



ENROLMENT FORM 2020/2021

Please complete all of the sections below and return this form to the school office.

INFORMATION ABOUT YOUR CHILD

Surname:	Forenames:
Gender:	Date of Birth:
Any other surname child has been known by:	
HOME ADDRESS:	
CONTACT NUMBER:	

PARENTAL INFORMATION

Please provide any additional contact details if different to the above.

<u>First Parent's Details</u>	<u>Second Parent's Details</u>
Full Name:	Full Name:
Title:	Title:
Address:	Address:
Occupation:	Occupation:
Home phone:	Home phone:
Mobile:	Mobile:
Email:	Email:

Please indicate who you would like to be the Primary Contact for your child:

Who holds parental responsibility for this child:

If other, please give full details (name, address, telephone, relationship to child):

Please provide details of any siblings including ages:

EMERGENCY CONTACTS Name and address of two other people who have agreed to take charge of your child if you are unavailable (this may be a relative, friend or neighbour).

First Emergency Contact

Full Name:

Title:

Address:

Home phone:

Mobile:

Relationship to Child:

Second Emergency Contact

Full Name:

Title:

Address:

Home phone:

Mobile:

Relationship to Child:

Please indicate the order in which adults should be contacted in the case of an emergency (e.g. mother, father, contact - or – mother, contact, father): _____

MEDICAL DETAILS

GP Details:

GP Practice Name:

GP Address:

GP's Telephone Number:

Child's NHS Number:

Do you give permission for the school to call your child's Doctor in an emergency? Yes / No

Does your child suffer from any of the following? (please tick as appropriate):-

Wheezing with colds or exercise	<input type="checkbox"/>
Allergies, hayfever or eczema	<input type="checkbox"/>
Ear trouble or poor hearing	<input type="checkbox"/>
Speech problems	<input type="checkbox"/>
Eye trouble (glasses, squint etc)	<input type="checkbox"/>
Poor co-ordination/balance	<input type="checkbox"/>
Asthma / Bronchitis	<input type="checkbox"/>
Fits, faints, convulsions or blackouts	<input type="checkbox"/>
Other, please give details	

If you have ticked any of the above, please give some brief details:

Does your child take any regular medication? (inhalers, tablets, injections). Yes / No *

If yes, please give details:

Has your child any illness/injury requiring hospitalisation? Yes / No *

If yes, please give details:

Do you have any worries about the following? Please tick.

- Health
- Eyesight
- Speech
- Hearing
- Growth
- Weight
- Eating
- Poor Co-ordination
- Behaviour
- Learning Ability
- Coping at School
- Toilet problems
- Bed Wetting
- Other, please give details

Do you give permission for the school to administer First Aid in an emergency? Yes / No *

* Delete as appropriate.

SCHOOL MEALS

Please indicate the type of meal your child will usually be eating at lunchtime.

School Meal Packed Lunch

Does your child require a special diet at lunchtime for medical/religious reasons? Yes / No *

If yes, please specify the foods your child cannot eat or any other dietary requirements:

* Delete as appropriate.

OTHER INFORMATION

Is your child a 'Looked After Child' by a Local Authority Yes / No (Delete as appropriate)

If yes, please state the Local Authority

A piece of fruit is currently provided for pupils in Reception, Years 1 and 2.

All pupils should bring a water bottle to school. It helps if this is filled at home before coming.

Please note that Monks Orchard Primary School is a "Nut Free" school as we have pupils that have a fatal allergy to any type of nuts.

Currently Reception Class, Year 1 and Year 2 pupil's, are eligible for Universal Free School Meals. Should this entitlement stop or when your child starts Year 3 (Key Stage 2) the following guidelines will apply with regards to payment of school dinners

School Dinner Payments • Payment must be made in advance prior to taking a school meal.

A minimum of one week's payment is required.

- If payment has not been received by Friday of the week that meals have been provided contact will be made by telephone/text message to request that the amount is cleared by the following Monday.
- Where payment is still not received the parent will be advised that school meals will not be provided until the arrears have been cleared.
- If the arrears are outstanding for longer than 1 week the school will formally write to the parent and seek a repayment plan.
- Where no payment is forthcoming or the agreed plan is not adhered to a further phone call will be made and 48 hours given for full repayment. Parents will be advised that no further meals will be provided unless the arrears are subsequently repaid and all future meals are paid for by cash in advance.
- Occasionally where children have forgotten their lunch box they will be provided with a school meal. Parents will be sent a text message advising them of the cost and that payment for this must be received by the next working day.

PRE-SCHOOL/NURSERY INFORMATION

Has your child attended playgroup? Yes / No *

Date began: Name of playgroup)

Has your child attended Nursery School? Yes / No *

Date began: Name of playgroup)

PLEASE SEND A COPY OF YOUR CHILD'S PRE-SCHOOL REPORT AS SOON AS IT IS AVAILABLE.

SPECIAL EDUCATIONAL NEEDS We will seek records from any previous setting as soon as a child has arrived at our school. It does, however, help to be aware of all relevant information before the pupil arrives so that we can be fully prepared. Does your child have any disability? Yes / No. If yes, please provide further details:

* Delete as appropriate.

ETHNICITY

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.**

The Information Commission (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named. Please also tick whether the form was filled in by a parent or the pupil. Parent Pupil

White

- British Traveller of Irish Heritage Any other white background
 Irish Gypsy / Roma

Mixed

- White and Black Caribbean White and Asian
 White and Black African Any other mixed background

Asian or British

- Indian Bangladeshi
 Pakistani Any other Asian background

Black or Black British

- Caribbean African Any other black background

Other

- Chinese Any other ethnic background

I do not wish an ethnic background to be recorded

LANGUAGES SPOKEN AT HOME

Is English the first language of your child? Yes / No *

If 'No' what is the first language of your child? _____

Has your child grown up hearing and speaking more than one language at home? Yes / No *

If 'Yes', please write the name(s) of these languages: _____

* please delete as appropriate.

RELIGION

Please tick one box only

- | | | |
|--|---|---|
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Calvinist | <input type="checkbox"/> Congregational | <input type="checkbox"/> Greek Orthodox |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Quaker | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Russian Orthodox | <input type="checkbox"/> Seven Day Adventist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> No Religion | <input type="checkbox"/> United Reformed Church | <input type="checkbox"/> Anglican |
| <input type="checkbox"/> I do not wish to answer | <input type="checkbox"/> Other | |

GDPR (General Data Protection Regulations)

At Monks Orchard, we use information about your child in a number of different ways, and we would like your consent for some of the ways we use this personal data. We set these out in more detail below.

If you are not happy for us to use information listed, that is no problem – we will accommodate your preferences. Similarly, if you change your mind at any time, you can let us know by emailing office@monksorchard.co.uk, by calling the school on 020 8654 2570, or just popping in to the school office.

If you have any other questions, please get in touch.

Photos and videos

We sometimes take photographs of pupils. We use these photos to help us to give people an idea of what life at our school is like, for example in the newsletter and on the school website.

Please tick the relevant box(es) below, sign and return this form to school.

Name:-

Tick (✓)

- | | |
|--|--------------------------|
| I am happy for the school to take photos of my child. | <input type="checkbox"/> |
| I am happy for photos of my child to be used on the school website. | <input type="checkbox"/> |
| I am happy for photos of my child to be used in the school newsletter. | <input type="checkbox"/> |
| I am happy for photos of my child to be used in printed school materials; eg, the school prospectus. | <input type="checkbox"/> |
| I am happy for photos of my child to be used in internal displays. | <input type="checkbox"/> |
| I am happy for photos of my child to be used for the school lunch database. | <input type="checkbox"/> |
| I am happy for photos of my child to be used in the media; eg, local newspapers. | <input type="checkbox"/> |
| I am happy for photos of my child to be used on social media; eg, Twitter. | <input type="checkbox"/> |
| I am happy for the school to take videos of my child. | <input type="checkbox"/> |
| I am happy for the school to use videos of my child for promotional purposes, such as on the school website. | <input type="checkbox"/> |
| I am NOT happy for the school to take or use photos or videos of my child. | <input type="checkbox"/> |

SAFEGUARDING NOTICE

If a child has had an accident with toileting and needs to be changed, the child will be sensitively supported to change or, depending upon the age of the child, will be changed by one member of our DBS checked staff. Parents will always be informed at the end of the day if this has happened or at the time of the incident if the child is unwell, distressed or needs greater assistance.

I give permission for my child to be changed in the event of a toileting accident, or supported to change, by one DBS checked member of staff at Monks Orchard School.

Agreed By: _____ Dated: _____
Parent / Carer's Name