

**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:

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

Home language Religion

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

We need the following information to help the school provide the best education for your child. If your child qualifies for free school meals, this will provide further funding for school and will save your family money. All the information provided is treated confidentially.

1) I currently receive benefits for free school meals (please circle) **Yes / No / Unsure**

2) I received free school meals in the past but am no longer entitled (please circle) **Yes / No / Unsure**

If you answered **no** or **unsure** above, please complete the following table:

	Tick below	
	YES	NO
Is your family income over £16,190 per year?		
Do you receive any benefits? (If yes, please answer the following)		
PLEASE CONFIRM WHICH OF THE FOLLOWING BENEFITS ARE RECEIVED		
Income support		
Universal Credit		
Income-based Jobseeker’s Allowance		
Income-Related Employment and Support Allowance		
Child tax credit (if you have an income that does not exceed £16,190)		
Support from NASS (National Asylum Support Service) under Part 6 of the Immigration & Asylum Act 1999		
Guarantee Element of State Pension Credit		
Working tax credit		

If yes has been ticked above (apart from working tax credit), you may qualify for free school meals which could save your family £420 per year and provide your child with free school milk. A member of staff will be in touch to help with this process to ensure you do not lose out.

NB: If yes has been ticked for working tax credit, you may not be eligible.

Dinner arrangements - please tick appropriate box

- School dinner (Universal Free Meal KS1)
 School dinner - Paid (KS2)
 School dinner - Free (**FSM**)
 Sandwiches
 Home
 Other
 Special dietary needs

School Facilities

The school offers a range of childcare services to support parents outside of school hours. There is a small charge for these to cover the cost of staffing and facilities (details can be found on the website). Please confirm if you will require these services in the future.

Breakfast Club (available between 8am – 8.50am) (please circle) **Yes / No / Maybe**

Afterschool Nest (available between 3.15pm – 5.50pm) (please circle) **Yes / No / Maybe**

Parental Support

The Friends of Iveson fundraising group raises funds to buy school equipment to improve the learning environment of the children. It does this through a range of fundraising events with the support of volunteers and parents at the school. These events are also a fantastic way for parents to develop greater bonds with teachers and other parents and gives the children a sense of belonging through community spirit.

The school is always looking for people with fresh ideas and those willing to give time to help support events or help out in other ways.

If you would like to join the Friends of Iveson (please circle) **Yes / No / Maybe**

If you would like to help at fundraising events (please circle) **Yes / No / Maybe**

If you can volunteer during school trips to help supervise children (please circle) **Yes / No / Maybe**

Parents have a range of skills (e.g. painting, baking, gardening) that may be useful to the school through their profession or life experience. Please provide details below if you are happy to support the school and have skills that may be useful. Parents may also work in companies that can support the school through goods and services or even donations for fundraising events. NB:- We will only approach companies with your consent and approval.

Mother's profession..... Name of company:.....

Other useful skills.....

Father's profession..... Name of company.....

Other useful skills.....

Additional information:

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

Signature **Name**..... **Date**.....
(Of persons who have legal parental responsibility for this pupil)

Office use only

	Date done	Initials	Remarks
NI & benefits info confirmed			
Information entered on SIMs			
Record sheet printed & filed			
Advise TW & PP if qualify for free school meals			
Advise MS if Breakfast Club or Nest will be required			
Admissions notified & copy of admission form to CS			