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**ADMISSION FORM**

Child's full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender Male/Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Parent/Carer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent/Carer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this the same address for parents/carers Yes/No

If No - give parents/carers address - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State who has responsibility for the child if it is not parents

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No Parent 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No Parent 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work No Parent 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work No Parent 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Parent 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Parent 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_







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**EMERGENCY CONTACT DETAILS**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child/Family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's first language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Carers language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language spoken at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious Activities \_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

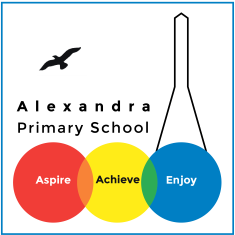
Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of child in the family -

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**i.e B G (B) G B G start with eldest child and circle position of child being admitted**



**HEALTH SECTION**

Surgery’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any regular medication that will need to be administered in school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If medication has to be administered in school then we need a supply of medication and a care plan form will need to be completed on the child's first day in school.**

Does your child have any allergies - food allergies, fruits allergies, plasters, asthma,

hay fever

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

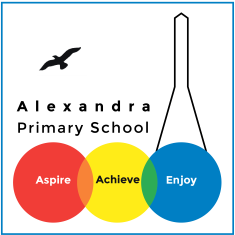
**SEN**

Has child any special needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had any involvement with other agencies i.e. Social Services, Family Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



# 

|  |
| --- |
| **PRIVATE FOSTERING**  Address if different to the child’s, including the postcode:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Do you have parental responsibility?    Yes:                 No:    (If no, please provide written permission from the person(s) with parental responsibility confirming they are in agreement  with the application)    Does another person(s) also have parental responsibility?    Yes:                 No:    Do they agree with the application being made?    Yes:                 No:    Are you privately fostering this child? (see additional note)    Yes:                 No:  If yes the carer and/or school need to contact Screening Team on  020 8489 4470 or email: [*privatefostering@haringey.gov.uk*](https://ex2007.lgflmail.org/owa/redir.aspx?C=JN_mNGCgR0qy-n2yP-iEHGAYIoBZpNFItKxLZzZlcnM5bt33avRsV4-1cgCztzkgAg3h2W4c-0M.&URL=mailto%3aprivatefostering%40haringey.gov.uk) |

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**PREVIOUS SCHOOL**

Is this the child's first UK school Yes/No

If yes - did the child attend school in previous country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of previous school in the UK

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leaving date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL MEALS SECTION**

Will your child have school meals \_\_\_\_\_\_\_\_\_\_ Bring packed lunch \_\_\_\_\_\_\_\_\_

Applying for free meals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Universal free meals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you think your child may be eligible for free meals or the pupil premium please ask for an application form from the school office.**

**Free meals are dealt with in school NOT the LA. An application MUST be approved by school before free meals can be taken.**

**NO PORK ON THE MENU, MEAT IS HALAL**

**FOR OFFICE USE ONLY**

Date admitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Free meals/pupil premium approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_

UPN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CONSENT FOR LOCAL VISITS**

When the children are on school premises or on visits away from school they are insured against injury or loss of property where this is due to negligence by the Council or it’s employees or members of the party. There is no cover for accidental injuries or losses.

When we go on long trips away from school, we will add a small charge to the cost,

so that we can provide extra insurance cover against personal accident or losses which happen for other reasons.

We often make short local visits within walking distance of the school, to give extra interest to lessons or to take part in activities such as sports or musical events. These visits sometimes take place at short notice and it is not possible to provide additional insurance cover.

All reasonable care is taken by the staff on these visits but as they take the children off the school premises it is necessary to have your formal consent please would you sign below for those visits.

When visits are a long distance from school we will write to you asking for consent at

the time.

I give my consent to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_participating in Educational Visits in the local area of the school while he/she is a pupil at Alexandra Primary School.

Parent/Carer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

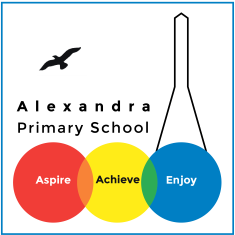




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For further information for parents on Online Safety can be found at:

http://parentscentre.gov.uk/usingcom putersandtheinternet/1inksbyto pic

Parents’taking photographs or video at organized events (e.g. concerts, special assemblies): Parents are not required to comply with the Data Protection Act when taking photographs at an organised event. Schools need not seek permission for parents to do this as long as they have been invited to the event and the pictures are for family or private use. They must not, however, be put on the Internet otherwise Data Protection legislation may be contravened (e.g. social networking sites such as Facebook, or image hosting sites where the account is public).

Use of digital images - photography and video

I agree to the school using photographs of my child or including them in video material, as described. I have read and understood this document. I understand that images will only be used to support learning and activities or in publicity that reasonably promotes the work of the school, and for no other purpose. I understand that if I take photos or videos, they are for my own private use and will not be put on the Internet.

**Parent*I*Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

****

**Online Safety Agreement Form: Parents**

Parent/Guardian Name: **.....................................................................................................................**

Pupil Name: **………………………………………………………………………………………………**

As the parent or legal guardian of the above pupil, I grant permission for my daughter or son to have access to use the Internet, LGFL e-mail and other ICT facilities at school.

I know that my daughter or son has signed an e-safety agreement form and that a copy of this agreement is displayed within the classroom.

I accept that ultimately the school can't be held responsible for the nature and content of materials accessed through the internet and mobile technologies, but I understand that the school will take every reasonable precaution to keep pupils safe and to prevent pupils from accessing inappropriate materials. These steps include using an educationally filtered service, restricted access email\*, employing appropriate teaching practice and teaching e-safety skills to pupils.

I understand that the school can check my child computer files, and the internet sites they visit and that if they have concerns about their e-safety or e-behaviour that they will contact me.

I will support the school by promoting safe use of the internet and digital technology at home and will inform the school if I have any concerns over my child e-safety.

Parent *I* Guardian Signature: ..................................................................... Date: .............................

Child's Name: ........................................................................................Class: .................................

Please tick the boxes as applicable:

My child has access to a computer *I* laptop at home

My child **does not** have access to a computer at home

I have internet connection at home

I **do not** have the internet at home

Parent *I* Carer Signature: ................................................................ Date: ……………………..

\*At this school we only use London Grid for Learning with pupils. The email is 'safe' as pupils can only email others in their class. Where we choose to let pupils communicate with others outside of the school, we only do so with those approved by the school. We tell pupils to never give out their email to strangers unless they have approval.



**Lunch Statement**

We consulted with parents, carers and pupils about packed lunches as we were concerned about some of the content. Following on from this, below is the list of foods which are allowed in packed lunches at Alexandra Primary:

|  |
| --- |
| **Items Allowed** |
| A sandwich, pitta pocket, wrap etc. which must have a healthy filling |
| A yogurt |
| A cereal bar or fruit bar (No chocolate content) |
| A piece of fruit or fruit salad |
| Carrot sticks, cherry tomatoes, celery etc |
| Rice or pasta salads |
| Soup in a flask |
| Dips and bread sticks |
| Cheese and crackers |
| Water |

Foods which are not listed above will not be allowed to be eaten in school.

Thank you for your cooperation in this matter.

Manjit Dulay

Headteacher





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**Parental Agreement Form – Funded places for Nursery)**

|  |  |
| --- | --- |
| 30hrs Eligibility Code |  |

Information in this this section will be used by Haringey Council to check for eligibility to claim Early Years Pupil Premium (EYPP) funding from central government. It will not be used for any other purpose, and will remain confidential.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title  Mr/Mrs/  Miss/Ms | Parent First name | Parent Surname | Date of Birth  (DD/MM/YYYY) | National Insurance or Nass Reference Number |
| Parent 1 |  |  |  |  |
| Signature | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title  Mr/Mrs/  Miss/Ms | Parent First name | Parent Surname | Date of Birth  (DD/MM/YYYY) | National Insurance or Nass Reference Number |
| Parent 2 |  |  |  |  |
| Signature | | | | |





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