

Admissions form

We are required by law to ask you for these details about your child. The information will be stored in your child's record which is open to you for inspection if you give the school prior notice. This information will be treated as confidential. Please complete both sides.



Start Date	
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Personal Information			
Child's Surname	First name		
Middle Name(s)	Known as		
Date of Birth			
How does your child identify themselves? <small>please tick as appropriate</small>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/> <small>Please specify</small>
Does the child have siblings in the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Class(es)
Name	Name		

Address	
Home Address	
Postcode	Local Authority
Home Telephone Number	Mobile Telephone Number

School History	
Name of Setting	
Address	
Postcode	Local Authority
Home Telephone Number	Reason for Leaving

Start Date	End Date
Doctor Information	
Name of Doctor	Surgery Telephone Number
Surgery Address	
Postcode	

Ethnicity – What is your child's ethnic group?			
White - British	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White - Asian	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Greek & Greek Cypriot	<input type="checkbox"/>
Black – Caribbean	<input type="checkbox"/>	Turkish and Turkish Cypriot	<input type="checkbox"/>
Black – African	<input type="checkbox"/>	Mixed – white and black African	<input type="checkbox"/>
Black – British	<input type="checkbox"/>	Mixed – white and black Caribbean	<input type="checkbox"/>
Any other black background	<input type="checkbox"/>	Mixed – white and Asian	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Mixed – any other mixed background	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>		
Other (please specify) <input type="checkbox"/>			

Religion – What is your child's religion or beliefs?			
Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	None	<input type="checkbox"/>
Other (please specify) <input type="checkbox"/>			
Name of spiritual leader/community			

Nationality				
What is your child's nationality?				
What is your child's country of birth?				
What is the MAIN language used in your home?	Arabic	<input type="checkbox"/>	Polish	<input type="checkbox"/>
	Bengali	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
	Cantonese	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>
	Cymraeg	<input type="checkbox"/>	Russian	<input type="checkbox"/>
	English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
	Greek	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
	Gujurati	<input type="checkbox"/>		<input type="checkbox"/>
	Hindi	<input type="checkbox"/>		<input type="checkbox"/>
	Hebrew	<input type="checkbox"/>		<input type="checkbox"/>
Italian	<input type="checkbox"/>	Other (please specify)		

Is English spoken as an additional language in the home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Contact Information

This section tells us who to get in touch with if there is a problem or emergency. Please place the contact's information in the order in which contact is to be made. It is a legal requirement to have at least 3 contacts.

Contact Priority 1

Are you a member of the armed forces?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
Surname		First name	
Relationship to child	Parent <input type="checkbox"/>	Step Parent <input type="checkbox"/>	Grandparent <input type="checkbox"/>
	LEA Nominee <input type="checkbox"/>	Probationary Service <input type="checkbox"/>	
	Family Friend <input type="checkbox"/>	Neighbour <input type="checkbox"/>	Other <input type="checkbox"/>
Primary Responsibility for child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Profession			
Home Telephone Number		Mobile Telephone Number	
Work Telephone Number		Email Address	
Home Address			
Postcode		Does the child live at this address?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Contact Priority 2

Are you a member of the armed forces?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
Surname		First name	
Relationship to child	Parent <input type="checkbox"/>	Step Parent <input type="checkbox"/>	Grandparent <input type="checkbox"/>
	LEA Nominee <input type="checkbox"/>	Probationary Service <input type="checkbox"/>	
	Family Friend <input type="checkbox"/>	Neighbour <input type="checkbox"/>	Other <input type="checkbox"/>
Primary Responsibility for child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Profession			
Home Telephone Number		Mobile Telephone Number	
Work Telephone Number		Email Address	

Home Address					
Postcode			Does the child live at this address?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Contact Priority 3					
Are you a member of the armed forces?			Yes <input type="checkbox"/>		No <input type="checkbox"/>
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname			First name		
Relationship to child	Parent <input type="checkbox"/>	Step Parent <input type="checkbox"/>	Grandparent <input type="checkbox"/>		
	LEA Nominee <input type="checkbox"/>	Probationary Service <input type="checkbox"/>			
	Family Friend <input type="checkbox"/>	Neighbour <input type="checkbox"/>	Other <input type="checkbox"/>		
Primary Responsibility for child?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Profession					
Home Telephone Number			Mobile Telephone Number		
Work Telephone Number			Email Address		
Home Address					
Postcode			Does the child live at this address?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		

Is there anybody who is specifically NOT allowed to collect your child		
	Name	Relationship to child
1		
2		

Travel Information – What will be your primary mode of transport			
Public Transport	<input type="checkbox"/>	Walk	<input type="checkbox"/>
Car	<input type="checkbox"/>	School Bus (if available)	<input type="checkbox"/>
Other (please specify) <input type="checkbox"/>			

Medical Information (further to that already given)

Does your child:

Have any allergies?

Have an epipen?

Have any ongoing health issues? (eg glue ear, grommets, eye patch, eczema, asthma)

Have a medical condition?

Have or need a Health Care Plan?

Take any regular medication?

Has your child had any major illness, operation or a hospital stay?

Are you concerned with any aspect of your child's health?

Does your child have any special dietary requirements?

Immunisations / vaccinations

Has your child had the following immunisation? (Please tick)

Whooping Cough

Diphtheria

Tetanus

Polio

Hib Meningitis

Measles

Mumps

Rubella

Any other

Please remember to inform us of any changes to health or personal information

Additional Needs – In which area/s does your child have additional needs? Please tick the following and add any notes that you think may be helpful to us.			
<input type="checkbox"/>	Speech (e.g. articulation)	Notes	
<input type="checkbox"/>	Language (e.g. using or understanding language)		
<input type="checkbox"/>	Emotional and/or behavioural (e.g. separating/playing with other children)		
<input type="checkbox"/>	Hearing		
<input type="checkbox"/>	Vision		
<input type="checkbox"/>	Physical/Movement (e.g. running, climbing stairs, using hands)		
<input type="checkbox"/>	Other (please specify)		
When were these needs first identified and by whom?			
Please tell us about your child's journey from birth to present.			
Does your child have or use any specialist equipment or resources? (e.g. glasses, hearing aids, Makaton, signing etc)			
Does your child have any of the following? (please tick)			
<input type="checkbox"/>	Individual Plan / Individual Education Plan	<input type="checkbox"/>	Educational Health Care Plan
<input type="checkbox"/>	Application for Educational Health Care Plan	<input type="checkbox"/>	CAF form (Common Assessment Framework form)
<input type="checkbox"/>	Early Help		
In order to best support all the children in our setting we have a designated SENDCO (Special Needs Disability Co-ordinator) who will routinely liaise with any professionals involved with your child.			
The SENDCO is			
Email			
Telephone Number			
We also have access to support and advice from our Area Special Needs Co-ordinator with whom we may discuss your child. You will always be informed beforehand of any contact or discussion held about your child.			

Please sign below to indicate that you understand and agree to the above.	
Signed	Date

Permissions – Information Sharing

This form gives permission to share relevant discussions, assessments, records, reports, (which may include photographs) and information with other appropriate professionals (for example, speech and language therapist, physiotherapist etc) working with your child, in order to provide support and aid transition into a school setting. We would not do this without consulting you first.

Where needed your information may also be shared with 3rd parties to allow the school to engage in digital payment methods.

I / We (parent / carers name/s) _____ give consent, for Mosaic Jewish Primary School to share relevant information about my / our child _____ date of birth _____ with appropriate professionals working with him / her.

Parent/carer/s signature _____ Relationship to child _____

Parent/carer/s signature _____ Relationship to child _____

This consent form is valid while ever your child attends Mosaic Jewish Primary School. You have the right to withdraw your consent to share information at any time

Consent withdrawn Date _____

Parent/carer/s signature _____ Relationship to child _____

Permissions - other

Trips and Outings

We will always inform you of upcoming trips. By signing this form you are giving general consent for your child to attend day trips and short visits within the local area during their time at MJPS

Signature

Plasters

Signature

Face Paints

Signature

Photographs and Videos

- In school

- School Newsletter

- On website

- In press

Signature

OFFICE USE ONLY				
House	Adom <input type="checkbox"/>	Yarok <input type="checkbox"/>	Kahol <input type="checkbox"/>	Tsahov <input type="checkbox"/>
Form				
Passport/ID				
Birth Certificate				
UPN				
Scholar Pack Entry Date				