|  |  |  |
| --- | --- | --- |
|  | **Winshill Village Primary and Nursery School** Brough Road  Winshill  Burton-on Trent  DE15 0DH  Tel: 01283 247570  Email: [office@winshillvillage.staffs.sch.uk](mailto:office@winshillvillage.staffs.sch.uk)  Website: [www.winshillvillage.org.uk](http://www.winshillvillage.org.uk) |  |
| **CONFIDENTIAL ADMISSION FORM**  Parents/Carers are asked to provide the following information which will help the school support you and your child during their time at Winshill Village Primary and Nursery School. | | |

**Pupil Information**

|  |  |
| --- | --- |
| Legal Forename: | Legal Surname: |
| Preferred Forename (if different): | Preferred Surname (if different): |
| Middle Name(s): | |
| Date of Birth (DD/MM/YYYY):  ***We will need to see your child’s original birth certificate*** | Gender (M/F): |

**Home Address**

|  |  |
| --- | --- |
| House Number/Name: | Street Name: |
| Town/City (e.g. Burton-on-Trent): | District (e.g. Winshill): |
| County: | Postcode: |

**Parental Responsibility – *please see attached sheet for further information***

|  |  |
| --- | --- |
| **Name of parents/persons who have legal parental responsibility with whom the child is living** | |
| Name: | Relationship to child: |
| Name: | Relationship to child: |
| **Name any other living parent/persons who have legal parental responsibility** | |
| Name: | Relationship to pupil: |
| Address: | |
| If a parent is deceased, please give their name and date of death: | |

**Emergency Contact Details**

Please give details of people (including parents) who could be contacted if needed e.g. in case of illness. It is essential we have at least 2 contacts’ details.

|  |  |  |
| --- | --- | --- |
|  | **Priority Contact 1** ***Must*** have legal parental responsibility | **Priority 2 Contact** ***Should*** have legal parental responsibility |
| Title: |  |  |
| Forename: |  |  |
| Surname: |  |  |
| Gender M/F: |  |  |
| Relationship to child: |  |  |
|  | *Provided the person has parental responsibility this mobile number can be used by the texting service.* | |
| Mobile telephone number: |  |  |
| Home telephone number: |  |  |
| Work telephone number: |  |  |
| Preferred contact number, please circle: | Mobile Home Work | Mobile Home Work |
| Preferred email address: |  |  |
| Home Address: |  |  |
| Postcode: |

|  |  |  |
| --- | --- | --- |
|  | **Priority 3 Contact** | **Priority 4 Contact** |
| Title: |  |  |
| Forename: |  |  |
| Surname: |  |  |
| Gender M/F: |  |  |
| Relationship to child: |  |  |
|  | *Provided the person has parental responsibility this mobile number can be used by the texting service.* | |
| Mobile telephone number: |  |  |
| Home telephone number: |  |  |
| Work telephone number: |  |  |
| Preferred contact number, please circle: | Mobile Home Work | Mobile Home Work |
| Preferred email address: |  |  |
| Home Address: |  |  |
| Postcode: |

**Medical Information**

|  |  |
| --- | --- |
| Name of Doctor: | Name of Medical Surgery/Practice: |
| Address and Postcode: | |

|  |
| --- |
| Medical conditions, allergies, dietary needs or any other information that you wish us to record: |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Does any medical condition detailed above require a care plan? |  |  |

|  |
| --- |
| Foods that cannot be eaten: |
|  |

I undertake to inform the school as soon as possible of any change in medical circumstance.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Signature (s): | Date: |  |
| Print Name(s): | |  |

**I consent to emergency medical treatment should it be necessary during the school day, including on educational visits.**

|  |  |
| --- | --- |
| Parent/Guardian Signature (s): | Date: |
| Print Name(s): | |

**I give permission for my child to take part in any food activities and taste items of food.**

|  |  |
| --- | --- |
| Parent/Guardian Signature (s): | Date: |
| Print Name(s): | |

**Ethnic/Cultural Information**

|  |  |  |
| --- | --- | --- |
| Ethnic Origin/Ethnicity: | Nationality: | Religion: |
| Country of Birth: | First Language (if not English): | Home Language (if not English): |

**Siblings**

If there are any brothers or sisters at Winshill Village Primary and Nursery School please give their name, form/tutor group and year.

|  |  |  |
| --- | --- | --- |
| **Name** | **Form/Tutor Group** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Health Visitors Details**

Please give your health visitors details below.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **TELEPHONE NUMBER** | **EMAIL ADDRESS** | **ADDRESS** |
|  |  |  |  |
|  |  |  |  |

**Additional Information**

|  |  |  |
| --- | --- | --- |
| **Pupil Premium** is additional money the school/academy gets from Central Government to support pupils. It is **very important** that you provide the details below as this can directly affect our funding and could impact provision for your child. | **Yes** | **No** |
| Is your family in receipt of Income Support or income related benefits? |  |  |
| Are you the foster parent of this child? |  |  |
| Is your child adopted? |  |  |
| Are either of the parents currently serving in the armed forces? |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Does your child have an Educational, Health Care Plan (EHCP)? |  |  |
| Does your child have any disability? |  |  |
| Does your child have any SEN needs? |  |  |
| Does your child have any other agency involvement – if so please list below: |  |  |
| Any other information: |  |  |

We have 3 intakes per year, please tick when you would like your child to start with us: **September 🞏**

**January 🞏**

**April** **🞏**

Should you wish to start your child at a different time of the year, please speak to the office staff.

**As soon as possible 🞏**

**General Data Protection Regulation (GDPR) Statement**

Your privacy is critically important to us. At John Taylor Multi Academy Trust (JTMAT) the following principles underpin our approach to respecting your privacy:

* We value the trust that you place in us by giving us your child's personal information. We will always use your personal information in a way that is fair and worthy of that trust.
* We will provide clear information about how we use your personal information. We shall always be transparent with you about what information we collect, what we do with it, with whom we share it and who you should contact if you have any concerns.
* We will take all reasonable steps to protect your information from misuse and keep it secure.
* We will comply with all applicable data protection laws and regulations and we will co-operate with data protection authorities.

For more information regarding our GDPR compliance please visit <https://jtmat.co.uk/privacy>.

|  |  |
| --- | --- |
| Parent/Guardian Signature (s): | Date: |
| Print Name(s): | |