



Application for Admission to  
**Long Mead Community Primary School**



Child's Details

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

<b>Child's home address</b>			
<b>Date moved to this address</b>			
<b>Previous address – (if moved within two years)</b>			

With whom does the child live?
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Details of those with Legal Parental Responsibility:

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

Others with parental responsibility

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

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 Local Authority	If YES Name the 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 daily medication:	Please state name of medication and dose		

Religion (Please circle)	Anglican (CofE)    Baptist    Buddhist    Christian    Hindu    Jewish    Muslim Roman Catholic    Sikh    No Religion    Other .....
Language	Please state the language that your child speaks at home, eg English, Chinese, Polish, etc
Country of birth	
Nationality	
Ethnicity	<i>Ethnicity descriptions are set by the DfE. You need to choose one from the list below. If you do not feel that there is an ethnicity that best describes your child you need to choose the next most appropriate. If you wish to discuss this, please contact the School Office</i>

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:**