*Please click on File - Make a Copy before filling in.*

*General information can be found on the last page. If you have any questions concerning the completion of this form, or if you prefer a paper copy, please contact the school office.*

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| SECTION 1: PUPIL’S DETAILS: | | | | | | |
| Forenames |  | Called |  | | | |
| Surname |  | | | | | |
| Date of Birth |  | | | Male/Female | |  |
| Names of siblings at Europa School |  | | |  | | |
|  | | |  | | |
| Pupil’s home address and postcode |  | | | | | |

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| SECTION 2: CONTACT DETAILS: | | | | | | | | | | | | | |
| Parents/Carers | | | | | | | | | | | | | |
| Relationship to pupil | | | 1. | | | | | | | 2. | | | |
| Title | | |  | | | | | | |  | | | |
| Forenames | | |  | | | | | | |  | | | |
| Surname | | |  | | | | | | |  | | | |
| Address if different from child | | |  | | | | | | |  | | | |
| Telephone numbers, please number in order of priority 1-4 | | | | | | | | | | | | | |
| Work number | | |  | | | | | | |  | | | |
| Mobile number | | |  | | | | | | |  | | | |
| Home number | | |  | | | | | | |  | | | |
| Occupation | | |  | | | | | | |  | | | |
| Company | | |  | | | | | | |  | | | |
| E-mail address | | |  | | | | | | |  | | | |
| Other emergency contacts (friends/neighbours/relatives) Please make sure your emergency contact is happy for us to hold their phone numbers, while your children are at our school. Name and phone number please. | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |
| SECTION 3: MEDICAL INFORMATION AND SPECIAL NEEDS | | | | | | | | | | | | | |
| *Knowledge about children’s health is vital if we are to help them reach their potential educationally. If you have filled in anything we think all staff should be aware of, we will send you a separate form to fill in.* | | | | | | | | | | | | | |
| Does your child need regular medication on prescription? | | | | | | | | | Yes ☐ No ☐ | | | | |
| Does your child have a medical condition? | | | | | | | | | Yes ☐ No ☐ | | | | |
| Will your child need medication during school hours? | | | | | | | | | Yes ☐ No ☐ | | | | |
| Does your child suffer from any condition which may affect his/her participation in PE/sport/swimming? | | | | | | | | | Yes ☐ No ☐ | | | | |
| If you have answered yes to any of the above please complete the Essential Medical & Mental Health Information Form via this link: [Essential Medical & Mental Health Information Form](https://docs.google.com/forms/d/e/1FAIpQLSf24iFIMZ6TkOg4LrBh5B-2-uyl3eYO4s5XXPn5zKqSxDsh2A/viewform) (If you have any issues with the link please let us know.) | | | | | | | | | | | | | |
| Has your child followed the vaccination schedule | | | | | | | | | Yes ☐ No ☐ Don't know ☐ | | | | |
| Your child’s GP/Health Centre: | | | | | | | | |  | | | | |
| Does your child have special educational needs? | | | | | | | | | Yes ☐ No ☐ | | | | |
| Does your child have special dietary requirements? | | | | | | | | | Vegetarian ☐ Allergy ☐ Other ☐ No ☐ | | | | |
| SECTION 4: ETHNIC MONITORING & LANGUAGES | | | | | | | | | | | | | |
| *Department for Education guidance: A pupil’s first language is defined as any language other than English that a child was exposed to during early development and continues to be exposed to in the home or community. If a child was exposed to more than one language (which may include English) during early development, a language other than English should be recorded, irrespective of the child’s proficiency in English.* | | | | | | | | | | | | | |
| First primary language | |  | | | | | | | | | | | |
| Native level languages | |  | | | | | | | | | | | |
| Other languages + level | |  | | | | | | | | | | | |
| *Please tick the ethnic group to which your child belongs or tick the refuse box. Please note that this question is not about citizenship or nationality. The information provided here can be amended or refused by the parents in the parent portal at a later stage.* | | | | | | | | | | | | | |
| White British | | | |  | Asian or Asian British - Indian | | | | | | | |  |
| White Irish | | | |  | Asian or Asian British - any other Asian background\* | | | | | | | |  |
| White Traveller of Irish heritage | | | |  | Asian or Asian-British- Pakistani | | | | | | | |  |
| White Gypsy/ Roma | | | |  | Black or Black-British - African | | | | | | | |  |
| Any other white background\* | | | |  | Black or Black-British - Caribbean | | | | | | | |  |
| Mixed–any other mixed background\* | | | |  | Black or Black-British - any other black background\* | | | | | | | |  |
| Mixed - White and Asian | | | |  | Chinese | | | | | | | |  |
| Mixed - White and Black African | | | |  | Any other ethnic group\* | | | | | | | |  |
| Mixed – White and Black Caribbean | | | |  | \*please specify\_\_\_\_\_\_ | | | | | | | |  |
| Asian or Asian British -Bangladeshi | | | |  | Prefer not to answer (Refused) | | | | | | | |  |

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| **Section 5 Pupil Premium** | |
| *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). 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.* | |
| Please send me a form for “free school dinners”/Pupil Premium | ☐ |
| Please indicate if you are receiving Income Support/Job Seekers’ Allowance/Universal Credit | ☐ |
| Is your child in care? Yes ☐ No ☐ (please tick)  If yes please give details: Start of placement: \_ \_ / \_ \_ / \_ \_ \_ \_ Care Authority: | |

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| SECTION 6: PERMISSIONS | | |
| I agree to give my consent for anything related to school life using online forms. | | Yes ☐ No ☐ |
| Please indicate whether you give permission for your child to use the internet in school (for computer lessons) and to be provided with a school email address. | | Yes ☐ No ☐ |
| I give permission for my child to be included in the Impact Biometric registration process for canteen payments from year 3 onwards. For more information see: <https://europaschooluk.org/parent-info/canteen/> | | Yes ☐ No ☐ |
| I give permission for my child to be taken on school trips in the UK (additional to thecore curriculum), knowing I will always be informed of any school trip in advance andthat I can withdraw my permission for a certain school trip by email or in writing. | | Yes ☐ No ☐ |
|  | ☐ I give permission to use photos/videos within the school☐ I give permission to use photos for the newsletter and website☐ I give permission to use videos on the school website☐ I give permission to use photos & videos for press☐ I give permission to use photos of my child in a school’s brochure for marketing and fundraising purposes.*\*If the school has published a picture of your child on its website, you can always ask to have it removed if you or your child feel in any way uncomfortable about it. We will do so without question.* | |
|  | I give permission for the school to share my email address with the PTA, our Parent-Teacher Organisation: https://www.europa-pta.org/ | Yes ☐ No ☐ |
| Section 7 Data protection | | |
| Please see the privacy policy and retention schedule on the school’s website. | | |

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| SECTION 8: 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 or Nursery 1: Name of school and address | |  | | |
| Entry date: | |  | Leaving date: |  |
| School 2: Name of school and address | |  | | |
| Entry date: | |  | Leaving date: |  |

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| SECTION 9: 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 | |
| Admission date | 01/09/2021 |
| Entry in class |  |

**General Information regarding this form**

*Please complete this form for your child. 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 and GDPR. Please make sure you verify that your and your child’s data has been entered correctly and keep it up-to-date in our database via the parent portal. This portal allows you to view and change your and your child’s 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 email address.***