

## **Heathfield Junior School**

## **Admission / Emergency Contact Form**

The information given below will be maintained on the school's database to which no unauthorised person shall have access and will be subject to strict control under the General Data Protection Regulation (GDPR) 2018. Our Privacy Policy is available online

www.heathfieldschoolspartnership.org/federation/docs/policy/hsp-gdpr-privacy-notice-for-pupils-data-may-2018.pdf

Child's Details	
Surname:	Date of Birth:
First Name:	Boy Girl Please circle
Known Name:	Previous Surname (if any):
Address:	
Postcode:	
Adult Contacts (Parent/Guardian) 1st	
Name:	
Relationship to child:	
Address (if different to child):	
Home telephone no:	
Mobile no:	
Work Telephone no:	
Email address*:	
Name:	2 <sup>nd</sup> contact
Relationship to child:	
Address (if different to child):	
Home telephone no:	
Mobile no:	
Work Telephone no:	
Email address*:	

<sup>\*</sup> If you supply an email address, we will only use this to send you information from the school. We won't share your information with any other organisations for marketing, market research or commercial purposes, and we don't pass on your details to other websites.

Other Emergency Contacts			
Name:	Name:		
Relationship to child:	Relationship to child:		
Home telephone no:	Home telephone no:		
Mobile no:	Mobile no:		
Work Telephone no:	Work Telephone no:		
Siblings (brothers & sisters)			
Name:	Name:		
Boy Girl (please circle)	Boy Girl (please circle)		
Date of birth:	Date of birth:		
Current School:	Current School:		
Name:	Name:		
Boy Girl (please circle)	Boy Girl (please circle)		
Date of birth:	Date of birth:		
Current School:	Current School:		
Previous/current school			
Name & address			
Telephone Number:			
Date left school:			
Medical Information			
GP name, address and telephone number			
inhalers), eczema (medication: cream)	cations that your child takes regularly eg. asthma (medication:		
PERMISSION TO CALL DOCTOR YES / NO P	ERMISSION TO ADMINISTER FIRST AID YES / NO		
IF YOUR CHILD IS ASTHMATIC, A NAMED INHALER MUS	T BE KEPT IN THE SCHOOL OFFICE AT ALL TIMES.		
<u> </u>			
Internet Use and Responsibility [parent/guardia	n]		
I give permission for my child to use the internet. I understand that pupils will be held accountable for their own actions. I also understand that some materials on the internet may be objectionable and I accept responsibility for setting standards			
for my child to follow when selecting, sharing and exploring information and media. I have read the rules for responsible internet use and am aware that the 'E-Safety policy is available to view on the school's website.			

SIGNED ...... PARENT/GUARDIAN

on its use. I will use the network in a responsible way and		,
SIGNED	PI	JPIL
Additional Information		
First language of child:	First language of parents:	
Language spoken at home:	Does your child speak English? YI	ES/NO
Child's Religion:		
Has either parent served in the UK military/armed forces - now or in the last 3 years <b>YES/NO</b>	-	
Is your child in receipt of an Educational Health Care Plan	(EHCP)? YES/NO If yes, please give of	letails below:
Is there any other information that you feel it would be help This may be diet related, personal or family related issues		after your child?
,	·	
We serve <b>non-halal</b> meat for our school lunches. Please	confirm whether your shild is allowed to a	et non holel meet
My child can eat non-halal meat: My child is vegetarian:	YES / NO* * d YES / NO*	elete as necessary
iviy Ciliid is vegetariari.	YES / NO"	
	YES / NO*	
My child is entitled to free school meals [proof required]	YES / NO*	S:
My child is entitled to free school meals [proof required]	YES / NO*	s:
My child is entitled to free school meals [proof required]  Please give details of any other foods that your child cannot	YES / NO*	S:
My child is entitled to free school meals [proof required]  Please give details of any other foods that your child cannot prove the content of the content o	YES / NO* ot eat due to allergies or religious reasons	S:
My child is entitled to free school meals [proof required]  Please give details of any other foods that your child cannot prove the consent please indicate, by circling as necessary that you are giving the consent prove the cons	YES / NO* ot eat due to allergies or religious reasons	5:
My child is entitled to free school meals [proof required]  Please give details of any other foods that your child cannot prove the second process of the	YES / NO*  ot eat due to allergies or religious reasons  ng permission for the following:	
My child is entitled to free school meals [proof required]  Please give details of any other foods that your child cannot please give details of any other foods that your child cannot please indicate.  Please indicate, by circling as necessary that you are given school Trips  I agree to my child participating in off-site trips and	YES / NO*  ot eat due to allergies or religious reasons  ng permission for the following:	YES / NO YES/NO
My child is entitled to free school meals [proof required]  Please give details of any other foods that your child cannot prove the second process of the	YES / NO*  ot eat due to allergies or religious reasons  ng permission for the following:	YES / NO
My child is entitled to free school meals [proof required]  Please give details of any other foods that your child cannot please give details of any other foods that your child cannot please indicate, by circling as necessary that you are given school Trips  I agree to my child participating in off-site trips and Receiving first aid or urgent medical treatment on Visiting places of worship off site.	YES / NO*  ot eat due to allergies or religious reasons  ng permission for the following:	YES / NO YES/NO
Please give details of any other foods that your child cannot please give details of any other foods that your child cannot please give details of any other foods that your child cannot please give details of any other foods that your child cannot please indicate, by circling as necessary that you are given school Trips  I agree to my child participating in off-site trips and Receiving first aid or urgent medical treatment on Visiting places of worship off site.  Photographs/Videos  I am happy for my child's photograph/video to be used.	YES / NO*  ot eat due to allergies or religious reasons  ng permission for the following:  d activities and off-site  used within school premises	YES / NO YES/NO
My child is entitled to free school meals [proof required]  Please give details of any other foods that your child cannot please give details of any other foods that your child cannot please indicate, by circling as necessary that you are given school Trips  I agree to my child participating in off-site trips and Receiving first aid or urgent medical treatment on Visiting places of worship off site.  Photographs/Videos  I am happy for my child's photograph/video to be used to an happy for my child's photograph.	YES / NO*  ot eat due to allergies or religious reasons  ng permission for the following:  d activities and off-site  used within school premises used in the school publications	YES / NO YES/NO YES/NO YES / NO YES / NO
My child is entitled to free school meals [proof required]  Please give details of any other foods that your child cannot provide the proof of the p	YES / NO*  ot eat due to allergies or religious reasons  ng permission for the following:  d activities and off-site  used within school premises used in the school publications graph/video on the school website 1	YES / NO YES/NO YES/NO

Internet Use and Responsibility [pupil]

If you change your mind at any time, you can let us know by emailing of	ffice@heathfield-jun.richmond.sch.uk or by writing a
letter and handing it in at the school office.	

## ETHNIC BACKGROUND RECORD FORM

(Based on the National Population Census ethnic categories)

## Ethnic background is not the same as nationality or country or birth

Please study the list below and tick one box only to indicate the ethnic background of the child named overleaf.

We are required by law to provide the information you give in this section to the DfE.

White British/English/Welsh/Scottish/Northern Irish Irish Gypsy or Irish Traveller Any other White background, please describe	Asian/Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background, please describe	
Mixed/Multiple Ethnic Groups White and Black Caribbean White and Black African White and Asian Any other mixed/multiple background	Black/African/Caribbean/ Black British Caribbean African Any other black background, please describe	
Other Ethnic Group Arab Any other ethnic background, please describe		
Signed	 Relationship to child	
Print Name	 Date	

PLEASE MAKE SURE YOU LET THE SCHOOL OFFICE KNOW OF ANY CHANGES TO ANY INFORMATION PROVIDED ON THIS FORM