessed using the National Insurance/ National Asylum Support Service (NASS) Number and allows schools to maximise their available resources. An additional part of this assessment may indicate if there is additional funding available in the form of Free School Meal eligibility. All information provided will be held securely.

Is your child entitled to Free School Meals Yes  No

Has your child ever been entitled to Free School Meals Yes  No

**Parent/Guardian's Details**

Parent/Guardian 1 First Name			
Parent/Guardian 1 Last (family)			
Telephone No Home		Mobile Phone	
e-mail address		Relationship to child	
National Insurance No		Date of Birth	/ /
National Asylum Support Service (NASS) Number		NI/NASS Unavailable?	Tick if unavailable
Address			

Parent/Guardian 2 First Name			
Parent/Guardian 2 Last (family)			
Telephone No Home		Mobile Phone	
e-mail address		Relationship to child	
National Insurance No		Date of Birth	/ /
National Asylum Support Service (NASS) Number		NI/NASS Unavailable?	Tick if unavailable
Address			

Names and Addresses of 2 other persons who have agreed to be contacted by us in an emergency			
Name		Name	
Address		Address	
Tel. No		Tel. No	

Please provide any legal reason(s) why certain individuals may not collect your child:

## Child's ethnic origin

Please tick

### Asian or Asian

- Bangladeshi
- Indian
- Pakistani
- Any Other Asian Background

### Black or Black British

- Caribbean
- Ghanaian
- Nigerian
- Sierra Leonean
- Somali
- Other Black African

### Mixed/Dual Background

- White & Black Caribbean
- White & Black African
- White & Asian
- Any Other Mixed Background

### White

- British
- Irish
- Greek
- Greek Cypriot
- Gypsy/Roma
- Kosovan
- Turkish
- Turkish Cypriot
- Traveller of Irish Heritage
- White Eastern European
- White Western European
- White Other

### Any Other Ethnic Group

- Chinese
- Japanese
- Kurdish
- Latin/South/Central American
- Vietnamese
- Any Other Ethnic Group

- I Do Not Wish an Ethnic Background Category to Be Recorded

## Nationality & Country of Birth

Nationality	
Country of Birth	

**Please be sure to inform us immediately of any changes in this information.**

**This is vital in the interest of the safety of your child.**

### Responsibility of your child

I understand that the school is responsible for my child between 8.45am and 3.35pm, unless they attend Emu Club or an after-school club.

Please note that unless evidence (court order) is produced, the school will assume that either parent has parental responsibility and can request information about the child or remove the child in case of illness and at the end of the day.

Signed

\_\_\_\_\_

Parent / guardian

Date

\_\_\_\_\_

## Child's Religion

Child's Religion	
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## Languages

Language spoken at home
If not English, please comment on your child's level of English speaking
Does your child understand any languages other than English? If so what languages?

## Please give the name and address of your child's Doctor

Name of Doctor	Telephone No.
Address	

Has the Doctor put any restrictions on physical activities e.g. games, swimming, PE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details	
Are there any restrictions on any particular food?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details	
Has your child been vaccinated against Tetanus?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, date of vaccination	Date ___/___/_____

School Journey (older children) Will you be giving your child travel sickness pills?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, which brand?	

**Please note:** The authority recommends that medicines should be taken at home, wherever possible. If this is unavoidable, all medicine must be brought to the school office, clearly labelled with your child's name and class together with instructions for administering it. If your child is unwell, please do not send them to school. A note should be sent to school on your child's return, giving a detailed explanation for absence.

**Essential Medical Information**

Does your child have any medical conditions?

**If the answer is YES, please provide information below:**

**Permission for local visits**

I give permission for my child \_\_\_\_\_ to be taken out of school on local visits, which do not involve public or private transport.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print parent/carer name \_\_\_\_\_

**Permission for photographs and filming**

From time to time, children may be involved in photography or filming, either for school use or media presentations. We would be grateful if you could give written permission in advance. We always endeavour to inform you the day before when the press or media are involved.

I give permission for my child to be photographed      Yes       No   
I give permission for my child to be filmed      Yes       No

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print parent/carer name \_\_\_\_\_

Please ensure that you complete all details regarding your child's previous education

Previous Schools, Nursery or Playgroups attended by your child	Address	Telephone Number	Time Attended	Reasons for leaving