

**ABBAY INFANT SCHOOL**

**ADMISSION FORM**

Maurice Road, Smethwick, West Midlands, B67 5LR

Telephone: 0121 429 1689

Executive Head Teacher: Dr. Richard Kentish

Executive Deputy Head Teacher: Mrs Jade Yale

School Business Director / Executive Head Teacher's PA: Ms S M Collins

E-mail: sharon.collins@abbey-jun.sandwell.sch.uk

Web: www.abbeyfederation.co.uk

**Once you have completed the forms, please can you return them, along with your child's Birth Certificate and Proof of Address to the school office**

**Pupil Details**

Legal Forename:	Address:
Middle Name:	
Legal Surname:	
Preferred Forename:	Post Code:
Preferred Surname:	Home Telephone No:
Date of Birth:	Ethnicity:
Gender:	Home Language:
	First Language:

Position in Family? (e.g. 2 / 3 - 2nd of 3)

Is your child currently being assessed for a statement of Special Educational Needs?  
**Yes / No**

**Previous Education (if applicable)**

Name and Address of last School / Nursery / Playgroup attended:

Telephone Number:

**Parent / Carer(s) Details**

<u>Father</u>	<u>Mother</u>
Title:	Title:
Forename:	Forename:
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Mobile No:	Mobile No:
Email:	Email:

Ethnicity:	Ethnicity:
Language:	Language:

Do you have Parental Responsibility? <b>YES / NO</b>	Do you have Parental Responsibility? <b>YES / NO</b>
Are you in contact with your child? <b>YES / NO</b>	Are you in contact with your child? <b>YES / NO</b>
Is your child living with you? <b>YES / NO</b>	Is your child living with you? <b>YES / NO</b>

Single Parent:	<b>YES / NO</b>	Foster Parent:	<b>YES / NO</b>
Who is the child's legal guardian? (if applicable):			
Are you a refugee or asylum seeker?: <b>YES / NO</b>			

### Pupil Medical Details

If the following medical information is not completed then your child may be excluded from certain activities. It is the responsibility of parents / carers to inform the school office if circumstances change which may affect any of the medical details.

Does your child have any health requirements?      **Yes**   ☐                      **No**   ☐

If yes, please specify:

Does your child require regular medication?      **Yes**   ☐                      **No**   ☐

If you have answered yes, please give brief details below and complete the necessary Medication Forms provided upon request from the school office.

Your Child's Family Doctor:

Name:

Address:

Post Code:

Telephone Number:

Medical Card Number:

Medical Conditions/Notes:

Please give details of all medical conditions that may affect your child:

Does your child have any allergies?                      **Yes / No**

If yes, please give further details:

Is your child Asthmatic:                                      **Yes / No**

Does your child have an Inhaler:                      **Yes / No**

### **Dietary Information**

<b><u>Does your child have any dietary restrictions?</u></b>	
No Dairy Products:	
No Nuts of any types / quantity:	
Vegetarian:	
Vegetarian can eat fish:	
Halal:	

Does your child have any further dietary restrictions?	<b>Yes / No</b>
If yes, please give further details:	

### **Lunch Time Arrangements**

As of September 2014, all Infant School children are entitled to a free hot meal; therefore there is no charge for Infant School Meals.

### **School Milk and Fruit**

All children under 5 are entitled to a free daily 1/3 pint carton of milk. If you would like your child to continue to receive this once they have turned 5, please visit:

**[www.coolmilk.com](http://www.coolmilk.com)** to find out information on payments.

All children in Abbey Nursery and Abbey Infant School receive a piece of fruit during each school day for which there is no charge.

### **Pupil's Emergency Contact Details**

Please give details of all persons, in order of preference, who you want to be contacted in an emergency. Please include yourself in this list, please also consider distance from school when choosing emergency contacts:

Full Name of Contact 1:  Address:  Postcode: Home Telephone: Mobile: Work: E-mail: Relationship to child:	Full Name of Contact 2:  Address:  Postcode: Home Telephone: Mobile: Work: E-mail: Relationship to child:
Full Name of Contact 3:  Address:  Postcode: Home Telephone: Mobile: Work: E-mail: Relationship to child:	Full Name of Contact 4:  Address:  Postcode: Home Telephone: Mobile: Work: E-mail: Relationship to child:

People authorised to collect your child on your behalf.

Name	Relationship to child:

**YOUR CHILD WILL NOT BE RELEASED TO ANYONE NOT LISTED UNLESS YOU HAVE SPOKEN TO THE CLASS TEACHER FIRST**

**Permissions to be signed by a Parent or Carer**

**Safeguarding / Child Protection**

It is the duty of the staff to respond and report any suspicions of child abuse or neglect to a senior member of staff or to our Designated Child Protection Officer for Safeguarding. It is their responsibility to then report this to the Area Social Worker. In this event the Designated Child Protection Officer will follow the Safeguarding Procedures as detailed in the Schools Safeguarding Policy. All the school policies can be found on the Abbey Federation Website.

Please sign to say you have read and understood this.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**First Aid and Minor Injuries**

I give my permission for minor first aid treatment to be administered; our staff have paediatric first aid training. You will be notified of any treatment administered.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Emergencies**

I give my permission for my child to be treated by the emergency services. **You will be notified immediately.** I give my consent to a member of staff accompanying my child to hospital and consent to allow hospital staff to give essential treatment until my arrival.

If there are any exceptions to this please specify:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Administration of Medicine:**

I consent for the staff to administer medicine which has been prescribed by my child's doctor. **All medication must be clearly labelled by a GP or Chemist and handed to the School Office.**

I understand that I will need to complete a Medication Administration form provided upon request from the School Office: **Yes / No**

**Illnesses**

Certain infectious illnesses will require your child to be excluded from school for a period of time to prevent the spread of infection. We take advice from the School Health Nurse and the Department of Health to determine the most appropriate course of action. We will telephone you and it is expected that you will arrange for your child to be collected if they become unwell during the school day:

I have read understood the above information: Yes / No

**I give permission for my child to access the Internet at school: Yes / No**

**I give my permission for my child's photograph to be used on the School Website /  
Around School / The Abbey Lens: Yes / No**

**Office Use Only:**

**Proof of Address: Yes / No**

**Birth Certificate: Yes / No**

**Date of Admission: \_\_\_\_\_**

**Admission Number: \_\_\_\_\_**

**UPN Number: \_\_\_\_\_**

Please refer to the Pupil Privacy Notice to see how we use and share your information.

**Data Protection Act 1998 and GDPR 2018 :** 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. For how the School uses and processes your data, please refer to the School's Privacy Notice on the GDPR section of our website.