# SCHOOL ADMISSION FORM

**MAIN SCHOOL ONLY** ☐

CLAYTON ST JOHN
C of E PRIMARY SCHOOL

A member of the bdat family

**Clayton St John CofE Primary School**
Bradford Road, Clayton, Bradford, BD14 6DD
Telephone: 01274 815862, Fax: 01274 884856
Email: office@claytonce.bdat-academies.org
Website: www.claytonce.co.uk

**NURSERY**

| | | |
|---|---|---|
| 5 MORNINGS | 8:30 to 11:30 | ☐ |
| 5 AFTERNOONS | 12:15 to 15:15 | ☐ |
| 5 FULL DAYS | 8:30 to 15.00 | ☐ |

(Please complete Parent Agreement Form and provide HMRC Eligibility Code for 30 Hours funded sessions)

Please complete this form in full. If there are parts you cannot yet complete please tell the school about these when you hand in the form. Please also provide sight of your child's birth certificate.

## Child Details

| Forename (as on Birth Certificate) | Surname (Legal not preferred) | Other names (preferred) |
|---|---|---|
| | | |

If appropriate, underline the forename by which your child is known

| | | |
|---|---|---|
| Current Home Address | | Date of Birth / / |
| | Post code | Gender (please ✓) |
| | *It is important that your post code is accurate. If you are not sure of it please ask at school.* | M ☐ F ☐ |

## Details of the people who have legal parental responsibility for this child

The Education Act 1996 defines a parent to include the natural parents of the child as well as a person: (a) who is not a parent but who has parental responsibility, or (b) who has care of the child.

| | Relationship to your child | Mr, Ms, Mrs etc | Forename | Surname | Home address, if different from your child's |
|---|---|---|---|---|---|
| 1 | | | | | |
| | ☎Work | ☎Home | ☎Mobile | | |
| | | | | | e-mail: |
| 2 | | | | | |
| | ☎Work | ☎Home | ☎Mobile | | |
| | | | | | e-mail: |
| 3 | | | | | |
| | ☎Work | ☎Home | ☎Mobile | | |
| | | | | | e-mail: |

**Birth Certificate Seen? - YES / NO**

**Office Staff:** *please sign to say Birth Certificate seen and all details checked against those provided on this Form. All details i.e. names, date of birth etc. must be identical. Please state if full or short Birth Certificate seen.*

Signed _____ Dated _____

## Additional Emergency Contacts

People other than the above who can be contacted in an emergency.

| Relationship to the child | Mr, Ms etc | Forename | Surname | Home address, if different from the child's |
|---|---|---|---|---|
| | | | | |
| ☎Work | ☎Home | | ☎Mobile | |
| | | | | |
| | | | | |
| ☎Work | ☎Home | | ☎Mobile | |
| | | | | |

## Other family details

Please give details of any other children currently living at your child's home(s).

| Children's names | Date of birth | Sex: M or F | School attending (if applicable) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Educational History

Last school/nursery attended

The new school will obtain earlier school records from the school named below

| School name | Address | Telephone |
|---|---|---|
| | | |
| | | |

| Dates attended above school | From | | To | |
|---|---|---|---|---|

If your child has had any gaps in his/her education please provide detail below

The start and end dates of the gap(s) and reason(s)are required.

## Ethnicity & Faith

Please tick the box that you believe best describes your child's ethnicity:

| **White** | | **Asian and Asian British** | |
|---|---|---|---|
| English / Scottish / Welsh / Cornish (please circle) | | Indian | |
| Irish | | Pakistani – Mirpuri | |
| Gypsy / Roma | | Pakistani (not Mirpuri) | |
| Traveller of Irish heritage | | Bangladeshi | |
| White Other | | Any other Asian background | |
| **Mixed** | | **Chinese** | |
| White and Black Caribbean | | Chinese | |
| White and Black African | | | |
| White and any other Asian background | | An ethnic group not listed here (please specify) | |
| Any other mixed background | | | |
| **Black or Black British** | | | |
| Caribbean | | | |
| African | | | |
| Any other black background | | I do not wish to have this recorded | |

| Religion: | | What is the main language spoken at home? | |
|---|---|---|---|

## Doctor, Health Care & other specific arrangements

| Name of doctor & surgery | | Contact details of practice/health centre | | | |
|---|---|---|---|---|---|
| | | The school has contact details of local doctors. If you are not using a local doctor, please supply the contact details separately. | | | |
| INHALER | Does your child use one? | Yes | No | If yes, frequency taken | |
| | If yes, type of medication? | | | | |

| Other medical information relevant to your child's development and school life e.g. hearing, sight, allergies, diabetes, epilepsy. |
|---|
| |

| | | | |
|---|---|---|---|
| Is the child a Looked After Child by the Local Authority? | Yes | No | If so please attach details/evidence |
| Does the child have a statement of special needs? | Yes | No | If so please attach details/evidence |

| If your child has other particular needs in relation to his/her education please describe them here: |
|---|
| |

| | |
|---|---|
| Please give details of dietary requirements. e.g. vegetarian, vegan, halal or any food allergies. | |

## Information for Additional Funding

**Additional funding is allocated to schools based on the number of children who meet the criteria below. Please help us by providing the information below. If you would like to provide this information in confidence, please telephone the office on 01274 815862 (please tick below)**

| | Yes | No |
|---|---|---|
| Does either parent or guardian serve in the British Armed Forces e.g. Army, Navy or RAF? If so, please indicate the name of the parent and the division/military camp at which they are based. | | |
| Is your child in care or have they been in care for 1 day or more? | | |
| Was your child adopted from care in England and Wales or did your child leave care under a Special Guardianship order (under the Children Act 1989) or a Residential Order (under the Children Act 1989)? | | |
| Was you child adopted from state care outside of England and Wales? | | |
| **Is your child entitled to free school meals? If yes – it is important that you notify Bradford Council/Benefits Service that your child is moving schools to ensure your child continues to receive free school meals – Tel: 01274 432772** | | |
| **Early Years Pupil Premium** | | |
| Providers can claim extra funding through the Early Years Pupil Premium to support children's development, learning and care. Bradford Council will inform your childcare provider if your child is eligible for EYPP based on you being in receipt of out-of-work benefits. If the provider is not informed your child is eligible and they think your child should be eligible then they can carry out an online check. If you wish the provider to carry out a check please provide the following information. Please note: you are giving permission to check your eligibility from the relevant benefits.. | | |
| **Parent Name** | | |
| **Parent Date of Birth** | | |

| **Parent National Insurance Number or National Asylum Seeker's Support Number** | | |
|---|---|---|
| ***Tick which eligibility you meet on the list below and the provider will carry out a check*** | | |
| Income Support | | |
| Income-based Jobseeker's Allowance | | |
| Income-related Employment and Support Allowance | | |
| Support under part VI of the Immigration and Asylum Act 1999 | | |
| The guaranteed element of State Pension Credit | | |
| Child Tax Credit (provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190) | | |
| Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit | | |
| Universal Credit - your household income must be less than £7,400 a year after tax not including any benefits you get | | |

The information you have given on this form will be held by the school and Bradford Metropolitan District Council Children's Services. It will be shared within Bradford Metropolitan District Council and its contractors in order to provide and plan services e.g. School Transport. It will be used to administer health, social and welfare care and will be shared with healthcare advisors, practitioners and other relevant agencies. It will be forwarded to your child's new school if and when s/he changes school. It will also be used for statutory returns and for research purposes.

All information given will be held in the strictest confidence under the requirements of the Data Protection Act 2018. For further details please see the Data Protection Act document included within the admission information given to you by the school.

By signing this form:

- I confirm that I have parental responsibility for this child
- I note the above statement and believe the information provided in this form to be correct as of this date.
- I agree that I will inform the school of any changes that may occur whilst my child attends the school.

| Signed (parent): | | Date: | |
|---|---|---|---|

Where did you hear about our school? Please tick all that apply.

Leaflet ☐ Social Media ☐ Internet search ☐ Word of mouth ☐ Bradford Council ☐

Other, please specify _____

Thank you. When completed, please return this form to the school.