

Application for Admission to Long Mead Community Primary School



Child's Details			
Legal surname			
Other surname used			
Forenames(s)			
Child's date of birth	//	Gender	Male / Female
Requested date to start at Long Mead CP School		Birth certificate checked at school	

Date moved to this address	
Previous address – (if moved within two years)	

With whom does the child live?

Details of those with Legal Parental Responsibility:

Title	Mrs / Miss / Ms /Mr	Mrs / Miss / Ms /Mr
Forename		
Surname		
Relationship to child		
Address if different from child		
Home number		
Mobile number		
Work number		
Email address		

Others with parental responsibility

Title	Mr / Mrs / Miss / Ms
Forename	
Surname	
Relationship to child	
Address	

Please attach a copy of any court orders relating to your child.

Other primary schools attended	Please name all schools previously attended before current school		
	School's Name and address	Dates	
Current school			
(or last school attended)			
Previous school			
Previous school			
Reason for applying for a			
change of school			

Does the child have an	
Educational Health Care Plan	YES / NO
I consider my child to have	
Special Educational Needs	

Is the child in the Care of the	If YES Name the Local Authority
Local Authority	
Does the child have any restrictions on their	
residency in the United Kingdom	

Please give details of two person who are willing to be contacted in case of emergency if parent is not available

Contact priority	1	2
Name		
Address		
Telephone number		
Relationship to child		

Child's Doctor		Other clinic or hospital that child attends
GP Practice		Name
Address		Address
Telephone No.		Telephone No.
My child is allergic to:		
Specific dietary requirements:		
My child has the following		
medical conditions		
My child takes the following	Please state name of medica	ation and dose
daily medication:		

Religion	Anglican (CofE)	Baptist	Buddhist	Christian	Hindu	Jewish	Muslim
(Please circle)	Roman Catholic	Sikh	No Religion	Other			
Language	Please state the la	nguage that ye	our child speaks	at home, eg	g English,	Chinese, F	olish, etc
Country of birth							
Nationality							
Ethnicity	, ,	y that best de	scribes your chi				elow. If you do not feel that nost appropriate. If you wish

Afghan	Chinese and any other ethnic group	Kosovan	Refused	White – Scottish
African Asian	Croatian	Kurdish	Sri Lankan Other	White – Welsh
Albanian	Egyptian	Latin/South/Central American	Sri Lankan Sinhalese	White + any other Asian Background
Any other Black background	Filipino	Lebanese	Sri Lankan Tamil	White and any other ethnic group
Arab	Greek	Malay	Thai	White and Black African
Asian and any other ethnic group	Greek Cypriot	Nepali	Traveller of Irish Heritage	White and Black Caribbean
Bangladeshi	Gypsy/Roma	Other Asian	Turkish	White and Indian
Black - African	Indian	Other Ethnic group	Turkish Cypriot	White and Pakistani
Black and any other ethnic group	Information not yet obtained	Other Mixed Background	Vietnamese	White Eastern European
Black Caribbean	Iranian	Other White British	White – Cornish	White
Bosnian-Herzegovinian	Iraqi	Pakistani	White – English	White Western European
Chinese	Japanese	Portuguese	White – Irish	

Parental Consent for Using Images of Children

In order to comply with Data Protection laws we need your permission before we can photograph or make any recordings of your child (not including photographs for safeguarding and health & safety purposes). Please sign below if you are in agreement with the following. Please note this form is valid for seven years from the date you sign it, or for the period of time your child attends this school. It is your responsibility to let us know if you want to withdraw or change your agreement at any time.

Category	Do you give consent? (please circle)	Parent/Carer Signature (please sign each line to signal your agreement)
Internal School Photographer	YES / NO	
External Professional School Photographer	YES / NO	
Social Media (school Facebook page)	YES / NO	
School Website	YES / NO	
School Prospectus	YES / NO	
School Displays	YES / NO	
School Achievement Videos	YES / NO	
School Promotional Videos	YES / NO	
Brochures & Blogs	YES / NO	
Local media / newspapers	YES / NO	

I give my permission for my child to take part in local visits outside of the school site.

Date of last anti-tetanus injection

In the event of my child requiring emergency treatment and The Headteacher (or his / her representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the well-being of my child.

Please note that any data collected or held by the school is done so in line with our Privacy Policy which can be viewed on the Long Mead website.

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.

Parent/ Guardian of : Signature:

Date: