

Admission Form 2021/2022

Please fill all boxes as accurately and completely as possible. * = Compulsory Information

Student Details

* Legal Surname <input style="width: 100%;" type="text"/> * Chosen Surname <input style="width: 100%;" type="text"/> * Middle Name (s) <input style="width: 100%;" type="text"/> * Date of Birth <input style="width: 100%;" type="text"/>	* Legal Forename <input style="width: 100%;" type="text"/> * Chosen Forename <input style="width: 100%;" type="text"/> * Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
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* Address

* Post Code <input style="width: 100%;" type="text"/>	* Mobile Number <input style="width: 100%;" type="text"/>	Home Number <input style="width: 100%;" type="text"/>
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* Parent/s email address <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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* Ethnic Origin/Please see attached sheet. *Language spoken at home <input style="width: 100%;" type="text"/>	*Religion <input style="width: 100%;" type="text"/>
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* All Previous Schools Attended

Name of School	Town	Date Admitted	Date Left

* Emergency Contact Details

Please give details of who should be contacted in an emergency in priority order.

Please note that all texts from school will be sent to priority number one.

	Name	Relation to Student	Day Time Address	Daytime Phone Number or Mobile
1				
2				
3				

***Parent Details**

Who has 'parental' responsibility for the student?

Name	Relationship to Student	Address	Occupation and Place of Work	Telephone Number or Mobile for Text Alerts

*Parent/Parents ever served full time in the Armed Forces	Yes	No
Do any parents living outside of the family home require a duplicate report? Please indicate which parent.		

*Pupil Nationality

*Pupil Country of Birth

Medical Details

Name of Doctor

Surgery

Details of any medical condition, including any long-term medication. **Mrs Pattinson will arrange an appointment if more information is required.**

***Brothers/Sisters**

Please give details of all brothers and sisters of the student.

Name	Date of Birth	School (if at school)	School Year (if at school)

Free School Meal Eligibility

We want to make sure that we are providing your child with the best education and support we can. Healthy school food has obvious health benefits and can help pupils establish healthy habits for life. Healthy school food can also help to improve pupils' readiness to learn.

Families who receive certain benefits may be eligible for free school meals. Your child is eligible for free school meals if you're in receipt of one of the following benefits:

- Universal Credit with an annual net earned income of no more than £7,400.
- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under Part 6 of the Immigration and Asylum Act 1999
- The guarantee element of Pension Credit
- Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190

Registering for free meals could also raise an extra **£1,320** for your child's school and **£900** for your child's secondary school, to fund valuable support like extra tuition, additional teaching staff or after school activities.

This additional money is available from the central government for every child whose parent is receiving one of the benefits listed above.

*Free School Meals

Please tick appropriate boxes.

If you are in receipt of one of the above benefits or have been within the last 6 years please tick and we will send out the relevant form for you to complete.	
Does student receive free school meals at their present school?	
Will the student be eligible for free school meals at Wellfield Middle School?	
Please tick this box if you would like to find out if you are eligible for free school meals.	

Pupil Premium Eligibility.

<p>Please tick this box if your child has been adopted from care.</p> <ul style="list-style-type: none">• Those who were adopted from care (thereby ceasing to be looked after children);• Those who ceased to be looked after through a Special Guardianship Order (SGO);• Those who ceased to be looked after through Residence Order (RO);• Those who ceased to be looked after through a Child Arrangement Order (CAO)	
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GDPR – CONSENT

Under the legislation we are required to obtain parental consent (opt in) for a number of facilities and activities in school.

During the academic year, your daughter/son may be involved in a number of local visits and sports activities/clubs. These visits may be organised by various departments in the school and sports activities/clubs arranged by the PE department.

We must obtain parental/carer permission for your child to participate. If this consent is not provided then your child will not be able to participate in any of these off site activities. Your assistance in completing this process will be appreciated. Any changes in your child's health must be highlighted to the school at the earliest convenience in writing.

What you are consenting to:

I understand that my child may leave the school premises for local trips and sporting activities/clubs and give my consent for my child to participate in these activities.

- Can participate in local visits and activities/clubs.
- Can be transported in the school minibus / private vehicle of staff / taxi / volunteers supervising the visit, if required.
- Can receive medical treatment as necessary.
- This permission is valid from the date that is highlighted and will be reviewed annually

Photographs and video images are occasionally taken for the purpose of our school displays and sometimes in other printed publications, such as school prospectus. We may also use them on our school social media sites, local press and Local Authority.

If a photograph of an individual pupil is used, we will not use the name of that child in the accompanying text. If a pupil is named in the text, we will not use a photograph of that child to accompany the article.

From time to time, our school may be visited by the media, Local Authority press team who will take photographs or film footage of a high profile event. Children may appear in these images, which will sometimes be published in local or national newspapers, or on approved websites. To comply with GDPR, we need your permission before we can photograph or make any recordings of your child.

PARENTAL CONSENT **

	I give my consent for my child to attend local school trips and sports fixtures. As and when trips take place, you will be able to 'opt out' if you do not want your child to attend.
	I give permission for images of my child to be used on the school's website
	I give permission for images of my child being used on the school's social media – twitter / facebook
	I give permission for images of my child being used for school publications for students being distributed on DVD, CD or through other secure internal electronic systems (for teaching or display purposes)

This consent is valid indefinitely from the date that the form is signed. Consent can be withdrawn at any point; this must be done in writing to the school.

If you are in any way concerned about providing permission for visual images to be used in your own child's case, please email admin@wellfieldmiddleschool.org.uk in confidence explaining your circumstances.

Our Privacy Policy should be accessed via our school website

<http://www.wellfieldmiddleschool.org.uk/general-data-protection-regulation-gdpr/>

Parent Signature Date

EQUALITY MONITORING FORM

The Government requires schools to monitor and report on the progress of students from all ethnic groups and those with other protected characteristics (as defined by the Equality Duty 2010). This information will assist us in ensuring that we have equal access for everyone and allow us to work to remove any barriers as well as to eliminate discrimination and harassment. Would you please fill in the relevant sections below and add any further details that you think may be appropriate?

Completion of this information is entirely voluntary. Parents/carers may want to fill in the whole form or only certain parts of it. Any information will be kept strictly confidential. If, however, you have any needs or concerns that you wish to discuss or for the school to address you may wish to contact us direct.

***Ethnic Monitoring** The categories for ethnic monitoring are those used by the Government in the 2011 census.

	Further Details
<p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other white background</p> <p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background</p> <p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background</p> <p>Chinese or Other Ethnic Group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other group</p>	

Form A - Agreement to Administer Medicine

Note: Medicines must be in the original container as dispensed by the Pharmacy

Date for review	
Name of school	WELLFIELD MIDDLE SCHOOL
Name of child	
Date of birth	
Form class	
Medical condition or illness	

Medicine

Name/type of medicine(<i>as described on the container</i>)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Designated Member of Staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature _____ Date _____

Form D - Request for a child / young person to carry his/her own medicine.

Note: This form must be completed by the parent/ guardian/carer:

(If staff have any concerns then the request should be discussed with the healthcare professionals)

Name of School	Wellfield Middle School
Name of Child	
Form Class	
Name and Strength of Medicine	

- I would like my Son/Daughter to keep his/her medicine with him/her for use as necessary.
- I would like the medicine to be kept in a secure location for use by my Son/Daughter as necessary.
- I confirm that my Son/Daughter has received suitable information, instruction and training and is competent to administer their own medication.

Signature Of Parent/Guardian/Carer: _____ Date: _____

Signature Of Young Person: _____ Date: _____

Note: if more than one medicine is to be given then a separate form should be completed for each one.