

# Tavistock Infant School Broadacres,

**Fleet, Hampshire GU51 4EB**

**01252 616778**

**office@tavistock.hants.sch.uk** **Admission Consent Form**

## Please complete all sections of this form and sign the consent sections. All the information is required by the school before your child starts here.

**A copy of our Data Protection Policy and our Privacy Policy is on our website** [**www.tavistockinfants.co.uk**](http://www.tavistockinfants.co.uk)

**The school is registered as a Data Controller, with the Information Commissioner’s Office (ICO).**

**Details are available on the ICO website.**

**If you require any further explanation or have any questions please contact the school office** **office@tavistock.hants.sch.uk**

**01252 616778**

**Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Surname |  | Forenames |  |
| To be known as |  |
| Date of Birth |  | Male/Female |  |

**Home Address**

|  |
| --- |
| House No/Name & Street: |
| Town: |
| County: | Postcode: |
| Home telephone number: |

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.

|  |
| --- |
| **Name of Parent/Guardian**: (Mr, Mrs, Ms, Miss)**Relationship to child**: |
| Home address (if different to above): |
| Daytime Telephone number: |
| Mobile number: |
| E-mail address: |
| **Name of Parent/Guardian**: (Mr, Mrs, Ms, Miss)**Relationship to child**: |
| Home address (if different to above): |
| Daytime Telephone number: |
| Mobile number: |
| E-mail address: |

**Daytime Emergency Contacts in order of priority (Please ensure you list at least 3, including above, if necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Order ofpriority | Name | Relationship tochild | Daytime number | Mobile number |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Please tick to confirm that you have obtained permission from your emergency contacts to share their information with us.

## If Parents live separately, are separate copies of reports required? Yes / No / N/A Additional Information

Are either parents in the Armed Forces? **Yes / No**

Has either parent previously been employed in the Armed Forces in the last 4 years. **Yes / No**

## Previous School/Pre-School

|  |
| --- |
| School name: |
| Address: |
| Telephone number: | Last date of attendance: |
| Name of Key Worker/Teacher: |

**Family Doctor**

|  |
| --- |
| Name: |
| Address: |
| Telephone number: |

**Medical Concerns**

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| --- |
| Please give us information regarding any medical needs your child may have. These can be allergies, need for regular medication, hearing issues, sight issues or any other special conditions. |
|  |

**Food Allergies/Religious considerations**

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| --- |
| Please give as much information as possible. Please note that if your child has food allergies (not including nut allergies or religious considerations) that HC3S form will need to be completed online and agreed by HC3S before your child will be able to have a school meal.The HC3S form is available using the following link: <https://specialdiets.hants.gov.uk/> |
|  |

**Other services**

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| --- |
| Other services that have been involved with your child (eg Social Services; Educational Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit etc) Please give details below: |
|  |

**Adopted Children / Been In Care**

If your child is or has been an adopted child the school is entitled to some extra funding which could help your child, please could you tell us if this is the case– **this will be treated in strict confidence**. **Yes / No**

|  |  |
| --- | --- |
| Is the child in local authority care? | Yes / No |
| Name of local authority: |
| Is the child the subject of a Court Order? | Yes / No |
| Please give details of any court orders relating to the child and their effect (e.g. residence/contact/access, prohibited steps, and specific issues). Please attach a copy of any court order. Adoption orders do not need to be disclosed. |

## Ethnic background

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

*(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again).*

## Pupil’s ethnic background – please tick one box only

|  |
| --- |
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|  |  |  |
| --- | --- | --- |
| **White:** |  | **Asian or Asian British:** |
| British |  | Indian |
| Irish |  | Pakistani |
| Traveller of Irish Heritage |  | Bangladeshi |
| Gypsy/Roma |  | Any other Asian background |
| Any other white background |  |  |
| **Mixed:** |  | **Black or Black British:** |
| White & Black Caribbean |  | Caribbean |
| White & Black African |  | African |
| White & Asian |  | Any other Black background |
| Any other mixed background |  | Any other ethnic background |
| **Chinese** |  | I do not wish an ethnic background to be recorded |

Languages spoken at home Child’s religion

|  |
| --- |
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Country of Birth Nationality

## Pupil Premium Funding

Do you claim any of the following benefits?

* Universal Credit / Income Support
* Income based Jobseeker’s Allowance
* Income-related Employment Support Allowance
* Support under Part VI of the Immigration and Asylum Act 1999
* Child Tax Credit, provided you are not entitled to Working Tax Credit and have an annual income, as assessed by HM Revenue and Customs, that does not exceed £16,190
* Guarantee element of State Pension Credit

If the answer to any of the above is **YES**, the school might be able to receive extra funding. We are in receipt of one of the above benefits: □Yes □No

If **yes** please give the following details: (only complete this section if you are in receipt of the above benefits)

Date of Birth of **parent in receipt of benefits**:

Name of **parent in receipt of benefits**:

National Insurance number of **parent in receipt of benefits**:

## Travel to school

Please inform us below how you are going to travel to school (in the majority of the time)

## Photograph Consent

Occasionally, we may take photographs of the children at our school. We may use these images on our website or on display boards at our school. We may also make videos for monitoring or other educational use, and for the school website. An external school photographer (Captured Moment) will also visit to take class and individual photographs on an annual basis. To comply with data protection legislation, we need your permission before we can photograph or make any recordings of your child. Please answer the questions below, then sign and date the form where shown. The information you provide will be securely stored and processed by school and Captured Moment, following General Data Protection Regulation (GDPR) and not used for any other purpose than confirming your permission to use the material.

*Please circle your answer*

|  |  |
| --- | --- |
| 1. **Photographs** - May we use your child’s photograph on display boards around school? | **Yes / No** |
| 2. **Photographs** - May we use your child’s image on our website? (including Let’s Celebrate entries, events at school, and class activities – but this list is not exhaustive) | **Yes / No** |
| 3. **Photographs** – May the external photographer (Captured Moment) take your child’sindividual photograph in school? | **Yes / No** |
| 4. **Photographs** – May the external photographer (Captured Moment) use your child’simage as part of a class photograph in school? | **Yes / No** |
| 5. **Videos** – May we video your child to use on our website? (including Star of the Week, Christmas performances, assemblies, events at school – but this list is not exhaustive) | **Yes / No** |

1. This form is valid for five years from the date you sign it, or for the period of time your child attends this school. The consent will automatically expire after this time.
2. We will not re-use any photographs or recordings after your child leaves this school.
3. We will not use the personal details or full names (which means first name and surname) of any child or adult in a photographic image or video, on our website, or in any of our other printed publications without good reason or prior written permission from you. For example, we may include the full name of a pupil in a newsletter to parents if the pupil has won an award.
4. If we name a pupil in the text, we will not use a photograph of that child to accompany the article without good reason. (See point 3 above.)
5. We will not include personal e-mail or postal addresses, or telephone numbers on video, on our website, or in other printed publications.
6. We may include pictures of pupils and teachers that have been drawn by the pupils.
7. We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.
8. Your consent can be withdrawn/changed at any time in writing.
9. We do not as a school own, administer or subscribe to any social media accounts.

**I have read and understood the conditions of use and give my consent for my child’s image/s to be used as described above.**

## Local School Visits

Children sometimes visit All Saints Junior School. This form will cover the time your child is at the school. When a teacher decides to take a class on an educational trip further afield involving coach travel, there will be a separate consent form for that day.

**I do/do not\* (\*delete as appropriate)** give permission for my child to visit All Saints Junior School during the time he/she is at Tavistock Infant School. I understand that the normal Hampshire County Council requirements for safety shall apply.

## Library/Reading Books

I agree that I will be responsible for the Library/Reading books in my child’s possession and that should damage or loss occur, I will reimburse the school for the full value.

## By signing, I hereby give my consent to all the contents noted within this document

**Parent’s / Carer’s signature ………………………………..……………….. Date …………………………**

**Your name (in block capitals) …………………………………………………………………..**