



UPPER STREET, LONDON, N1 2GG

ADMISSION FORM

This information will be held on the school's database and will be shared with third parties such as the DfE, the Local Authority, and any school your child may transfer to. For details of how we collect and use your data, please refer to our Privacy Notice for parents and pupils on the school website.

Date of completion of form:	UPN: (to be completed by school)	Date of Admission to School
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1. PUPIL DETAILS

Child's First Name	Preferred First Name <i>(if different)</i>	Child's Last Name <i>(Family Name)</i>
Preferred First Name <i>(if different)</i>	Middle Name (s)	Any Former Last Name
Gender: MALE / FEMALE	Date of Birth <i>(Please attach a photocopy of the child's birth certificate or other accepted documentation such as passport)</i>	

Home Address <i>(Please show proof of address):</i>	
	Postcode
Home telephone number	Mobile number of parent/carer
Is this a Permanent or Temporary Address	Borough of Residence

Last country of residence
Date of entry to country <i>(if appropriate)</i>
Does your child have a statement of Special Educational Need? YES / NO
SEN Stage / Action <i>(if known)</i>
Religion

2. PARENT / GUARDIAN / CARER/FAMILY DETAILS

It is a legal requirement that the school always has your up-to-date contact details so that we are able to contact you in the event of an emergency. Please remember to notify the school when you change your home or mobile numbers.

CONTACT ONE

Title	First Name	Surname
Address		
		Postcode
Home Telephone Number	Mobile Number	
E-Mail address	First Language	
Relationship to pupil (Parent/Guardian/Foster Parent etc.)	Should Correspondence be addressed to this person? YES / NO	

CONTACT TWO

Title	First Name	Surname
Address		
		Postcode
Home Telephone Number	Mobile Number	
E-Mail address	First Language	
Relationship to pupil (Parent/Foster Parent etc.)	Should Correspondence be addressed to this person? YES / NO	

Who holds Parental responsibility for the child?

Who does the child reside with?

Relationship to the child (PLEASE TICK)

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Foster Father | <input type="checkbox"/> Step Father |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Step Mother |
| <input type="checkbox"/> Carer* | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other Family member |

Other (PLEASE PROVIDE DETAILS)

*** You have a duty to inform the local authority if the child is fostered through a private arrangement with the child's birth family. Private Fostering refers to carers who are NOT step-parents, grandparents, siblings, aunts and uncles and who do NOT hold parental responsibility.**

Does your child have any brothers and sisters attending this school YES / NO

Name	Date of Birth
_____	____ / ____ / ____
_____	____ / ____ / ____
_____	____ / ____ / ____

3. LANGUAGE INFORMATION (PARENTS)

Is an interpreter needed/useful to communicate with parent/carer? YES / NO	If so, in what language?
Does family have a contact available? YES / NO Name Telephone	What languages can the parent/carer read?

4. EMERGENCY CONTACT DETAILS

Contact 1

Name	Telephone/ Mobile Number	Relationship to Pupil
	T.	
	M.	

Contact 2

Name	Telephone/ Mobile Number	Relationship to Pupil
	T.	
	M.	

Contact 3

Name	Telephone/ Mobile Number	Relationship to Pupil
	T.	
	M.	

5. PREVIOUS SCHOOLING

Name of last school attended	
Reason for leaving last school	
Number of Terms attended	Date of leaving last school
Number of other schools attended (not Nursery). <i>Please list details with dates and any extended absences from school in UK or abroad.</i>	

6. NURSERY ATTENDANCE

Name of Nursery school attended	
Telephone Number	Type of Nursery
Dates attended From: _____ To: _____	Did your child attend (please tick) Full-time / Part-time

7. LANGUAGE INFORMATION (CHILD):

Child's first language	Other languages spoken at home by the child
Can your child read and write in his/her first language? YES / NO	Can your child read/write in any other language(s)? If so, which?
Does your child attend any community/supplementary Schools? If so, which one?	YES / NO

8. INTERESTS AND OTHER USEFUL INFORMATION ABOUT LEARNING (Not Applicable for Reception or Nursery children)

Progress at school in different subjects and achievements
Home interests/activities
Friendships and social matters

9. MEDICAL INFORMATION

Name of Doctor	Practice																								
Address																									
Postcode	Telephone Number																								
Does your child have any medical conditions that we should be aware of? <i>(If YES a consent form will need to be completed)</i>																									
YES / NO																									
Please tick																									
<table border="1"> <tr> <td>Asthma</td> <td></td> <td>Colour Blindness</td> <td></td> </tr> <tr> <td>Eczema</td> <td></td> <td>Epilepsy</td> <td></td> </tr> <tr> <td>Hay fever</td> <td></td> <td>ADHD</td> <td></td> </tr> <tr> <td>Hearing problems</td> <td></td> <td>Dyslexia</td> <td></td> </tr> <tr> <td>Eyesight problems</td> <td></td> <td>Dyspraxia</td> <td></td> </tr> <tr> <td colspan="4">Other, please specify</td> </tr> </table>		Asthma		Colour Blindness		Eczema		Epilepsy		Hay fever		ADHD		Hearing problems		Dyslexia		Eyesight problems		Dyspraxia		Other, please specify			
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Other, please specify																									
Does your child wear glasses?																									
YES / NO																									
Does your child have any allergies or dietary needs that we should be aware of?																									
YES / NO																									
Please specify																									

10. LUNCH ARRANGEMENTS

In England, children are eligible to receive free school meals (FSM) if their parents are in receipt of any of the following benefits:

- Income Support
- Income-based Job Seekers' Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- the Guaranteed element of State Pension Credit
- Child Tax Credit, provided they are not also in receipt of Working Tax Credit and have an annual gross income as assessed by Her Majesty's Revenue and Customs that is below £16,191 (Where a parent is entitled to Working Tax Credit during the four-week period immediately after their employment ceases, or after they start to work less than 16 hours per week, their children are entitled to free school lunches. Children who receive a qualifying benefit in their own right are also eligible to receive free school meals).

(Updated 30/1/12. see <http://www.education.gov.uk/a00202841/fsmcriteria> for further updates)

If you are entitled to free meals please bring relevant documentation to show entitlement to the School Office.

My child is entitled to Free School Meals YES / NO

My child will be having: SCHOOL MEALS / PACKED LUNCH

11. OTHER AGENCIES

Do you have contact with any outside Agencies e.g. Education Welfare, Educational Psychologists, Social Worker, Child Guidance, Speech Therapist? Please state who.

DECLARATION

The details supplied above are correct to the best of my knowledge.

Signed _____ Date _____

Print Name _____

Name of Child _____

Pupil Name _____

Asian or Asian British

Bangladeshi

Indian

Pakistani

Other Asian background (please state)

Black or Black British

Caribbean

Black and Asian

African:

Eritrean

Ghanaian

Nigerian

Somali

Other African background (please state)

Mixed

White and Asian

White and Black African

White and Black Caribbean

Other Mixed background (please state)

White

English

Scottish

Welsh

Irish

Any other White Background

Greek/Greek Cypriot

Albanian

Bosnian-Herzegovinian

Croatian

Kosovan

Kurdish

Turkish/Turkish Cypriot

White European

White other

Chinese or other Ethnic Group

Chinese

Hong Kong Chinese

Malaysian Chinese

Singaporean Chinese

Taiwanese

Other Chinese

Filipino

Vietnamese

Other Ethnic Group (please state)

Any Other Ethnic background (please state)

Do not wish to assign ethnic code

Signed _____

Date _____

CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES

Please sign and date the form below if you are happy for your child,

....., *(name of your child)*

- a) To take part in school trips and other activities that take place off school premises; and
- b) To be given first aid or urgent medical treatment during any school trip or activity.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
 - all visits (including residential trips) which take place during the holidays or a weekend
 - adventure activities at any time
 - off-site sporting fixtures outside the school day,
 - all off-site activities for nursery schools.
- The school will send you information about each trip or activity before it takes place.
- You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity.

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities – as such activities are part of the school’s curriculum and usually take place during the normal school day.

Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.

MEDICAL INFORMATION

Details of any medical condition that my child _____ suffers from and any medication my child should take during off-site visits:

.....
.....

Signed.....Date.....



IMAGE CONSENT FORM

At William Tyndale Primary School, we sometimes take photographs or make videos of pupils. We use these photos and videos on the school's website, in the monthly newsletter, in marketing publications, in the press and on display boards around school.

We also have a contract with Tempest Photography, who come to school to take individual photographs of each child and class photographs. These photos are available to purchase by parents, and a copy of the individual photograph is saved to our school database to identify each child. We do not provide Tempest with children's names.

We would like your consent to take photos and make videos of your child, and use them in the ways described above. If you're not happy for us to do this, that's no problem – we will accommodate your preferences.

Please tick the relevant boxes below, complete names and sign your name.

	YES	NO
I am happy for the school to take photographs and make videos of my child.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for photos and videos of my child to be used on the school website.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for photos of my child to be used in internal displays at school.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for photos of my child to be used in the school newsletter.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for photos of my child to be used in public print publications e.g. local press.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for photos of my child to be used in school marketing publications.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for Tempest Photography to take photos of my child individually and within a class group.	<input type="checkbox"/>	<input type="checkbox"/>

If you change your mind at any time, you can let us know by emailing the School Business Manager sbm@williamtyndale.islington.sch.uk, calling the school on 020 7226 6803, or just popping in to the school office. If you have any other questions, please get in touch.

Child's name: _____ Year Group: _____

Parent or carer's name: _____

Parent or carer's signature: _____ Date: _____