

**CONFIDENTIAL ADMISSION FORM**

The information given here will be recorded and maintained on the school's information management systems; this data will be accessible only to authorised personnel and subject to control under the data protection act.

**Please note – Filling out this form does not constitute an offer of admission.**

PUPIL DETAILS	
Legal Forename:	Preferred Forename:
Legal Surname:	Preferred Surname:
Middle Names:	
Previous Surname/s if relevant:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

PASTORAL / REGISTRATION INFORMATION: FOR OFFICE USE ONLY				
Registration Group:		House:		
Admission Date:		Enrolment Status:		
Admission Number:		UPN:		
Pupil Premium: <input type="checkbox"/> SEN: <input type="checkbox"/> Birth Certificate Seen: <input type="checkbox"/>		Part-time dates:		
Early Years Attendance Patterns:				
MON: AM / PM / All day	TUES: AM / PM / All day	WED: AM / PM / All day	THURS: AM / PM / All day	FRI: AM / PM / All day
Notes:				
CTF <input type="checkbox"/> Paper File <input type="checkbox"/> Documents <input type="checkbox"/> Assessment Data <input type="checkbox"/> Options <input type="checkbox"/> Timetable <input type="checkbox"/>				

PUPIL ADDRESS	
The address at which the child lives the majority of the time in a typical week.	
Post Code:	House Name/Number:
Street/Town	County:

CONTACTS		
Contact/Priority 1		
Title:	Forename:	Surname:
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:		House Name/Number:
Street/District:		Town/City
Additional Information:		
<p><b>Please can the contact named above sign to confirm that they are happy for the school to hold their information on the system. The information provided will only be used to contact them in the case of an emergency.</b></p> <p>Signed _____ Print name _____ Date _____</p>		

Contact/Priority 2		
Title:	Forename:	Surname:
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:		House Name/Number:
Street/District:		Town/City
Additional Information:		
<p><b>Please can the contact named above sign to confirm that they are happy for the school to hold their information on the system. The information provided will only be used to contact them in the case of an emergency.</b></p> <p>Signed _____ Print name _____ Date _____</p>		

Contact/Priority 3		
Title:	Forename:	Surname:
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:		House Name/Number:
Street/District:		Town/City
Additional Information:		
<p><b>Please can the contact named above sign to confirm that they are happy for the school to hold their information on the system. The information provided will only be used to contact them in the case of an emergency.</b></p> <p>Signed _____ Print name _____ Date _____</p>		

Contact/Priority 4		
Title:	Forename:	Surname:
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:		House Name/Number:
Street/District:		Town/City
Additional Information:		
<p><b>Please can the contact named above sign to confirm that they are happy for the school to hold their information on the system. The information provided will only be used to contact them in the case of an emergency.</b></p> <p>Signed _____ Print name _____ Date _____</p>		

<b>FAMILY LINKS</b> Please list brothers and sisters (including half/step family) currently at this school				
Surname	Forename	Gender	Date of Birth	Same Address?
		M / F		Y / N
		M / F		Y / N
		M / F		Y / N

<b>DIETARY INFORMATION</b>	
What meal arrangement will the child typically have? (Please tick one only) <input type="checkbox"/> School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Go home	
<b>If the child is Year 2 or below:</b> The government provides a free meal for all children in year 2 or below. Do you believe the child would be eligible for a free meal if the government was not doing this?	<b>Y / N</b>
Please indicate any relevant food allergies or dietary needs:	

<b>MEDICAL INFORMATION</b>	
<input type="checkbox"/> Emergency Medical Consent	<i>(Ticking this box confirms that you authorise the school to initiate appropriate medical treatment in the event of an emergency).</i>
Medical Practice:	Practice Address:
Doctor's Name:	
Practice Telephone:	
Please indicate any known medical conditions	
<input type="checkbox"/> <b>No Medical Conditions</b> <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Eczema	<input type="checkbox"/> Myalgic Encephalopathy <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Chronic Fatigue Syndrome <input type="checkbox"/> Osteoporosis <input type="checkbox"/> <b>Other – Please specify below</b>
<input type="checkbox"/> Post Viral Fatigue Syndrome <input type="checkbox"/> Arthritis <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> ADHD <input type="checkbox"/> <b>Allergies – Please specify below</b>	
<b>Additional Information:</b> Please note any details that will enable us to better support your child whilst attending this school. If you need more space please use an additional sheet of paper and tick here to confirm that you have done so: <input type="checkbox"/>	

**SCHOOL HISTORY**

Previous School Name:	Previous School Address:
Previous School Tel Number	
Dates Attended : From (dd/mm/yy): To: (dd/mm/yy):	

**ETHNIC / CULTURAL INFORMATION**

Ethnicity:	Religion:
First Language:	Home Language:
Country of Birth:	Nationality:

Additional Information:

Traveller Status: **Y / N**  
 If Yes, please provide the following:  
 Traveller Status:  Gypsy/Roma (Housed)  Gypsy/Roma (Travelling)  Occupational (Traveller)  Traveller (Other)  
 From (Date): .....

**ADDITIONAL INFORMATION**

Mode of Transport - Please state the mode your child will use most regularly to travel to and from school.  
 Public Bus Service  Car/Van  Taxi  Walks  
 Car Share (with child/children)  Dedicated School Bus  Cycle

Youth Support Services Agreement *(Ticking this box confirms that you authorise the school to share relevant data with agencies to support the applicant with career guidance).*

**PUPIL PREMIUM Is the pupil entitled to Pupil Premium Funding?**

Has either of the applicant's parents been in a Service Profession in the last four years?	<b>Y / N</b>
Is the applicant currently In Care, or has he/she ever been In Care (this includes adopted from care)?	<b>Y / N</b>
Is the applicant currently eligible for Free School Meals	<b>Y / N</b>
Has the applicant been eligible for Free School Meals within the last 6 years?	<b>Y / N</b>

If you have answered Yes, please give full details below. You will also need to provide us with documentary evidence. Please attach a copy or bring in an original document so we can copy it for our files.

Documentation included

Perran-ar-Worthal School is registered with the Information Commissioner's Office for holding and processing personal data. Our registration number is Z7659661. Perran-ar-Worthal School is committed to ensuring that it meets the requirements of current UK data protection legislation. This includes the General Data Protection Regulation (GDPR) (EU/2016/679).

The school holds and processes personal data to fulfil our public duties and to comply with the requirements of the Department of Education and with safeguarding regulations. Refer to our Data Protection Policy and full privacy notice for further information, these documents can be found on our school website or a copy can be requested from the school office.

The school has a duty to protect this information and to keep it up to date. The data will be held electronically on the Schools Data Management system and in hard copy on your child's file. This will be forwarded to your child's next school when they no longer attend Perran-ar-Worthal School.

We will share details relating to safeguarding, learning, and academic performance with education support organisations for the purpose of improving outcomes for your child. Otherwise this information will be treated as confidential to the School and to you except where such information must be disclosed by law to relevant statutory bodies.

We will collect additional personal data relating to learning, assessment and safeguarding through work within the school, this will include photographs and video images of pupils to support their learning for internal use within school. E.g. Learning Journeys. If you have any query or concern regarding the recording and use of this information, please contact the school on [secretary@perran-ar-worthal.cornwall.sch.uk](mailto:secretary@perran-ar-worthal.cornwall.sch.uk). Alternatively contact the Data Protect Officer Ian Arkell, email: [GDPR@SchoolPro.uk](mailto:GDPR@SchoolPro.uk)

**PARENTAL / CARER CONSENTS:** *in order to comply with the Data Protection Act 1998, the School needs your consent before taking photographs or making video recordings of your child for purposes which are not part of its core activities.*

*We may use these images in promotional materials, on our website, in the school newsletter, in children's books and on displays in school. We may also take video recordings for educational use. From time to time, our school may be visited by the media who will take photographs or film footage of high profile events. Pupils may appear in these images which could feature in local papers or on televised news programmes. We need your permission before we photograph or make any recordings of your child for non-educational purposes. Please note if we use photographs of individual pupils, we will not use the full name of that child in the accompanying text or photo caption. Please indicate below whether you consent to images being taken and used. **You can withdraw your consent at any time by writing to the school.***

I give consent for images or videos of my child to be used in the above ways	Y / N
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**ACTIVITIES OFF SCHOOL PREMISES**

*On different occasions during your child's time with us we may take pupils off of the school premises for activities within the village (within walking distance of school) - for example:*

*Visiting pre-school in the village hall to join in with their festive celebrations, sporting activities on the village playing field, looking at the landscape and local buildings as part of geography coursework, KS1 'listening' walks, visiting St Piran's Church, visiting the village hall during our Fabulous Fridays etc.*

*There may be other occasions not listed above when we will take children out of school to undertake activities within the village, but the above information will give you a rough idea of the circumstances when we may choose to make use of our surrounding area. Please write a note below if you are not happy with this arrangement. Thank you.*

	SIGNATURES	PRINT NAME	DATE
Parent/Carer 1:			
Parent/Carer 2:			

**Thank you for completing this form. Please return it to the school office as soon as possible**