**Pupils Name………………………………………………..……….…Infant Class ……………………………………….**

**Starting Date: Wednesday 25th August 2021**

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**“*A Community that lives, learns and laughs together”***

**YEAR 3**

 **ADMISSION**

**BOOKLET**

**IMPORTANT**

The data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Article 6 and Article 9 of the GPDR, Education Act 1996 Regulation 5 of The Education (Information About Individual Pupils) (England) Regulations 2013

Not only does this data help us to operate as an Educational Establishment but it also helps us keep your child safe and provide an education that is tailored to their needs**.**

**It is important that the information we hold is up to date.**

**Please let us know as a matter of urgency if the information we hold about your child has changed.**

For more detailed information about how we collect and use information please refer to our Privacy Policy, Data Protection and Retention Policy. A copy can be requested from the school office.

If you should have a concern about the way, we are collecting or using your personal data you should raise your concern with us in the first instance.

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| **PUPIL’S DETAILS** **First Name**: **Surname**: **Middle name**:  Name the pupil prefers to be called in school:  Date of Birth: Gender : Home Address: Postcode: Home Telephone Number: |
| **FAMILY LINKS**Who does the child live with? Number of children in the family: Child’s position in the family: Names of brothers and sisters at Uplands Junior / Infant School Name: Class: Name: Class: |
| **INTERNATIONAL NEW ARRIVALS** **Country of birth*:*** *(if not from the UK)* **Date of entry to UK**:  What previous schooling has your child had abroad?   How many years was your child in school? Was it an English speaking School? Yes / No Are there any gaps in schooling (including waiting for a UK school place)? Yes / No  If Yes what was the reason?   Name and address of previous School(s) attended in the UK?**Reason for leaving previous school:**Did your child take KS1 SATS in Year 2? Yes / No If Yes name of school?  |
| **FOR OFFICE USE ONLY** **Date of Admission: UPN:** **Year Group: Class:** |
| **PARENT/CARER CONTACT INFORMATION** **1st Contact**  (Mr/Mrs/Miss/Ms) **Forename**:  **Surname**: **Relationship to Child**: Address: ***(if different from your child’s)*** Parental responsibility: Yes / No Home Telephone Number: Mobile Number: Place of Work: Occupation:  Work Number: |
|   **2nd Contact**  (Mr/Mrs/Miss/Ms) **Forename**: **Surname**: **Relationship to Child**: Address: ***(if different from your child’s)*** Parental responsibility: Yes / No Home Telephone Number: Mobile Number: Place of Work: Occupation:  Work Number:  |
|  **NON PARENTAL CONTACT (1)** (Mr/Mrs/Miss/Ms)  **Forename**: **Surname**: **Relationship to Child**: Home Telephone Number: Mobile Number: Place of Work: Occupation:  Work Number: |
|  **NON PARENTAL CONTACT (2)** (Mr/Mrs/Miss/Ms)  **Forename**: **Surname**: **Relationship to Child**: Home Telephone Number: Mobile Number: Place of Work: Occupation:  Work Number: |

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| **Name and phone number of the person to ring first if your child is not well or injured:** Name of Person to ring: Telephone Number: |
| **Name(s) of person who will be collecting your child at the end of the school day (3.10 pm)**1. Name: Mother/Father/other ……………………………………
2. Name: Mother/Father/other ……………………………………
3. Name: Mother/Father/other …………………………………..
 |
| **PREFERRED METHOD OF COMMUNICATION**:  Will you need any letters sent by the school translated in home language: Yes / No   If yes which language: **SIBLING DETAILS / FAMILY LINKS:**Name: …………………………………………………………................. Class …………………  Name: ………………………………………………………………………… Class ……………….. Name: ……………………………………………………………………….. Class …….…………. |

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| **ETHNIC / CULTURAL INFORMATION** Nationality: First Language: Home Language:  **RELIGION** (please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Buddhist |  | Jewish |  | No religion |  |
| Christian |  | Muslim |  | Other (please specify) |  |
| Hindu |  | Sikh |  | Refused |  |

 **ETHNIC BACKGROUND** (please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WHITE/WHITE BRITISH** |  | **ASIAN / ASIAN BRITISH** |  | **OTHER** |  |
| White British |  | Indian |  | Chinese |  |
| White Irish |  | Pakistani |  | Other ethnic group |  |
| Traveller of Irish origin |  | Bangladeshi |  | Gypsy / Roma |  |
| Gypsy/Roma |  | African Asian |  | refuse |  |
| White European |  |  |  |  |  |
| White Other |  |  |  |  |  |
| **MIXED /DUAL** |  | **BLACK / BLACK BRITISH** |  |  |
| White and Asian |  | Black Caribbean |  |
| White and Black African |  | Black Somali |  |
| White and Black Caribbean |  | Other Black African |  |
| Any other mixed background |  | Any other Black Background |  |

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| **FIRST LANGUAGE & HOME LANGUAGE** (please tick)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Arabic |  | Greek |  | Punjabi |  | Urdu |  |
| Bengali |  | Gujarati |  | Polish |  | Yoruba |  |
| Chinese |  | Hindi |  | Portuguese |  |  |  |
| Croatian |  | Hungarian |  | Romanian |  | **Other**………………………………… |
| Danish |  | Katchi |  | Slovak |  |
| English |  | Italian |  | Somali |  |
| French |  | Kurdish |  | Spanish |  |
| German |  | Lithunanian |  | Turkish |  |

  English as an additional Language (EAL)? Yes / No   Are the parents and/or pupil asylum seeker or refugee? Yes /No**LEVEL OF ENGLISH YOUR CHILD HAS**: No English spoken Speaks a few words of English  Speaks enough English to understand basic instructions  Speaks enough English to cope in the classroom with support  Is competent in both mother tongue & English What languages are spoken at home?  Are they fluent in home language? Yes / No Can they read /write in their home language? Yes / No   |
| **LUNCH ARRANGEMENTS** Paid School Meals: Yes / No **(please tick** ) Halal Meat Vegetarian Packed lunch brought from home: Yes / No Home Dinners : Yes / No **Eligible for Free School Meals**: Yes / No FSM voucher expiry date:**FOOD ALLERGIES or DIET RESTRICTION** ***(Confirmation letter from Doctor or Nurse is required.)*** Please tick

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Artificial colouring allergy |  | Kosher Foods only |  | No pork |  |
| Gluten Free |  | No Diary Produce |  | No egg |  |
| Halal Meat only |  | No Nuts |  | Seafood allergy |  |
|  |  |  |  | Vegetarian |  |

**ANY OTHER DIETRY REQUIREMENTS** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………... |

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| **MEDICAL** Name of Doctor: Telephone Number: Address of Surgery: |
| **MEDICAL CONDITIONS *(please tick the relevant box)*****Asthma or other** (please state**) ……………………………………………………….** Requires an inhalerYes / No**If your child uses an inhaler spares should be kept in school.*****(it is the person with parental responsibility who must ensure that they are not out-of-date)*** **Eczema Diabetes Epilepsy Nut Allergy**  **other Allergy** (please state**) ………………………………………………………………………………..**Requires an EpipenYes / No **If your child uses an epipen, spares should be kept in school.*****(it is the person with parental responsibility who must ensure that they are not out-of-date)*****Other Medical condition *(please gives details of condition) ………………………………………………………******…………………………………………………………………………………………………………………………………..……………..******…………………………………………………………………………………………………………………………………….……………******…………………………………………………………………………………………………………………………………..……………..*****Any Health Referrals: Yes / No****Any other medical information:** |

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| **FOR PARENTS: About your child** |
| **What subject/s does your child like best at school?** |
| **Does your child make friends easily?** |
| **Did your child have any problems at their school/s?** |
| **What does your child like doing out of school?** |
| **What is your child like at home?** |
| **Is there anything else you can tell us about your child that you think may help us in school?** |



**Email Request Slip -**

Please complete this slip to aid the school to communicate with parents/carers directly via **School Gateway App** to make communication more reliable and faster rather than depending on pupils to deliver letters and notices home. **Email and mobile number must be from the same phone as your first contact for school.**

Pupils name: ……………………………………………………………………………………… Class. …………….

Parent/Carer’s Name …………………………………………………………………………. Date …………………………..

**1st contact: Parent/Carer’s** (email address) ……………………..………………………………………………………

 (mobile No) ………………………………………………..…………………………………

**THIS FORM SHOULD ONLY BE SIGNED BY THE PERSON WITH LEGAL PARENTAL RESPONSIBLILITES FOR THE CHILD NAMED ON THE ADMISSION FORM.**

**Child’s Name ………………………………………………….…… Class ………………**

**Parent/Carer’s Name ………………………..…….…..………........ (Please Print)**

**Signature of Parent /Carer……………………….…………………..**

**Date of Signature ……………………..……….…………..……………**

**Uplands Junior L.E.A.D Academy Uniform Policy**