



Brailes C of E Primary School

Lower Brailes, Banbury, OX15 5AP.

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www.brailescofepriamry.org.uk

**BRAILES C of E
PRIMARY SCHOOL**

ADMISSION FORM

All the personal information we hold is held and processed in accordance with the General Data Protection Regulation (GDPR). Please refer to the Privacy Notice (located on our website) for details of how personal information is used.

1. ADDRESS INFORMATION

Date of application	
Address at time of application	
If moving to a new address before commencing school the address to which moving	
Date of intended start	

2. PUPIL DETAILS

Legal Surname		Date of Birth	
First Name		Home Telephone Number(s)	
First Name Known As (if different)		Mobile	
Middle names		First Language	
Gender (tick)	Male	Main Language Spoken at Home	
	Female	Other Languages Spoken at Home	
Home Address (if different from above)		Religion	
		Does this pupil have a parent currently serving in the UK military?	Yes No
Postcode		Is this pupil entitled to Free School Meals?	Yes No
Is this pupil classified as 'Looked After by a Local Authority'?	Yes No		

3. PARENT / CARER DETAILS

	Parent/Guardian 1	Parent/Guardian 2
Last Name		

First Name		
Salutation (Mr, Mrs, Miss, Ms, Dr)		
Date of Birth		
Relationship to this Pupil		
Does this person have legal parental responsibility?		
Place of Employment		
Email Address (if different from Section 4)		
Daytime Telephone Number		
National Asylum Support Service (NASS) Number	/ /	/ /
Mobile Number		
Address (if different from Section 1)		
Permission to be contacted as an emergency contact.	Yes / No	Yes / No
Permission to be contacted by email/text for routine school communications.	Yes / No	Yes / No

4. COURT ORDERS

Do any court orders apply to this pupil (for example Ward of Court, Legal Rights of Access etc.)	Yes	No
Please give an outline – full details should be given in a separate letter		

5. PERMISSION GIVEN TO BE FIRST CONTACT IN CASE OF EMERGENCY – (ESSENTIAL)

Name	
Relationship to this pupil	
Home Contact Number	
Work Contact Number	
Mobile Number	

6. PERMISSION GIVEN TO BE SECOND CONTACT IN CASE OF EMERGENCY

Name	
Relationship to this pupil	
Home Contact Number	
Work Contact Number	
Mobile Number	

7. PERMISSION GIVEN TO BE THIRD CONTACT IN CASE OF EMERGENCY

Name	
Relationship to this pupil	
Home Contact Number	
Work Contact Number	
Mobile Number	

8. SIBLINGS (REQUIRED INFORMATION FOR ALL SIBLINGS UNDER THE AGE OF 18)

Name	Date of Birth	Is this sibling resident at the same address?	School or Pre-school currently attended (if any)

9. SCHOOL LETTERS

Email address			
Whenever possible we like to send communication by email ONLY. It is quicker, more efficient and more cost effective. If you are happy to receive newsletters in this way and would like to sign up please indicate below.			
I give permission to receive school newsletters by (tick)	Email only	Paper Copy only	Both

10. SCHOOL MEALS

Will this pupil be having cooked school meals?	Every Day	Some Days	Never
For information on ordering school meals see the school website www.brailescofepriamry.org.uk/school-meals/			
Please note that we are proud holders of the Healthy School Award and hope that all pupils who bring a packed lunch will strive to make sure that it is healthy and balanced.			
A piece of fruit is currently provided for pupils in EYFS and Key Stage 1. Older pupils may bring a piece of fruit to eat at break times. All pupils should bring a water bottle to school. It helps if this is filled at home before coming to school. Toast is available from our toast bar four days a week for a nominal charge.			
FREE SCHOOL MEALS			
Please use the information below to see if your child is entitled to Free School Meals. If you are entitled please complete the Free School Meal application on you Parent Portal on the Warwickshire County Council website. Even if your child does not take the meals, the application can lead to you being able to access other benefits and also increases the funding for the school.			
Is your joint family income over £16,190 per year? (This information is required to determine Free School Meal entitlement which will impact upon the school budget regardless of whether meals are taken). There is no need to fill this section in if you are not eligible.	Yes If you have responded with 'Yes' please ignore the rest of Section 7 and go on to Section 8	No If you have responded with 'No' please complete the rest of Section 7	
If you responded 'No' to the previous question please place an X to indicate if you are in receipt of any of the benefits listed:	Income Support		
	Income-based Jobseekers Allowance		
	Income-related Employment and Support Allowance		
	Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999		
	The guarantee element of State Pension Credit		
	Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190		
	Working Tax Credit run-on		
	Universal Credit.		
Please place an X in this box if you are not sure whether your joint family income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for free school meals			

11. MEDICAL INFORMATION

Name of Doctor		
Surgery Name and Address		
Surgery Telephone Number		
Do you give permission for the school to call the doctor in an emergency?	Yes	No
Do you give permission for the school to administer first aid in an emergency?	Yes	No
Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken. (e.g. asthma, epilepsy, allergies to bee stings, nuts or particular medicines etc.)		
Occasionally the pupils have the opportunity to try different foods in class in relation to the curriculum. Are there any foods to which this pupil is allergic or intolerant? (Please list)		
Do you consent to this pupil tasting foods in school as part of their studies?	Yes	No

12. ETHNICITY OF PUPIL (PLEASE TICK ONE)

White: British	White: Irish	White: Irish Traveller	White: Northern Irish	
White and Asian	White and Black African	White and Black Caribbean	Arab	
Asian: British	Asian: Welsh	Bangladeshi	Black African	
Black: British	Black: Welsh	Black Caribbean	Chinese	
Gypsy	Roma	Indian	Pakistani	
Gypsy / Roma	Other Gypsy / Roma	Any other White background	Any other Black background	
Any other Asian background	Any other Mixed background	Any other Ethnic group	Refused	

13. SPECIAL EDUCATIONAL NEEDS AND DISABILITY

	We will seek records from any previous setting as soon as a child has arrived at our school. It does, however, help to be aware of all relevant information before the pupil arrives so that we can be fully prepared.		
Does this pupil have any disability? (if so please give details)	Yes – Disability	Date Diagnosed	No
Does this pupil have Special Educational Needs?	Yes – SEN need	Date Diagnosed	No
Does this pupil have an Education Healthcare Plan (EHCP)	Yes – Main Need	Date Diagnosed	No

14. PREVIOUS SCHOOL(S) OR PRE-SCHOOL(S) ATTENDED

Name of School/Setting	
Address	
Telephone Number	
Date of leaving the above school	
Any other school attended in the six months prior to the date of this application	
Address	
Telephone Number	
Date of leaving the above school	
Please continue on a separate sheet if necessary.	

15. SOCIAL MEDIA, THE WEBSITE AND THE PRESS

During the course of the school year, we may sometimes wish to take photographs or video recordings of children within school or on school trips, either for our own records, for use as part of our learning curriculum or for inclusion in our promotional material such as the school prospectus, newsletters and our website. The school may also invite an external photographer to the school each year to take official school photographs and may invite the media in to take photographs of pupils engaged in school activities or events for publication. To comply with the General Data Protection Regulation, our Data Protection Policy and our Child Protection and Safeguarding Policy, we need to ask your consent before the school record any images of your child. Images will feature at least two children. No pupils' names are published with their images without additional consent.

I consent to images of this pupil taken during school activities being used on the Brailes CE Primary School website. www.brailescofepriaryschool.org.uk	Yes	No
I consent to images of this pupil being used by the local newspapers (unnamed), used on social media and the school's official social media pages.	Yes	No
For official school photographs, with images taken by Nathan Allan Photography and available for purchase by parents, and held by the school for identification purposes with names attached.	Yes	No
For use as part of projects of work by children and stuck in exercise books.	Yes	No
For use on school displays	Yes	No
For use on the school website.	Yes	No
For use on the school Seesaw account.	Yes	No
For use on the school X (Twitter) page.	Yes	No
For use in the school newsletter.	Yes	No
For use in the school prospectus.	Yes	No
Monthly sharing of images with the Feldon News	Yes	No
Occasional sharing of images of your child taken for internal purposes with external media organisations, such as Stratford Herald, Banbury Guardian and Cotswold Journal or inviting such media organisations to take images of pupils (including your child) engaged in school activities or events for publication.	Yes	No

16. INDUCTION

The Home School Agreement and Online Safety policy can both be accessed on our school website. Hard copies can be supplied free of charge on request.

I undertake to read through the Home School Agreement with this pupil and ensure that they are aware of their responsibilities (this can be found on the school website www.brailescfeprimary.org.uk/home-school-agreement/)	Yes	No
I undertake to read the provisions of the school Online Safety policy (pupils) and discuss this with this pupil at an appropriate level.	Yes	No
I undertake to keep the school notified in writing of any changes to the above information.	Yes	No

17. BREAKFAST CLUB AND NURSERY

	<u>Breakfast Club</u> 7.50am-8.40am Nursery Additional cost of £6.00 per session Reception – Y6 Additional cost of £4.50 per session	<u>AM Nursery session</u> 8.40am – 12pm £25 per session if not covered by Early Education Funded Hours	<u>PM Nursery session</u> 12pm-3.20pm £25 per session if not covered by Early Education Funded Hours	<u>Full Day</u> <u>8.40am-3.20pm</u> £50 per day if not covered by Early Education Funded Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

18. DECLARATION AND SIGNATURES

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for official school business. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.

DATA PROTECTION LEGISLATION

The school is registered with the Information Commissioner for the holding and processing of personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with other agencies including Warwickshire County Council and the Department for Education. Please see our Privacy Notice for full details of how we use and share the above personal information.

Please note that you have the right to withdraw or amend your consent for the sharing of personal information at any time, although we will need to have certain personal information to fulfil our legal duties. You can notify us of a withdrawal of or any changes to your consent in writing by contacting admin3014@welearn365.com.

Further information can be found on our **Privacy Notice – Pupils and Parents** available in the policies section of our website - www.brailescfeprimary.org.uk/policies/ or by direct link here <https://primarysite-prod-sorted.s3.amazonaws.com/brailes-ce-primary-school/UploadedDocument/ed6a3d37-ec29-492f-a580-7cbaa7334e28/pupils-and-parents-privacy-notice-1.pdf>

	Signature	Print Name
Parent / Carer		
Parent / Carer		

19. FOR SCHOOL USE ONLY

House	
Class	