Please return this form to the office with your child's Birth certificate and proof of your address

CANNON LANE PRIMARY SCHOOL

Admission Form

Please complete in block capitals

Surname..... Class ..... *(School to complete)*

Forename.....

Legal Name *(If different from above)* .....

Date of Birth ..... Male ☐ Female ☐ *please tick*

Home Address .....

..... Post Code .....

Full names of Parents/Guardians/Carers:

	Relationship	Title	Forename	Surname	Home Telephone Number	.....
Parent 1			..... .	.....	Work number	.....
					Mobile number	.....
	Email address					
Parent 2			.....	.....	Work number	.....
					Mobile number	.....
	Email address					
	Main Mobile Number for text messages and school communications					

CUSTODY

Joint ☐ Mother ☐ Father ☐ Other Legal Custody ☐ *please tick*

Parental Responsibility for the child Joint ☐ Mother ☐ Father ☐ Other *please tick*

Please state who has legal contact with the child .....

EMERGENCY CONTACT

We will always ring ***PARENTS FIRST*** unless otherwise informed – please provide us with the names of **other** contacts during school time- *not parents* – Please ensure if you change any of your telephone numbers you inform the School Office.

Name	Relationship	Telephone No.
1.	.....	.....
2.	.....	.....
3.	.....	.....

Name of Childminder/ Nanny *(If applicable)* …… Mobile number ……

EMERGENCY PERMISSION

In the rare event of an emergency, the school will always immediately attempt to contact the Parents/carers of the child. While this is being done we need to ask for permission for any medical treatment that is required to be carried out by the Welfare Assistants, Ambulance service or Hospital.

I GIVE my permission for the school, Ambulance service or Hospital to carry out any necessary emergency medical treatment my child may require:
I GIVE my permission for my child to use the school emergency inhaler when their own prescribed inhaler is unavailable

Signed……

Name in Capitals please

……

Relationship to the child

……

MEDICAL INFORMATION

Doctor: (*Name, address and telephone number*) ……

……

……

Medical Conditions (***please inform us of any allergies*** – *please continue on a separate sheet if necessary*):

……

……

……

Please ensure you keep the school updated of any changes in medical conditions

If applicable will you provide the school with the appropriate treatment?
(Epi-pen, Inhaler, etc.) YES ☐ NO ☐

If you have answered "No" to the above question, please explain the reason

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DIETARY INFORMATION – *Please provide us with information regarding any food allergies, intolerances or other dietary requirements.* **Please note that our caterers DO NOT use any PORK or BEEF products in their menus.**

Please indicate which applies to your child	**YES**	**NO**
My child can eat everything and is not allergic or intolerant to any foods		
My child has an allergy or intolerance to the following foods: *Please list clearly the food/s your child cannot eat for medical reasons. Continue on a separate sheet if necessary.*		
My child has to have a **gluten** free diet		
My child is **only** able to eat Halal meat		
My child is vegetarian but **able** to eat eggs (as an ingredient)		
My child is vegetarian but **able** to eat fish		
My child is able to eat eggs used as an ingredient		
My child is vegetarian and **unable** to eat eggs (as an ingredient)		
My child is vegetarian and **unable** to eat fish		
My child is vegan		
My child has a **dairy free** diet		

ETHNICITY- *What is your child's ethnic origin?* (*please tick box appropriate below*)

British		White and Asian	
Bangladeshi		White and Black African	
Any other Asian background		White and Black Caribbean	
African		Any other mixed background	
Any other Black background		Any other White background	
Caribbean		Any other ethnic background	
Indian		Pakistani	
Gypsy/Roma		Traveller of Irish Heritage	
Other – Please specify			
I DO NOT wish for an ethnic background to be recorded			

FIRST LANGUAGE AND ANY OTHER LANGUAGE SPOKEN (*please tick appropriate boxes below*)			
Arabic		Korean	
Bengali		Kutchi	
Cantonese		Portuguese	
English		Punjabi	
Farsi		Somali	
French		Spanish	
German		Sylheti	
Guajarati		Turkish	
Hindi		Urdu	
Italian			
Other Please specify		Refused	

RELIGION – *What is your child's Religion*? (*please tick box appropriate below*)

Christian		Christian Brethren	
Church of England		Greek Orthodox	
Hindu		Humanism	
Jain		Jehovah's Witness	
Jewish		Muslim	
Sikh		Roman Catholic	
Other Please specify		No Religion	
I do not wish to record a Religion			

Refugee Yes ☐ No ☐ Country ……

Asylum Seeker Yes ☐ No ☐ Country ……

ADDITIONAL INFORMATION

Has your child ever been in care? Yes ☐ No ☐

If yes: Dates from ……to ……

Which Local Authority? ……

Is your child adopted? Yes ☐ No ☐

Does either parent work for the armed forces? Yes ☐ No ☐

If Yes: please state which armed force ……

Are you eligible for Income Support/Universal credit Yes ☐ No ☐

- Are you eligible for a clothing grant for school uniform? Yes ☐ No ☐
- Are you eligible for free school meals? Yes ☐ No ☐

(If you are unsure - *Please apply via the Harrow Council website* http://www.harrow.gov.uk/info/17/school_grants_and_funding/1737/free_school_meals/2*)*

Does your child have any learning difficulties? *Please continue on a separate sheet if necessary*

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……

……

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……

TRAVEL ARRANGMENTS

Please would you indicate how you will travel to school each day. *Please tick the option you will use most of the time.*

Walk ☐ Bus ☐ Car/Van ☐ Car Share ☐ Cycle ☐ Train ☐

Other – *please specify* ……

SCHOOL INFORMATION
Previous school or nursery attended

1. …… Dates……

2…… Dates……

3…… Dates ……

PARENTAL CONSENTS

PUBLICITY

During the course of your child's time at Cannon Lane Primary School there may be occasions when photographs and filming takes place during school activities. These photographs/films could be used within the school e.g. to illustrate activities on our website, or in the local newspaper.

Please sign below whether you give permission for your child's photo/film to be used in this way.

I GIVE permission for my child to be photographed for use on social media (Instagram)……..

I GIVE permission for my child to be photographed within school for use in school displays……

I GIVE permission for my child to be photographed and / or filmed within school for use on the school website……

I GIVE permission for my child to be photographed within school for use in the local newspaper……..

I GIVE permission for my child to be included in the annual class photograph……

I understand that I can withdraw my consent for the above at any time……..

Please note that the school and The Governing Body are registered in accordance with The Data Protection Act. The information on these forms will be stored on the school's office computer system. Individual details will only be used within the school under the terms of The Data Protection Act.

Text for Third and Fourth Contacts

Collecting pupil information

We collect pupil information via admission forms when you child first starts at the school, registration forms at the start of the school year or Common Transfer File (CTF) or secure file transfer from previous school

Whilst the majority of pupil information you provide to us is mandatory, some of it is provided to us on a voluntary basis. In order to comply with the General Data Protection Regulation, we will inform you whether you are required to provide certain pupil information to us or if you have a choice in this.
We hold (on your behalf) additional contacts 3 & 4 that we may use in an emergency, should we be unable to contact either parent/carer.
From you about other people:
If you provide information on behalf of anyone else, then in doing so you are confirming that you have explained to them how their information may be used by us and they have given you permission to do so.
You will also contact us immediately if they no longer wish their data to be held by us or their data needs to be updated.