

PRE SCHOOL PUPIL ADMISSION APPLICATION FORM



We collect data and use pupil personal data when the law allows us under the Education Act 1996 and subject to Article 6 & 9 of the General Data Protection Regulation to comply in the main with a legal obligation. Where data is not mandatory we will always seek your consent. Any data sharing will only be in accordance with our policies and processes – further information can be found on our Privacy Notice available on our website.

Please print in the areas below

Legal Surname:		Legal Forename:	
Middle Name (s)			
Gender (M/F):		Date of Birth:	
Preferred Surname:		Preferred Forename:	
Postcode:		Home telephone number:	
Home address:			

IMPORTANT

Please provide the school with your child's birth certificate ☐

FREE SCHOOL MEALS

If you claim any of the following, your child may be eligible for Free School Meals, Free School Milk and other financial assistance;

- Universal Credit
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of Pension Credit

Apply via **apply.cloudforedu.org.uk** or if you consent for the school to apply on your behalf please tick ☐

Please note that Priority 1 Guardian contact information on page 4 of this application form must be completed in full for the school to apply on your behalf.

FAMILY DETAILS & LIVING SITUATION

In Care Status: ☐ YES ☐ NO

Family Situation:

☐ Single Parent ☐ Two Adults ☐ Foster Parents ☐ In Residential Care
☐ Do not want to disclose

Protection Register Status:

Is your child subject to a Child Protection Plan? ☐ YES ☐ NO

Is your child subject to a Child in Need Plan? ☐ YES ☐ NO

Sibling Protection Register Status:

Is a sibling subject to a Child Protection Plan? ☐ YES ☐ NO

Is a sibling subject to a Child in Need Plan? ☐ YES ☐ NO

Traveller Status:

Is this child a traveller? ☐ YES ☐ NO

Refugee Status:

Is this child a refugee? ☐ YES ☐ NO

Armed Forces

Does this child have a parent in the armed forces? ☐ YES ☐ NO

TRANSPORT ARRANGEMENTS

How does your child travel to school?

☐ Cycle ☐ Car Share ☐ Car/Van ☐ Public Bus Service
☐ Train ☐ Taxi ☐ Walk ☐ Other

RELIGION

☐ Buddhist ☐ Jewish ☐ Hindu ☐ Christian
☐ Muslim ☐ Sikh ☐ Other religion ☐ No religion

LANGUAGES SPOKEN

A first language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

A second language is a language that this child has been exposed to later in their development and that they use in the home, community or at school.

A home language is a language that is regularly spoken in the home, whether or not this child speaks or understands it.

A tuition language is a language in which this child is proficient or is gaining proficiency through tuition.

First Language	
Second Language	
Home Language	
Tuition Language	
Country of Birth	
Nationality	
Ethnicity	

☐ I do not wish first language, country of birth and nationality to be recorded.

DIETARY REQUIREMENTS

- | | | |
|---|-------------------------------------|--|
| ☐ Artificial Colouring Allergy | ☐ No Pork | ☐ No Dairy Produce |
| ☐ Gluten Free | ☐ Halal | ☐ Kosher Foods Only |
| ☐ No nuts of any type/quantity | ☐ Vegetarian | ☐ Seafood Allergy |

Does your child have any other dietary requirements that the school should be aware of? ☐ YES ☐ NO

Does your child have any other known allergens that the school should be aware of? ☐ YES ☐ NO

Does your child carry an Adrenaline Auto Injector (AAI) for allergies? ☐ YES ☐ NO

Please add further information below. Please also ensure you update the School's Catering Provider (SchoolGrid/Dolce) when you receive your child's log in information for school meals unless your child will be bring packed lunches to school.

MEDICAL INFORMATION

Doctor's Name:	
Medical Practice Name:	
Medical Practice Address:	
Telephone Number:	

Does your child have medical conditions that the school should be aware of? ☐ YES ☐ NO

Does your child receive any Paramedical Support?

☐ Occupational Therapy ☐ Physiotherapy ☐ Speech Therapy ☐ Other supply (please specify)

Does your child have Asthma? ☐ YES ☐ NO

If yes, type of inhaler used: 1. _____

2. _____

Is your child required to wear glasses? ☐ YES ☐ NO

CONTACT INFORMATION – PARENT/GUARDIAN

PRIORITY 1

Title: _____ Forename: _____ Surname: _____

Gender: ☐ Male ☐ Female

Relationship to Pupil: _____ Parental Responsibility: ☐ YES ☐ NO

Permission to take home: ☐ YES ☐ NO Armed Forces: ☐ YES ☐ NO

Languages (if not an English speaker): _____

Daytime Telephone Number: _____

Home Telephone Number: _____ Mobile: _____

Email: _____

Address (if different to child's): _____

_____ Postcode: _____

If you answered previously that you would like the school to apply for Free School Meals on your behalf, please also complete this information;

National Insurance Number: _____ Date of Birth: _____

PRIORITY 2

Title: _____ Forename: _____ Surname: _____

Gender: ☐ Male ☐ Female

Relationship to Pupil: _____ Parental Responsibility: ☐ YES ☐ NO

Permission to take home: ☐ YES ☐ NO Armed Forces: ☐ YES ☐ NO

Languages (if not an English speaker): _____

Daytime Telephone Number: _____

Home Telephone Number: _____ Mobile: _____

Email: _____

Address (if different to child's): _____

Postcode: _____

PRIORITY 3

Title: _____ Forename: _____ Surname: _____

Gender: ☐ Male ☐ Female Languages (if not an English speaker): _____

Relationship to Pupil: _____ Permission to take home: ☐ YES ☐ NO

Daytime Telephone Number: _____

Home Telephone Number: _____ Mobile: _____

Address (if different to child's): _____

Postcode: _____

PRIORITY 4

Title: _____ Forename: _____ Surname: _____

Gender: ☐ Male ☐ Female Languages (if not an English speaker): _____

Relationship to Pupil: _____ Permission to take home: ☐ YES ☐ NO

Daytime Telephone Number: _____

Home Telephone Number: _____ Mobile: _____

Address (if different to child's): _____

Postcode: _____

PASSWORD FOR COLLECTION: _____

OTHER INFORMATION

Name of previous school: _____

Date from: _____ Date to: _____

Reason for leaving: _____

Date entered UK (if applicable): _____

Name(s) of siblings at Parkland Primary School (if applicable): _____

Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form: _____

PHOTO PERMISSIONS AND CONSENT

We sometime take photographs and videos of our pupils. We use these to celebrate work and achievements. We would like your consent to take photos of your child. If you have any concerns about photo permissions please do speak to us.

I give permission for:

Photos for Class Dojo ☐ YES ☐ NO

Photos for External Use ☐ YES ☐ NO

(School Newsletter, School Prospectus, School Website, Trust use for marketing purposes)

Photos for Internal Use ☐ YES ☐ NO

(Class Displays)

Photos for Social Media ☐ YES ☐ NO

(Facebook, Instagram, X (Twitter), LinkedIn)

If you change your mind at any time, you can let us know by contacting the school office via admin@dsatparkland.org, telephoning us on 0116 278 2142 and/or updating your guardian permissions in the Arbor Parent App.

Parent / Carer Name (Please print): _____

Parent / Carer Signature: _____

Date: _____

OTHER PERMISSIONS

I give permission for my child to;

- Access the internet with adult supervision ☐ YES ☐ NO
- Receive first aid treatment as necessary ☐ YES ☐ NO
- Be transported to fixtures in staff cars or vehicles belonging to parent helpers ☐ YES ☐ NO
- Participate in food tasting as part of the curriculum ☐ YES ☐ NO
- Visit local offsite activities (e.g. library, Church) ☐ YES ☐ NO
- Visit partnering schools ☐ YES ☐ NO

Parent / Carer Name (Please print): _____

Parent / Carer Signature: _____

Date: _____

THE FREE EARLY EDUCATION ENTITLEMENT (FEEE) ALLOWS 15 HOURS PER WEEK OF FREE CARE (5 SESSIONS) OF 30 HOURS IF ELIGIBLE (10 SESSIONS). THE REMAINDER WILL BE CHARGED AT £12.00 PER SESSION AND £3.00 PER LUNCHTIME SESSION. PLEASE PROVIDE A PACKED LUNCH.

SESSION	MON	TUES	WED	THURS	FRI	TOTAL SESSIONS
MORNING 8.45AM – 11.45AM						
LUNCHTIME 11.45AM – 12.15PM						
AFTERNOON 12.15PM – 3.15PM						

I declare that the information provided in this application form is correct.

Parent / Carer Name (Please print): _____

Parent / Carer Signature: _____

Date: _____

