

Sacred Heart Catholic Primary School

Pastoral Care and Admission Form - Confidential (updated April 2020)

Pupil Details

Legal Forename			
Middle Name(s)		Preferred Forename	
Legal Surname		Preferred Surname	

A copy of your child's birth certificate will need to be presented to the school office.

Date of Birth		Gender (F/M)	
Adults with Parental responsibility (Birth certificate)			

Pupil's Home and the Parent/Carers they live with:

Address			
Post Code		Home Telephone	

Parent/Carers who live at this address

Mr/ Mrs/ Miss	First Name	Surname	Relationship to child	Parental responsibility Y/N	Email address Mobile Number

If care is split between parents, please provide details of second address.

Address			
Post Code		Home Telephone	

Parents/Carers who live at this address

Mr/ Mrs/ Miss	First Name	Surname	Relationship to child	Parental responsibility Y/N	Email address Mobile Number

Please tick if a second pupil's report needs to be sent to this address

Emergency Contacts — Minimum 2 (Please identify the order of priority)

Priority	Name	Relationship	Telephone Number

Brothers and sisters in school

Name	Date of Birth	Year group	Gender F/M

Medical and Dietary

Dietary Needs eg Halal, Vegetarian or food allergies _____

Medical Information

Doctor's Name	Medical Practice Name	Address	Telephone

Please complete as appropriate if your child suffers from any of the following:

<input type="checkbox"/>	Asthma—Inhaler to be kept in school and an Asthma card to be completed
<input type="checkbox"/>	Inhaler needed in school for reasons other than asthma (please state reason) _____
<input type="checkbox"/>	Eczema—Medication needed in school
<input type="checkbox"/>	Severe Allergies—Epi/Jext pen needed in school
<input type="checkbox"/>	Allergies—Medication needed in school
<input type="checkbox"/>	Diabetes—Medication needed in school
<input type="checkbox"/>	Allergies—no medication needed in school (please provide information) _____
<input type="checkbox"/>	Wears glasses
<input type="checkbox"/>	Impaired hearing
<input type="checkbox"/>	Other condition that requires medication to be kept in school (please provide details below)

Any other medical information _____

Home Languages spoken, other than ENGLISH

Which language is your child's **FIRST** language?

Parents: Which languages do you speak?

Which language is spoken in the home?

Religion

 Catholic Jewish Muslim No Religion Other Christian Hindu Sikh Other, details

Nationality

Please provide a copy of your child's Baptism certificate if appropriate.

Travel to School

Walk

Cycle

Bus

Car

Taxi

Other, details

Welfare

Child in public care or adopted from care

Yes

No

If yes, which authority

Is any parent a member of the Armed Services (please give details)

Additional Healthcare Needs

Does your child have an additional or special need which may affect their learning?

Yes

No

Please provide further details

Does your child have a health condition or disability?

Yes

No

Please provide further details

Is your child in receipt of disability living allowance?

Yes

No

Previous schools or nursery (if applicable)

Consents

Child's Name: _____

General Permissions

	Consent (Please tick)	
	Yes	No
I give permission for my child to take part in any learning walks within the local areas of the school e.g. to church, to the local shops/ streets		
I give permission for my child to taste food as part of the curriculum in school and will ensure the school is kept up-to-date with any exceptions to this e.g. allergies, cultural reasons Please state if there are any exceptions:		
I give permission for my child to take part in age appropriate Sex Education. Please see Guidance for Parents and Carers, which is available on our school website.		

General Data Protection Regulations

	Consent (Please tick)	
	Yes	No
I agree to my child being photographed and videoed in school and any resulting images being used for the following purposes:		
In and around the school building		
Within school publications , in school magazines, brochures, newsletters etc.		
Outside our school by external agencies such as newspapers etc.		
Online , on our school website or through social media e.g. 'twitter' 'Facebook'		

I am happy for the school to share my contact details so that I can access 'Tapestry' observations of my child's learning in early years		
I agree to my child's data being shared so that he/she can access the internet and school APPS at home and in school e.g. Reading Plus		
I am happy for the school to share my contact details with health professionals carrying out medical checks e.g. heights, weights, vision, hearing, vaccinations etc.		
I am happy for the school to pass on my details on to secondary schools for which we are a 'feeder' so that they can contact me with information about their school.		

The consent/permissions given above can be withdrawn at any time. Should you wish to change any item above, this should be put in writing to the Headteacher. The consent would then be withdrawn from the date the letter was received. Any photographs/digital images which have been taken or used in publications etc. prior to this date will continue to be used. No further images would be taken or used after this date.

If you have any questions about consent and data protection please see our Privacy notice and Data Protection Policy on the school website, or speak to a member of staff.

Parent/Carer signature _____ Date _____

Relationship to child _____

Communication

E-Mail

We send out newsletters and letters by email. Please provide email details below.

NB. If you provide an alternative work email address you need to check that it will allow you to receive these messages and won't be filtered out.

Parent Mail App

We use a messaging service to send information, reminders etc to parents. We find this to be a very informative and useful way of communicating with parents. Parents need to download the Parent Mail App to access this vital information.

Text Messages

We also send out text messages in an emergency only.

If you **DO NOT** wish us to contact you using this service, please inform the school office.

Parent 1: Name: _____ Email address: _____

Parent 2: Name: _____ Email address: _____

Ethnic Background Data

This information is collected by all schools in England for the children in their care.

Please study the list below and tick ONE box only to indicate the ethnic background of the child .

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Any other ethnic background
- Libyan
- Any other ethnic background

I do not wish an ethnic background category to be recorded.

If the family does not come from the UK originally please state the country of origin

Thank you for providing us with this information which helps us to recognise and celebrate the diversity within our school community.

THANK YOU