

IVESON PRIMARY SCHOOL APPLICATION FOR ADMISSION

For Office Use

Form received by & date:

Seen HT:

Class/Reg:

UPN:

Your child's details: Surname..... Forename
Middle name(s)..... Chosen name (if different to forename).....
Gender M / F Date of birth:

Child's address:

House/flat No.....Street:
Town.....Postcode..... Home Tel. No.....

Please give details of brothers/sister who are, or have previously attended our school:

Name..... Class.....
Name..... Class.....
Name..... Class.....

Please give details of all persons who can be contacted in an emergency. Please use the **Contact Priority (Numbers 1-3)** to indicate the preferred order in which contact should be made (If you wish to give more than 3 emergency contacts please continue on page 4)

Mother's/Carer's details:

SurnameForenameTitle..... Date of birth
Home Tel No.Mobile No.....
National Insurance Number / National Asylum seekers Number
Email

Home address (If same as child's please tick here) House/flat No..... Street.....
.....TownPostcode.....

Please indicate relationship to child..... (E.g. Parent, Step-parent)

Does the above contact have **Legal Parental Responsibility** for the child? (Yes / No)

Contact Priority No:

Father's/Carer's details:

Mother's/Carer's details:

SurnameForenameTitle..... Date of birth
Home Tel No.Mobile No.....
National Insurance Number / National Asylum seekers Number
Email

Home address (If same as child's please tick here) House/flat No..... Street.....
.....TownPostcode.....

Please indicate relationship to child..... (E.g. Parent, Step-parent)

Does the above contact have **Legal Parental Responsibility**

Contact Priority No:

Other contact's details:

Surname..... ForenameTitle Gender M / F
Daytime Tel No Daytime place..... (if not at home)
Mobile No Email address
Notes..... (E.g. mornings only etc.)
Home address (If same as child's please tick here) House/flat No..... Street.....
.....TownPostcode.....Home Tel. No.....
Please indicate Relationship to child..... (e.g. Parent, Step-parent)
Does the above contact have **Legal Parental Responsibility** for the child? (Yes / No)
Contact Priority No:

For your child's safety it is important that all contact numbers are kept up-to-date. Please contact the School office when either of the parents, carers or emergency contacts changes their details

Travel arrangements to and from school- please tick appropriate box

Car/van School bus Public Bus Train Taxi Bicycle Walks Other

Medical information:

Doctor's name.....Tel No

Address of Practice

Does your child have any on-going health problems or long-term medical conditions diagnosed by the GP or hospital? (Including emotional or social issues) **Y / N** If yes, what are they?

Does your child take medication on a regular basis? **Y / N** If yes, what do they take.....

Will this medication need to be administered in school? **Y / N** If yes please complete School Med Form 1

Does your child have or have they ever had asthma? **Y / N**

Does your child have a prescribed inhaler? **Y / N** If yes, an inhaler must be brought into school and School Med Form 1 completed

Does your child have or have they ever had a seizure? **Y / N** If yes, when was the last incident?

Is your child likely to have a seizure in school **Y / N**

Does your child have any visual needs the teacher should be aware of **Y / N** If yes, please provide details.....

Has your child ever had any problems hearing or had any grommets fitted? **Y / N**

Does your child have any allergies we need to be aware of? **Y / N** If yes, what are they?.....

Educational history (if applicable)

Previous School/Nursery	Address & telephone number	Dates of starting & leaving
...../.../... to .../.../...
...../.../... to .../.../...

Parental permission/consent – please delete as appropriate

I **do /do not** give permission for my child to be videoed and photographed for use within school.

I **do / do not** give permission for my child to be photographed and for photographs to be published in a **newspaper / poster / flyer** to promote our school if the opportunity arises.

I **do / do not** give permission for my child to be videoed and photographed for use on our school website.

I **do / do not** give permission for my child to take part in small walks around school and in the local area.

I **do / do not** give permission for my child to take part in food tasting activities and have indicated on page 2 any allergies that may affect my child and prevent them from joining in.

Ethnic origin:

- | | | | | | |
|--------------------|--------------------------|----------------------------|--------------------------|-----------------|--------------------------|
| Bangladeshi | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> | Any other White | |
| Indian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | background | <input type="checkbox"/> |
| Kashmiri Other | <input type="checkbox"/> | White/Black African | <input type="checkbox"/> | White British | <input type="checkbox"/> |
| Kashmiri Pakistani | <input type="checkbox"/> | Any other Mixed background | <input type="checkbox"/> | White Irish | <input type="checkbox"/> |
| Other Pakistani | <input type="checkbox"/> | White/Asian | <input type="checkbox"/> | Traveller - | |
| Other Asian | <input type="checkbox"/> | White/Black Caribbean | <input type="checkbox"/> | Irish heritage | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Any other Ethnic Group | <input type="checkbox"/> | Gypsy/ Roma | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | | | | |

Home language Religion Country of Birth.....

Is English an additional language Yes/No (please delete as appropriate)

Please indicate below the arrangements for collecting your child from school:

- My child will walk home by themselves (Years 5 & 6 only)
- My child will travel on the school bus
- My child will be collected. The following people are authorised to collect them:
Name..... Name
- Name..... Name
- Name..... Name

Free School Meals

You may be entitled to free school meals if you receive any of the following benefits. Please confirm if the following benefits are received:

Income Support	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>
Income-related Employment and Support Allowance	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>
Child Tax Credit (provided you are not entitled to Working Tax Credit and have an annual gross income of no more than £16,190	<input type="checkbox"/>
Working Tax Credit run-on paid for four weeks after you stop qualifying for Working Tax Credit	<input type="checkbox"/>
Support under PART VI of the Immigration and Asylum Act 1999	<input type="checkbox"/>
The guaranteed element of State Pension Credit	<input type="checkbox"/>
Income Support	<input type="checkbox"/>

I confirm that I receive benefits for free school meals **Y / N**

It is important to register for entitlement to Free School Meals, even if your child prefers a packed lunch as the school will receive additional funding (called Pupil Premium) which can be used to help your child.

Call Leeds Revenues and Benefits Service on 0113 222 4404 or visit leeds.gov.uk/school_meals for further information

Children who receive a qualifying benefit in their own right are also allowed to receive Free School Meals. Children who are in receipt of Free School Meals are also entitled to receive free school milk.

Has your child whilst in education ever received FSM? Yes / No

If your child is entitled to free school meals now please tick the box for FSM below:

Dinner arrangements - please tick appropriate box	
<input type="checkbox"/> School dinner (Universal Free Meal KS1)	<input type="checkbox"/> School dinner - Paid (KS2) <input type="checkbox"/> School dinner - Free (FSM)
<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Home <input type="checkbox"/> Other Special dietary needs

Additional information:

Signature **Name**..... **Date**.....

Signature **Name**..... **Date**.....

(Of persons who have legal parental responsibility for this pupil)

Office use only

	Date	Signed	Remarks
NI & benefits info received?			
Information entered on SIMs			
Record sheet printed & filed			
Advise TW and PP if qualify for free school meals			
Admissions notified			

