

RANDLAY PRIMARY SCHOOL & NURSERY



Local Centre, Randlay, Telford, TF3 2LR

Telephone 01952 386986

Email: a2172@taw.org.uk

Follow us: @RandlayPrimary

Admissions Form

Why are we collecting your/your child's personal data and what will we do with it?

Randlay Primary School are collecting your/your child's to enable the school to register your child with the school to comply with a legal requirement under the Education (Pupil Registration) (England) Regulations.

Your / your child's personal information will be processed in accordance with the requirements of the Data Protection Act 2018 and will only be shared with 3rd parties where we are required / allowed to do so by law. Please note minimal amounts of your / your child's personal data will be securely shared with Telford & Wrekin Council and Department of Education in compliance with the regulations stated above.

To learn more about what personal data the school collect, why it collects and who it might share it with please view our privacy notice on the schools website www.randlayprimary.co.uk

Please note it is the parents/carers responsibility to notify the school immediately if any of the information on this admissions form changes

Childs Information

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--------|-----------|--|--|--|--|--|--|--|
| Child's Legal First Name | | | | | | | | | | | | | | | | | | | | |
| Child's Middle Name | | | | | | | | | | | | | | | | | | | | |
| Child's Legal Surname | | | | | | | | | | | | | | | | | | | | |
| Child's Chosen Name | | | | | | | | | | | | | | | | | | | | |
| Child's Date of Birth | | | | | | | | | | | | Gender | | | | | | | | |
| Childs Home Address | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Post Code | | | | | | | |
| Sibling/s in school | | | | | | | | | | | | | | | | | | | | |

What is your child's ethnic origin – please tick applicable box below:

| | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| British (WBRI) | White & Black Caribbean (MWBC) | Other Pakistani (AOPK) | Chinese (CHNE) |
| Irish (WIRI) | White & Black African (MWBA) | Bangladeshi (ABAN) | Japanese (OJPN) |
| Traveller of Irish Heritage (WIRT) | White & Asian (MWAS) | Any Other Asian Background (AOTH) | Korean (OKOR) |
| White European (WEUR) | Any Other Mixed Background (MOTH) | Caribbean (BCRB) | Refused (REFU) |
| Gypsy/Roma (WROM) | Indian (AIND) | African (BAFR) | Do not record an ethnic code (NOBT) |
| Any Other White Background (WOTW) | Mirpuri Pakistani (AMPK) | Any Other Black Background (BOTH) | |

| | |
|-------------------------------|---|
| What is your child's religion | <i>(eg Christian, Hindu, Muslim, other)</i> |
|-------------------------------|---|

| | |
|--|--|
| What is your child First/Native Language | <i>(eg English, Japanese, French, other)</i> |
|--|--|

(The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community)

| | |
|----------------------------------|--|
| What is your child's Nationality | |
|----------------------------------|--|

Previous school or nursery details:

| | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of School / Nursery | | Phone Number | | | | | | | | | | | | | | | | | |
|--------------------------|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | |
|---------|--|
| Address | |
|---------|--|

Is your son/daughter adopted from care – Yes or No _____

Is your son/daughter currently in care – Yes or No _____

| | |
|----------|--|
| Details: | |
|----------|--|

Parents/Family Information

Who lives in the family home? _____

Please give the names and DOB of any pre-school siblings in the family home:

| | | | |
|-----------|--|---------------|--|
| Full Name | | Date Of Birth | |
| Full Name | | Date Of Birth | |

Parent/Carer Contact 1: (contact 1 only will receive all text messages sent by school)

| | | | |
|-----------------------------------|----------------------|-------------------------|--|
| Full name of parent/carers: | Mr/Mrs/Miss/Ms _____ | | |
| Relationship to child: | | Parental Responsibility | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address (if different from above) | _____ _____ | | |

| | | | |
|----------------|--|------------------|--|
| Home Telephone | | Work Telephone | |
| Place of Work | | Mobile Telephone | |
| Email Address | | | |

Contact 2:

| | | | |
|-----------------------------------|----------------------|-------------------------|--|
| Full name of parent/carers: | Mr/Mrs/Miss/Ms _____ | | |
| Relationship to child: | | Parental Responsibility | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address (if different from above) | _____ _____ | | |

| | | | |
|----------------|--|------------------|--|
| Home Telephone | | Work Telephone | |
| Place of Work | | Mobile Telephone | |

| | |
|---------------|--|
| Email Address | |
|---------------|--|

Contact 3:

| | | | |
|-----------------------------------|----------------------|-------------------------|--|
| Full name: | Mr/Mrs/Miss/Ms _____ | | |
| Relationship to child: | | Parental Responsibility | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address (if different from above) | _____ _____ | | |

| | | | |
|----------------|--|------------------|--|
| Home Telephone | | Work Telephone | |
| Place of Work | | Mobile Telephone | |
| Email Address | | | |

***If you would like to add any further contacts please attach this information on a separate piece of paper**

Please indicate if either mother or father works in the British Armed Forces:

| | | | |
|-----------------|--|-----------------|--|
| Mother – Yes/No | | Father – Yes/No | |
|-----------------|--|-----------------|--|

Please detail below if there are any custody issues that we need to be aware of, e.g. does your child only live with one parent, are you the child’s legal guardian, any legal access arrangements, etc. Please supply a copy of the legal documents relating to these arrangements.

| |
|----------------------------------|
| _____ _____ _____ _____ |
|----------------------------------|

Contact Doctor

| | | | | | | | | | | | | | | | | | | | |
|----------------|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Doctor | | Tel. No. | | | | | | | | | | | | | | | | | |
|----------------|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | |
|---------|--|
| Address | |
| | |
| | |

Does your child have any medical conditions of which the school needs to be aware?
Please detail below:

| |
|--|
| |
| |
| |
| |
| |

Identification

We will need to see proof of your child's date of birth.

I have enclosed a copy of my child's identification. Please indicate below which form of evidence you have provided.

| | | | |
|-------------------|--|----------|--|
| Birth Certificate | | Passport | |
|-------------------|--|----------|--|

Nursery Children Only

15hrs FREE childcare – 2 year olds

For eligible working families and families receiving some form of Government support, we are able to enrol children the term before they turn 3 years old (visit www.childcarechoices.co.uk)

15hrs FREE childcare – 3 and 4 year olds

All children are entitled to 15hrs free childcare the term after they turn 3 years old
(no code required for funding)

30hrs FREE childcare – 3 and 4 years olds

*For eligible working families of 3 and 4-year-olds the term after your child turns 3 years old

*Limited Spaces Available

To see if you are eligible for FREE funding childcare please visit: www.childcarechoices.co.uk

| FREE Funded Hours | Please supply the unique code relevant to your eligibility (must be renewed every 3 months) | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Do you qualify for 15 hours Funding Working Families If yes, please enter your unique code. | | | | | | | | | | | | | |
| Do you qualify for 15 hours Funding Government Support If yes, please enter your unique code. | | | | | | | | | | | | | |
| Do you qualify for 30 hours Funding 3 and 4 year olds If yes, please enter your unique code. | | | | | | | | | | | | | |

When to apply for your child's code

| When your child turns 2 or 3 | They can get 15 or 30 hours from | Recommended time to apply* |
|--------------------------------|---|-------------------------------|
| 1st September to 31st December | Term starting on or after 1st January | 15th October to 30th November |
| 1st January to 31st March | Term starting on or after 1st April | 15th January to 28th February |
| 1st April to 31st August | Term starting on or after 1st September | 15th June to 31st July |

*You can apply outside of these recommended dates but you might not receive your code in time

Please provide your National Insurance number below

| | | | | | | | | | | | | |
|---------------------------|---------------------|--|--|--|--|--|--|--|--|--|--|---------------|
| National Insurance Number | Parent / Carer name | | | | | | | | | | | Date of Birth |
| National Insurance Number | Parent / Carer name | | | | | | | | | | | Date of Birth |

Safeguarding children in Nursery

| | |
|---|--|
| We run a password system in Nursery, whereby should you be unable to collect your child the password is used to enable us to send your child home with another adult. Please provide us with your chosen password ie Favourite Football Team, colour, pets name | |
|---|--|

Disability Access Fund (DAF) for 3 and 4-year-olds

If your child is 3 or 4-years-old, has special educational or additional needs, is receiving Disability Living Allowance and is receiving their funded entitlement, they are eligible for the Disability Access Fund (DAF). Funding is paid per anniversary year will be paid to your child's early education or childcare provider, to support the provider to make reasonable adjustments and build capacity in their setting to support your child.

Is your child eligible for and in receipt of Disability Living Allowance (DLA)?

Yes No

Child's Name:

Parents/carer signature

If your child is splitting their funded entitlement across two or more settings, please nominate the main setting where Telford & Wrekin Council should pay the DAF:

Name of setting to receive DAF

Parents/carer signature

Provider to see and copy child's DLA letter and submit to the local authority for audit purposes)

In collecting your data for the purposes of checking your eligibility for the 2-year-old, or 3 and 4-year-old universal and extended funded entitlements, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF), Telford & Wrekin Council is exercising the function of a government department. Telford & Wrekin Council is authorised to collect this data pursuant to Section 13 of the Childcare Act 2006



Multi-purpose Parental Consent Form

Randlay Primary school is a data controller and as such we hold personal data about pupils to support teaching and learning, to provide pastoral care and to assess how the school is performing. We will only retain the data we collect for as long as is necessary to satisfy the purpose for which it has been collected, and we will abide by the 8 rules of Data Protection, and the 6 principles of the General Data Protection Regulations (May 2018)

We will not share information about pupils with a third party without your consent unless the law allow us to do so. We are, however, required by law, to pass certain information about pupils to specified external bodies, such as our local authority and the Department for Education, so that they are able to meet their statutory obligations.

You have a right under the Data Protection Act (and under GDPR from 25 May 2018) to ask to see information that we hold on you/your child. Individuals who wish to receive a copy of this information should submit a request in writing to the Headteacher (in line with our Data Protection Policy – please see school website or request a copy at the office)

The information given on this form will be used throughout your child's time at Randlay Primary School. Please advise the school office, in writing, of any changes.

You may withdraw your consent to any of the sections below, at any time, by contacting the school office (either in writing, or by emailing a2172@telford.gov.uk). Please note, however, that this may impact on our ability to include your child in certain educational activities (such as trips, visits, watching films etc.)

Childs Information

| Pupil | |
|-------|--|
| Name | |
| Year | |
| Class | |

CONSENT FORM

Please indicate whether you have given your consent in each case **by ticking** the box on the right-hand side; and sign and date the form on the last page.

General Consent

I/We give permission for my son/daughter to:

YES NO

| | | |
|---|--|--|
| Watch PG films or other suitably rated that are deemed suitable for showing in school | | |
| Access email and the internet in school, under the supervision of a member of staff, in-line with the school's acceptable usage policy | | |
| For my child to take part in food preparation/cooking and food tasting activities. Please let us know below whether they have any FOOD allergies or special dietary requirements: _____ | | |
| Care, pet and feed animals introduced in school | | |

I/We agree to

YES NO

| | | |
|---|--|--|
| To abide by the school's car park policy of not parking in the school staff car park when dropping off or collecting children from the school at any time of the school day. This includes both school and nursery times. | | |
|---|--|--|

Outings

I/We agree to

YES NO

| | | |
|--|--|--|
| Supervised visits to local destinations away from the main school site to support the curriculum (e.g. Telford Library, Local centres, Telford Town Park, Local churches, Telford Estates etc). | | |
| Supervised one-day non-residential visits within the UK | | |
| Representing the school in sports events/competitions and take part in swimming lessons during the school day. I/We understand that they may travel to/from events/competitions by taxi/minibus/coach | | |

We will advise you of any trip or visit prior to its occurrence.

Use of name/image (Including photographs and video recordings)

I/We give permission for my son/daughter's

YES NO

| | | |
|--|--|--|
| Name to be used on the school website, printed publications and media whilst being at school and possibly after they leave (Could viewed by external parties and potentially worldwide) | | |
| Image to be used on school website and/or media whilst being at school and possibly after they leave (Could be viewed by external parties and potentially worldwide) | | |
| Image to be used within school, e.g. on school books, wall displays, etc. whilst being at school and possibly after they leave. | | |
| Image to be used in printed school publications e.g. school prospectus, newsletter etc. whilst being at school and possibly after they leave (Could be viewed by external parties and potentially worldwide) | | |
| Image to be taken and used for miscellaneous circulation, e.g. images to be taken at school events whilst being at school and possibly after they leave (Could be viewed by external parties and potentially worldwide) | | |
| Image to be displayed in non-public positions (staff room, school office, etc) if child has a medical condition/allergy that a member of staff needs to be aware of | | |

Medical matters

Randlay Primary Primary School has a duty of care, under *Keeping Children Safe in Education (DfE) 2018 and **HSE Guidance, to ensure that any child who receives an injury whilst in our care will be treated by a trained first aider. If it is felt necessary we will call for emergency medical services to ensure the safety and wellbeing of your child.

In the case of first aid being administered we will ensure a form is sent home to advice parents/carers of any treatment applied. If the injury is deemed to be more serious the parent/carer will be called.

In urgent situations we will always endeavour to contact the parents/carers to advise of the situation but we will call for medical aid first.

YES NO

| | | |
|---|--|--|
| I give consent for my child to receive basic first aid from a member of staff who has received first aid training | | |
| To be given low level medication, e.g. paracetamol and/or plasters/bandages where required | | |
| I <u>DO NOT</u> agree to my child receiving any first aid | | |

In the event that your son/daughter requires emergency/lifesaving medical treatment, trained school staff will liaise with emergency services to ensure treatment can be given.

We will make every effort to obtain your agreement for this prior to any arrangements being actioned.

If you have any concerns about this please detail them below

Allergies:

If your child has any medical conditions/allergies, please outline them below:

.....
.....
.....

*you can download a copy at [https://www.gov.uk/government/publications/keeping-children-safe-in-education--2,](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2)

**Visit <http://www.hse.gov.uk/services/education/index.htm>

Over-the-counter (OTC) Medicines for Children

Medicines that are available over the counter are considered safe and appropriate for use without a prescription. Parents / Carers must give written permission for their child to be given medication; a form can be collected from the office. Randlay School will keep a written record of medication given.

School have paracetamol for emergencies. If a child requires medication, we will first contact the parent for permission and a written record will be made.

YES NO

| | | |
|--|--|--|
| Yes, I give permission for my child to have OTC medication administered. | | |
| No, my child CANNOT have OTC medication administered. | | |

Use of Online Learning Programmes

Sometimes the school uses online learning programmes to enhance children’s application of their learning in Maths and English. The children are registered on these programmes by school, and their information submitted is their name and class group. All data is administered by the school but it is held externally by a third party.

When on the programmes the children are allocated an identifier (user name) which is how they are seen, externally, whilst on these programmes.

Examples of on-line learning programmes are Mathletics and SPAG.

I give my permission for my son/daughter to:

YES NO

| | | |
|--|--|--|
| Use online learning programmes (information uploaded – child’s name, school and year group) | | |
|--|--|--|

Communication

Randlay Primary School keeps in touch with parents via several types of media.

Personal messages/contact is completed via:

- Face to Face
- Phone
- Letter

General information is also disseminated via:

- Social Media
- School Website
- School Newsletter.

Please ensure you have given us the correct contact details and that you keep us informed of any changes.

You can inform us of changes either by email, or by completing a form at the school office.

Please sign and date the form before returning it to the school office

Signed:

Date:

Print Name:

Relationship to child:



Free School Meals Application form

Please fill in all sections so that your child's eligibility for Free School Meals (**or your eligibility if you are applying for yourself**) can be verified. You must indicate the benefit you are receiving. If you have any questions, please call the **Free School Meals Helpline on 01952 383983**.

1 Your name and address

Title _____ Initial(s) _____ Surname _____
Address _____
Postcode _____ Email _____
Tel _____ Mob _____ Relationship to child(ren) _____

2 You and your partner (living at the address above)

| Title | Forename and surname | Date of birth | National Insurance Number or NASS Number |
|-------|----------------------|---------------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

3 Your children attending a school or sixth form for whom you are applying

| Forename | Surname | Gender | Date of birth | School attended | Start date |
|----------|---------|--------|---------------|-----------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

4 Your benefits – please select the benefit you receive which entitles you to Free School Meals

- Income Support
- Employment and Support Allowance (income related)
- Guaranteed element of Pension Credit
- Universal Credit, provided you have an annual net income of less than £7,400 a year (after tax and not including any benefits you get)
- Income-based Jobseeker's Allowance
- Child Tax Credit, provided you are not entitled to Working Tax Credit and have an annual household income (as assessed by HM Revenue & Customs) that does not exceed £16,190
- Support under Part VI, Immigration and Asylum Act 1999

5 Your declaration

I confirm that as far as I know, the information I have given above is correct. I will tell you immediately if my details or circumstances change. I wish for Telford & Wrekin Council to be able to assess my claim in future by a secure computer link with the Department for Education. I authorise Telford & Wrekin Council to use my information to process my claim for Free School Meals and to contact other sources as allowed by law to verify my initial and continuing entitlement.

Your signature

Date

IMPORTANT

Helpline 01952 383983

You no longer need to reapply for Free School Meals. Once we have your details on record, we will do regular checks to see whether you are still entitled. If, however, you have other children just starting school and wish to claim for them, you must complete a new claim form with their details.

In order to perform these checks, we need up-to-date details. It is therefore essential for you to let us know of any changes in benefits, names or addresses of those in your household receiving the qualifying benefit. Incorrect details may lead us to believe that you are no longer entitled to Free School Meals.

How do I qualify?

If you receive any of these benefits, you will be entitled to Free School Meals:

- Income support
- Employment and Support Allowance (income related)
- Guaranteed Element of State Pension Credit
- Universal Credit, provided you have an annual net income is less than £7,400 a year (after tax and not including any benefits you get)
- Income based Jobseekers Allowance
- Child Tax Credit without Working Tax Credit with an annual taxable income (as assessed by HMRC) of less than £16,190
- Support under Part V1 of the Immigration and Asylum Act 1999

How do I apply?

- 1 Fill out the form overleaf, including the declaration at the bottom.
- 2 Take the completed form to your child's school. If you have children who go to different schools, the form needs to go to just one of the schools.
- 3 We will enter your details onto the online system, and this will tell us if you are entitled.
- 4 We will send you an email with our decision, usually within 5-10 working days.
- 5 If it states **Entitled**, we will inform the school and your child will be able to receive Free School Meals.
- 6 If it states **Not Entitled** and you still believe you are entitled, please call 01952 383983 for advice. We may need you to send us evidence that you are in receipt of a qualifying benefit.

You do not need to send evidence with this application, if we need evidence at a later date we will contact you.

You can submit your form online at www.telford.gov.uk/fsm by email to freeschoolmeals@telford.gov.uk or you can post it to:

Revenues & Benefits Service, PO Box 249, Addenbrooke House, Telford TF3 4NT

For office use only

For school use

Name of school

Date free meals are given

Proof of Benefit attached

| |
|--|
| |
| |
| |
| |

Date other schools (if any) informed

Signature of Head or Administrator

Name of Head or Administrator

Date

| |
|--|
| |
| |
| |
| |

Dear Parent/Carer

At Let's Dine we are committed to ensure that we are meeting your child's needs with regard to Allergen information, to ensure we have the correct information for your child's lunch requirements could I please ask you to complete the below form identifying any allergies or special dietary requirements and return the slip to the school office ASAP.















Kind Regards

Lorna

Catering Group Manger (Let's Dine)

Childs Name: _____ **Childs Class:** _____

Please tick any allergens from the list below or state underneath any other allergens/intolerances or cultural requirements

| | | | | | | |
|--|--|--|--|---|--|--|
|  Celery |  Cereals containing gluten |  Crustaceans |  Eggs |  Fish |  Lupin |  Milk |
|  Mollusc |  Mustard |  Nuts |  Peanuts |  Sesame seeds |  Soya |  Sulphur Dioxide |

Any other intolerances/allergies/cultural requirements:

Vegetarian

Parent/Carer Name: _____ **Signature:** _____