

Farlingaye HIGH SCHOOL



ADMISSION FORM



If you would like any help completing this form, please contact Reception at Farlingaye High School, Ransom Road, Woodbridge, IP12 4JX. Telephone 01394 385720. Please print in capital letters and return your completed form to Reception.

Child's surname:	Legal Forename:	Middle Name(s):
Legal Surname: if different	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Date of birth: (dd/mm/yy)

Please enter below, details of parent/carers who live with the child at their main address. (See Note 1)

Parent/Carer Who is living with child Mr/Mrs/Miss/Ms) Surname:	Forename:	Relationship to child:
Email address (please write clearly):		
Mobile:	Home phone:	Work phone:
Parent/Carer Who is living with child Mr/Mrs/Miss/Ms) Surname:	Forename:	Relationship to child:
Email address (please write clearly):		
Mobile:	Home phone:	Work phone:
Full address: (See Note 2)		
		Postcode: This is essential

Please enter below, details of all other persons with Parental Responsibility who live at a different address from the main address. (see Note 1)

Parent/Carer with parental responsibility Mr/Mrs/Miss/Ms) Surname:	Forename:	Relationship to child:	Email address:
Mobile:	Home phone:	Work phone:	
Full address:			Postcode: This is essential

Persons with Parental Responsibility who do NOT live with the child, at their main address will receive:

	Yes	✓	No	
Copies of Reports	Yes	✓	No	
Copies of the Forum (Lists forthcoming events)	Yes	✓	No	
Text / Email Messages (school letters)	Yes	✓	No	
Copies of all other letters (We cannot always know which letter your child takes for optional activities)	Yes	✓	No	
ParentPay login (for payment for trips, school dinners, music tuition etc.)	Yes	✓	No	
Proofs from School Photographer	Yes	✓	No	

Please give reasons if you change Yes to No:

Other Contacts: Please add details of anyone else that we may call in the event of an emergency or illness – they will need to live close enough and be willing/able to collect the child from school.

Full Name and address (including postcode) - One person per section	Home Phone/Mobile	Relationship to child
Name and address:		
Name and address:		

Dietary Needs (e.g. Gluten free, vegan, no nuts.)

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Medical Concerns

Name of GP:	Phone number:
Surgery name and address:	
If the child has a physical disability or a medical condition, you would like the school to be aware of, please provide details including medication:	

Ethnic/Cultural

Ethnicity: (e.g. White - English, Black Caribbean. If left blank "Refused" will be used.)
First Language: (e.g. English, Other than English, Refused.)

Travel to school

Please circle mode of travel: Bus Car/Van Cycle Walk Other

Welfare

Is the child in Local Authority care? (See Note 3)	Yes	No
Has the child ever been in Local Authority care?	Yes	No
If Yes , Local Authority:		
Date from:	Date to:	
The child ceased to be looked after due to (please tick):		
Adoption	<input type="checkbox"/>	
Special Guardianship Order	<input type="checkbox"/>	
Residence Order	<input type="checkbox"/>	
Child Arrangement Order	<input type="checkbox"/>	
Please indicate any orders under Section 8 of the Children Act i.e. Care Orders, Interim Care Orders:		

Additional Information

Does the child have an Education, Health and Care Plan (EHCP)?	Yes	No
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Is the child a Young Carer?	Yes	No
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Are any of the child's parents/carers currently in the armed forces?	Yes	No
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Are you eligible for Pupil Premium?	Yes	No	Not Sure
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Do you have or have you ever had other children attending this school? (See Note 4)

Child's name	Tutor Group

School History

Details of most recent school attended

Name of school:	
School address:	
Postcode:	
Phone number:	Headteacher/contact name:
Date started:	Date last attended/due to leave:

Note 1

Where there is shared custody, i.e. child spends alternate weeks with each parent, please designate the address of one parent as the main address. Data held on the child, including all contact details, will be shared for checking purposes with all those with parental responsibility. Please contact the school if you have any concerns.

Note 2

Please give your current address. If you are planning to move house, please attach details of your future address and moving date, if known.

Note 3

Children in Local Authority care (sometimes known as 'Looked After Children' are defined as being subject to a Care Order, an Interim Care Order or accommodated by the Local Authority.

Note 4

If you have more than one child at the school please provide details. This can be a brother, sister or any other child living with you as a family at the same address.

Information to Parents/Carers- the 'Privacy Notice'

In compliance with the fair processing requirements of the Data Protection Act 1988, Farlingaye High School will inform parents/carers of all data they collect, process and hold, the purposes for which the data is held and any third parties to whom it may be passed. Parents/Carers will be informed of the Privacy Notice at the start of every academic year in the data collection process and details of the notice are on the school website on the School Policies page:

<http://www.farlingaye.suffolk.sch.uk/Information/SchoolPolicies/>

PARENTAL CONSENT

NAME OF CHILD: _____

DATE OF BIRTH: _____ YEAR GROUP: _____

I have parental responsibility for the child named on this admission form and give consent for the following:

- a) to take part in school trips and other activities that take place off school premises
- b) to be given first aid or urgent medical treatment during any school visit or activity

I understand that I will be provided with written details relating to specific visits and will need to sign a reply slip or tick the box in Parent Pay to confirm that I give consent for that particular visit, and that the information provided below is valid for the date of each visit.

I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of the child during the visit.

In the child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this admission form to state, in confidence, any health or other matter concerning the child of which accompanying staff should be aware. Please indicate also if the child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

Paracetamol Consent

- I give permission for the school to give a maximum of two paracetamol in any one day, if requested. I recognise that the school cannot take any responsibility for any tablets taken prior to this request and not explained when asked.
- I do not give permission for paracetamol.

Photograph Consent

- I am happy for photographs to be taken at school for the school brochure, school website or in various publications. This includes photographs for visiting media purposes.
- I do not give permission for photographs at school.

Permission to use the biometric fingerprint system

A fingerprint system is used for the **cashless catering** system (canteen) used to pay for school meals and to borrow books from the **school library**. The systems use biometric fingerprint recognition and no actual fingerprint image is stored. The software calculates a number from the image which is stored. This data is encrypted for further security and cannot be used in any other database.

- I give permission for the biometric fingerprint system for school canteen and the library.
- I do not give permission for the biometric fingerprint systems.

It is the responsibility of the parent/carer to inform the school if any changes in circumstances occur necessitating a change in any of these permissions.

Signature (must be completed)

The admission form information is true to the best of my knowledge and belief.
I consent to the permissions indicated above.

Signed: _____ (Parent/Carer) **Date:** _____

Making Schools Better Places for Learning

We are committed to making sure that school is a happy and successful experience for all of our children and young people. Where a child has a particular difficulty or need, we will do our best to put measures in place to overcome this. It would therefore be helpful if you could complete this questionnaire, whether or not your child has any difficulties.

We will treat what you have told us here sensitively. None of the information will be shared with other parents or pupils.

Please indicate whether your child has any long-standing illnesses, health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below? Please select all that apply.

By long-standing we mean anything that has troubled them over a period of at least 12 months or that is likely to affect them over at least 12 months. Please exclude difficulties that you would expect for a child of that age.

Mobility – moving around indoors or outdoors	<input type="checkbox"/>
Hand movements – touching or holding	<input type="checkbox"/>
Personal care – going to the toilet, dressing	<input type="checkbox"/>
Eating and drinking without help	<input type="checkbox"/>
Incontinence – wetting or dirtying	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>
Communication - speaking with others, or understanding them	<input type="checkbox"/>
Learning – numbers, letters, words	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Behaviour – very active, has a short attention span, behaves unacceptably	<input type="checkbox"/>
Has fits or seizures	<input type="checkbox"/>
Diagnosed with autism or Asperger Syndrome	<input type="checkbox"/>
Has a life-limiting condition or requires palliative care	<input type="checkbox"/>
Can be depressed, or anxious, or has an eating disorder	<input type="checkbox"/>
Other (please describe other areas of great difficulty)	

2. Does your child take any medication, use any physical aids or require any special diet or supplements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3. If your child did not take this medication, use this physical aid or have a special diet or supplements, would he/she have substantial difficulties with any of the areas of life listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4. Has your child seen a professional, such as a paediatrician or a psychologist or a speech and language therapist because of the difficulty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If YES, please provide further details:

5. If you have indicated above that your child has difficulties, do these difficulties affect his or her:	Yes	Sometimes	No	Don't know
Classroom learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with his or her classmates / peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joining in other school activities e.g. breaks, social and leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day to day life outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Is there any help or special equipment you think your child may need so that they get on well at school (you will recognise that we may not be able to provide this)?

**We would be pleased to meet with you to talk about your child's need.
Please contact the school, if you would like us to arrange this.**

What Happens To The Information You Give Us?

We really appreciate your help with this questionnaire. The information will be used by the school to improve the way that information on pupils' difficulties and disabilities is collected and used in schools to promote the wellbeing of children. No information will be published that would identify your child. By returning this form you are agreeing that information can be used in this way. Information will be shared with those staff in the school who support your child unless you ask us not to below.

Is there any person in the school who you would not like to share this information with?

Please name them: