

Admissions form

To be completed once a school place has been granted
Please use BLOCK CAPITALS

The information you give on this form will help the school to give your child the best possible support. It is important therefore that you fill in this form as accurately as possible. The personal information you give will be held on computer systems at the school/college and by the Children's Services Department in accordance with relevant data protection legislation (General Data Protection Regulation 2018 and the Data Protection Act 2018). Some of the data you provide is required by the Department for Education, for local and national statistics, some of the data you provide is required to enable the school to fulfil its public task and provide education, while some of the data is requested on an optional basis in order to further assist the school in supporting your child. Where the data requested is optional, this will be specified next to the question. For more information about how your information is used, please see the school's privacy notice, [available here](#)

School name: _____ Date of admission: _____

Pupil details

Legal surname: _____ Preferred surname: _____

(if different)

First name: _____ Preferred first name: _____

Middle name(s): _____

Home address: _____

Boy	<input type="checkbox"/>	Girl	<input type="checkbox"/>						
Date of birth	<table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>			Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year							
<input type="text"/>	<input type="text"/>	<input type="text"/>							

Town: _____ Is this address permanent or temporary? _____

Post code: _____ Home telephone no: _____

Pupils first language: _____

Can the pupil: Read in this language Yes ☐ No ☐ Write in this language Yes ☐ No ☐

Lunch arrangements (please tick the relevant box) School dinners ☐ Packed lunch ☐ Return home ☐

Is your child entitled to free school meals Yes ☐ No ☐

Travel arrangements (please tick the relevant box) Walk ☐ Cycle ☐ Public transport ☐ Car/car share ☐

Previous School(s)

Name of the last school attended: _____

Address: _____ Dates attended; from _____

_____ to _____

_____ Reason for leaving: _____

Post code: _____ Tel number: _____

Number of other schools attended in the UK

Nursery/Pre-school details (only complete if your child is joining a Reception class)

Name of nursery/pre school attended: _____

Tel number: _____ Was attendance full or part time: _____

Dates attended; from _____ to _____

Does your child have an Education, Health and Care Plan (EHCP)? Yes ☐ No ☐

Is your child receiving extra help at school? (Please tick)

at SEN support	<input type="checkbox"/>
at School Based Plan	<input type="checkbox"/>
other	
(please specify)	_____

Medical detailsWe need to know about any medical conditions your child may have. Please tick **all** relevant boxes

Asthma	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	ASD	<input type="checkbox"/>	Eyesight problems	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Hearing problems	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>

Other (please specify) _____

Are there any other illnesses or conditions that we should be aware of? Yes ☐ No ☐

If Yes, please specify here _____

(please continue on a separate sheet if necessary)Does your child wear corrective glasses or contact lenses? Yes ☐ No ☐Does your child have any allergies or dietary needs that we should be aware of? Yes ☐ No ☐If Yes, please specify

_____Does your child require any ongoing medication? Yes ☐ No ☐

If yes, please give clear information about the name of the medication, strength and dose even if it is not required during the school day.

Medical details (continued)

Emergency contact details in priority order

Priority	Full name	Landline Tel	Mobile number	Relationship to pupil
1		(H) (W)		
2		(H) (W)		
3		(H) (W)		
4		(H) (W)		

Emergency treatment

I/we consent to my child receiving emergency hospital treatment should it be considered necessary and to a member of school staff signing the consent form if I am/ we are unable to be contacted.

1) Signed _____ Date _____

Relationship to child _____

2) Signed _____ Date _____

Relationship to child _____

Doctor's details

Doctor's name: _____

Practice name: _____

Practice address: _____

Tel number: _____

Community nursing

I agree to my child having Community School Nursing team health checks Yes ☐ No ☐

Schools can give you information regarding the Community School Nursing Service

<https://www.kentcht.nhs.uk/service/school-health/health-assessment-primary-school-age/>

Family details

Does your child have any brothers or sisters attending this school Yes ☐ No ☐

If yes, please give details

Full name	Date of birth

Family details (continued). Fields marked * are optional, but if you complete them your school can check whether your child qualifies for Free School Meals and the pupil premium which gives additional funding to the school.

For further information please visit

<https://www.eastsussex.gov.uk/educationandlearning/schools/school-life/meals/free/>

Parent/carer details

Parent/carer 1

Title _____

Surname _____

First name _____

Address _____

Postcode _____

Date of birth* _____

Home tel _____

Work tel _____

Mobile no. _____

Email address _____

Relationship to pupil _____

Parental responsibility Yes ☐ No ☐

National Insurance No*: _____

First language _____

Should correspondence be addressed
to this person Yes ☐ No ☐

Should correspondence be addressed jointly Yes ☐ No ☐

Parent/carer 2

Title _____

Surname _____

First name _____

Address _____

Postcode _____

Date of birth* _____

Home tel _____

Work tel _____

Mobile no. _____

Email address _____

Relationship to pupil _____

Parental responsibility Yes ☐ No ☐

National Insurance No*: _____

First language _____

Should correspondence be addressed
to this person Yes ☐ No ☐

Parental declaration

The details supplied on this form are correct to the best of my knowledge. I understand that the head teacher must be informed of any changes which might affect my child's education.

Signed: _____ Parent/carer (1) Date: _____

Signed: _____ Parent/carer (2) Date: _____

Please return this form to the head teacher of the school.

Assistance

If you have any questions about the form and how to complete it, please contact the school office.

Data Protection

Personal information will be held and processed by the School in accordance with the relevant data protection legislation (General Data Protection Regulation 2018 and the Data Protection Act 2018). For more information about how your personal data is processed by the school, please see the privacy Notice available here:

[SCHOOL PRIVACY NOTICE](#)

Pupil's name _____ Class (if known) _____

We want to make sure that everyone who uses our services is treated fairly. Finding out more about who uses our services helps us to know if we are doing a good job for all people.

Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the groups listed below and tick one box only to indicate the ethnic background of the pupil named above. There are no right or wrong answers, just mark the box that you think best describes your child.

White		Black or Black British	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
Traveller of Irish heritage	<input type="checkbox"/>		
Any other White background	<input type="checkbox"/>	Asian or Asian British	
		Indian	<input type="checkbox"/>
Mixed		Pakistani	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>		
Any other Mixed background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other group (please specify)		Prefer not to say	<input type="checkbox"/>

Please note the information you give will be passed on to future schools, to save it having to be asked for again.

Signed: _____ (Parent/carer) Date: _____

Please complete the permission form(s) on the final page of this document.

Policies and documents are available from school and on the school website. For any further information regarding our school policies and documents, please contact the school office office@meads.e-sussex.sch.uk 01323 730255.

Visit our school website <https://www.meads.e-sussex.sch.uk/policies/>

Please return this form and mark it

Confidential: To: The School Office, St John's Meads CE Primary School, Rowsley Road, Eastbourne BN20 7XS

PERMISSIONS:

Child's name.....

May we use your child's photograph in printed publications such as the school newsletter, school prospectus and any other printed publications we may produce for the school website?

Yes ☐ No ☐

May we use your child's photograph/ videos Tapestry (EYFS)? (Secure login) Yes ☐ No ☐

May we use your child's photograph/videos on our email messaging system
<https://pmx.parentmail.co.uk> Yes ☐ No ☐

May your child appear in press photographs? Yes ☐ No ☐

May we use your child's photograph in Church/DCAT publications? Yes ☐ No ☐

Please note this agreement is part of our [Online E-Safety, Social Media Policy](#). The full Use of Images of Children agreement is available from the school office or online at www.meads.e-sussex.sch.uk

If at any time you decide that you do not wish your child's image to appear in any of the above, please contact the school office immediately. office@meads.e-sussex.sch.uk

Signed _____ Parent/Carer

Permission for Local Visits and Trips

During your child's time at St John's Meads, there will be occasions when he/she either participates in school trips in the local area, or further afield in connection with certain curriculum subjects or termly topics.

Child's name _____

I give permission for my child to take part in visits within the local area for example to the Meads Village, St John's Church, Downs and Seafront during the school day.

Yes ☐ No ☐

I understand that I will be given advance notice of when my child will be going out of school for these visits.

Signed _____ Parent/Carer

We use <https://pmx.parentmail.co.uk> to provide our parents and carers with information from school, to make payments for trips, uniform, clubs etc.

<https://www.parentmail.co.uk/help/parenthelp/wp-content/uploads/2018/03/How-to-register-with-ParentMail-for-the-first-time-via-email.pdf>

I give permission for priority email and contact telephone numbers to be registered on Parentmail for school use.

Signed _____ Parent/Carer _____ DATE _____