



ADMISSION FORM

1. Pupil Details:

Surname	Forename(s)
Home Address	Date of Birth
	Male / Female
Home Telephone Number:	

Sibling(s) currently at Hope Community School

2. Details of the person(s) the child lives with:

Surname	Home telephone number:
Forename	Work telephone number:
Relationship to child	Mobile telephone number:
Email address: (this will be main form of contact)	
Are you a member of the armed services (Please specify) YES/NO	

Surname	Home telephone number:
Forename	Work telephone number:
Relationship to child	Mobile telephone number:
Email address:	
Are you a member of the armed services (Please specify) YES/NO	
Is your child a "Looked After" child e.g. Foster Care? (Please specify) YES/NO	
Is your child 'post Looked After' e.g. Special Guardianship or Adopted? YES/NO	

3. Details of any non-resident parent:

Surname	Home telephone number:
Forename	Work telephone number:
Relationship to child	Mobile telephone number:
Email address:	
Home address:	
Does this person have parental responsibility? YES / NO	Is this person entitled to receive information regarding the child? YES / NO
May we contact this person in the event of an emergency? YES / NO	Are they a member of the armed services? YES / NO (please specify)

4. Emergency Contacts:

In the event of an emergency we shall initially contact the person(s) named in section 2. However, we require the details of two other people we should contact if we cannot contact those named in section 2.

Contact 1:

Surname	Home telephone number:
Forename	Work telephone number:
Relationship to child	Mobile telephone number:
Email address:	
Home address:	

Contact 2:

Surname	Home telephone number:
Forename	Work telephone number:
Relationship to child	Mobile telephone number:
Email address:	
Home address:	

5. Medical Information:

Name of GP:	Telephone number of GP:
Address of GP:	
Name of Health Visitor:	Telephone number of Health Visitor:
Address of Health Visitor:	

Does your child have any medical conditions / dietary requirements that we should know about? (please continue on a separate sheet if necessary)

Medical Conditions:
Details:

Medication required in school:
Details:

Allergies:
Details:

Dietary requirements:
Details:

Please give details below of any other services that have been involved with your child and the person you have been dealing with:

Speech Therapy	
Educational Psychologist	
Social Services	
Doctor (other than GP)	

6. Other information:

Ethnicity:

The Department for Education require Schools to provide statistical information about the ethnic background of pupils. Please assist the school by providing this data.

Ethnicity:
Country of birth:
National identity:

Languages:

First language: (main language spoken)	Home language: (other languages spoken at home)
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Religion:

Child's Religion (if appropriate)

Mode of transport:

Please indicate your child's usual mode of transport to and from school.

Walk		Bus		Cycle	
Car / Van		Car share		Taxi	
Train		Other (please specify)			

7. Other Schools:

Please give details of any Schools, Nursery or Pre-Schools currently or previously attended by your child:

Name of School:	Dates attended:
Address of School:	Telephone number:

Name of School:	Dates attended:
Address of School:	Telephone number:

DATA PROTECTION ACT

Information supplied will be held in a computer system at the School your child will be attending which is registered with the Data Protection Registrar and will be used for the purpose of Schools Administration for your child's current and future Schools. Information may be disclosed to bonafide, authorised council employees, councillors, School Governors and the Department for Education for administrative and statutory reasons.



PARENTAL PERMISSIONS

FULL NAME OF CHILD:

Educational Visits

There are occasions when classes benefit from short visits to the local environment. ie; local shops, churches, schools, parks, etc.

Please sign below to indicate that you give permission for your child to take part in such visits during their time at Hope Community School.

Name of person completing form:

Signed:

Date:

E-Safety Agreement

Internet and ICT:

As the parent / carer of the child named below, I grant permission for the school to give my child access to:

- ☐ the Internet at school
- ☐ the school's chosen email system
- ☐ the school's online managed learning environment (CIVICA)
- ☐ ICT facilities and equipment at the school.

I accept that ultimately the school cannot be held responsible for the nature and content of materials accessed through the Internet and mobile technologies, but I understand that the school takes every reasonable precaution to keep pupils safe and to prevent pupils from accessing inappropriate materials.

I understand that the school can, if necessary, check my child's computer files and the Internet sites they visit at school and if there are concerns about my child's e-safety or e-behaviour they will contact me.

Use of digital images, photography and video: I understand the school has a clear policy on "The use of digital images and video" and I support this.

I understand that the school will necessarily use photographs of my child or including them in video material to support learning activities.

I accept that the school may use photographs / video that includes my child in publicity that reasonably promotes the work of the school, and for no other purpose.

I will not take and then share online, photographs of other children (or staff) at school events without permission.

Social networking and media sites: I understand that the school has a clear policy on "The use of social networking and media sites" and I support this.

I understand that the school takes any inappropriate behaviour seriously and will respond to observed or reported inappropriate or unsafe behaviour.

I will support the school by promoting safe use of the Internet and digital technology at home. I will inform the school if I have any concerns.

Name of person completing form:

Signed:

Date:

