



Europa School UK
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PUPIL ENROLMENT FORM

CLASS:

Please type your answers before printing.

If you have any questions concerning the completion of this form, or if you prefer a paper copy please come to the school office when your child starts school.

Please complete this form for your child. It is based on one designed by Oxfordshire County Council and as well as being used for administrative purposes within this school, it may be sent on to your child's next school or other educational institution and also to the Local Authority (LA) and School Health Nurse Service to enable them to maintain their records. The provision of accurate information helps this school and the LA to see that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information you give and, from time to time, we may ask you to confirm that it is correct. The school and the County Council are entitled to collect such information under the provisions of the Data Protection Act 1998.

SECTION 1: PUPIL'S DETAILS:

Forenames			
Surname			
Nationality			
Country of Birth			
Date of Birth		Male/Female	
Names of brothers & sisters at Europa School or the European school & class			
Pupil's home address			
		Postcode	

Is this the pupil's home address *or term time only address* *(tick one box only)*

Additional Pupil Address:

SECTION 2: CONTACT DETAILS:

To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent of a pupil. Please note that this includes: mother; married father- even if separated or divorced from the mother; unmarried father - provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child. If you feel you need to add people who are in close relationship to the child without parental responsibility, please add an additional page. **If any parents do not live with the pupil but require copies of school correspondence e.g. newsletters and the pupil report, please enter their e-mail address.**

Parents/Carers

Relationship to pupil	1.	2.
Title		
Forenames		
Surname		
Address <i>if different from child</i>		

Telephone numbers, please number in order of priority 1 to 6.

Work number		
Mobile number		
Home number		
Occupation		
Company		
Main contact (only one main contact should be ticked)	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
E-mail address		

Other emergency contacts (friends/neighbours/relatives)

SECTION 3: MEDICAL INFORMATION

Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information will be available to relevant officers at the LA, school staff and National Health Service professionals, as required. If you have filled in anything we think all staff should be aware of, we will send you a separate form to fill in.

Practice name			
Doctor's name		Telephone number	
Address of practice			

In the event of an emergency do we have your consent to contact your child's medical practice directly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Has your child had his/her pre-school booster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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Does your child suffer from:		Does your child have any problems with:	
Asthma	<input type="checkbox"/>	Mobility	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Bowel or bladder conditions	<input type="checkbox"/>	Speech	<input type="checkbox"/>
Serious allergies	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Any other medical conditions	<input type="checkbox"/>		

If you have ticked any of the boxes, we will send you another form to fill in.

Does your child need regular medication on prescription?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Will your child need medication during school hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does your child suffer from any condition which may affect his/her participation in PE/sport/swimming?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please contact the office before school starts and ask for a medical form to fill in, if our staff needs to know about a situation. We may not have gone through all enrolment forms on the first day.

SECTION 4: ETHNIC MONITORING & LANGUAGES

The Department for Education only allows us to give 1 primary language, so please choose only one, but feel free to add others in "native level languages". We will receive additional funding for the children that do not have English as a primary language.

First primary language			
Native level languages			
Other languages + level			
Proficiency in English for non-native speakers	<input type="checkbox"/> New to English	<input type="checkbox"/> Early Acquisition	<input type="checkbox"/> Developing competence
	<input type="checkbox"/> Competent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Not applicable (native)

Please tick the ethnic group to which your child belongs.

Please note that this question is not about citizenship or nationality.

It is essential that we have this information so that we can monitor the effectiveness of the school's and

<i>the LA's equal opportunities policies and practices in maximising your child's progress and achievement</i>			
White British	<input type="checkbox"/>	Asian or Asian British - Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British - any other Asian background	<input type="checkbox"/>
White Traveller of Irish heritage	<input type="checkbox"/>	Asian or Asian-British- Pakistani	<input type="checkbox"/>
White Gypsy/ Roma	<input type="checkbox"/>	Black or Black-British - African	<input type="checkbox"/>
Any other white background*	<input type="checkbox"/>	Black or Black-British - Caribbean	<input type="checkbox"/>
Mixed – any other mixed background*	<input type="checkbox"/>	Black or Black-British - any other black background	<input type="checkbox"/>
Mixed - White and Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed - White and Black African	<input type="checkbox"/>	Any other ethnic group*	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	*please specify_____	
Asian or Asian British -Bangladeshi	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
<i>Please tick your child's religion, if you wish.</i>			
Christian	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	No religion	<input type="checkbox"/>

SECTION 5: ADDITIONAL INFORMATION			
<p>Please indicate which type of meal your child will usually be taking at school. <i>Key Stage 1 children (Reception, Year 1 and Year 2) are entitled to a free school dinner. We need to give the numbers of children that make use of this to the DfE to get refunded, so please let us know if you change your mind at some point. You can find the menu's on our website.</i></p>			
School meal	<input type="checkbox"/>	Packed lunch	<input type="checkbox"/>
My child is Vegetarian	<input type="checkbox"/>	My child has a food allergy	<input type="checkbox"/>
My child does not eat pork	<input type="checkbox"/>	My child does not eat beef	<input type="checkbox"/>
<p>* Please send an e-mail to our office with "Food Alert" in the title if your child is vegetarian or may not eat something. We may not read through all enrolment forms in time for your child's first meal.</p>			
Pupil Premium			
<p><i>By law, children in families claiming Income Support or Income Based Jobseeker's Allowance are entitled to "free school meals" (provided evidence of these benefits has been made available to the school). Even if all children have now free school meals, it is important that we have this information since it affects our funding and the way in which the school's performance in tests and examinations is compared with that in other schools. We will ask this question again from time to time to ensure that our records are accurate, and on occasion may need to see relevant proof. Answers are treated as confidential.</i></p>			
Please send me a form for "free school dinners"/Pupil Premium			<input type="checkbox"/>
Please indicate if you are receiving Income Support/Job Seekers' Allowance			<input type="checkbox"/>

How will your child travel to school generally?

Walks Car Parent-Bus Taxi
 Bicycle Bus Train Other _____

*If your child comes to school by bus, please make sure he/she has a card with name, bus number, bus stop and your contact details on it. After school hours, the bus company will need to be able to contact you directly. You need to keep the **school office** up-to-date regarding bus arrangements, for our daily bus list.*

Is this child in care? Yes No (please tick)

If yes please give details: Start of placement: __ / __ / ____

Care Authority: _____

SECTION 6: PERMISSIONS

Please indicate whether you give permission for your child to use the **internet** following Local Authority guidelines.

Yes No

I give permission to use photos and video's made at school and on school trips in general.

Yes No*

* I do **not** give permission to use photos/videos within the school

I do **not** give permission to use photos for press

I do **not** give permission to use photos on the school website

I do **not** give permission to use videos for press

I do **not** give permission to use videos on the school website

I do **not** give permission to use photos on a flickr account**

I do **not** give permission to use photo's on the **PTA** website <http://www.europa-pta.org/>

****The address of the flickr account will be accessible by anyone with the link, but cannot be found with a search engine.**

If the school has published a picture of your child on its website or flickr account, you can always ask to have it removed if you feel in any way uncomfortable about it. We will do so without question.

I give permission for my child to be taken on school trips (additional to the core curriculum), knowing I will always be informed of any school trip in advance and that I can withdraw my permission for a certain school trip by e-mail or in writing.

Yes No

SECTION 7: SCHOOL HISTORY

*Please give details of all previous settings attended by your child - if any.
Continue on a separate page if there is insufficient space*

School 1: Name of school or pre-school setting			
Address of School 1		Post Code:	
Date of arrival at School 1			
Date of leaving School 1			
Reason for leaving School 1			
School 2: Name of school or pre-school setting			
Address of School 2		Post Code:	
Date of arrival at School 2			
Date of leaving School 2			
Reason for leaving School 2			
School 3: Name of school or pre-school setting			
Address of School 3		Post Code:	
Date of arrival at School 3			
Date of leaving School 3			
Reason for leaving School 3			

SECTION 8: YOUR SIGNATURE

Signature	I declare the information on this form to be correct to the best of my knowledge.
Name (in block capitals please)	
Relationship to child	
Date	



FOR SCHOOL USE ONLY	
UPN	
Birth Certificate seen	
Address verified (e.g. council tax bill, proof of exchange of contract)	
Admission date	