

Perseverance, Courage, Integrity



**Gilbert Colvin Primary School  
New Pupil Admission Form**

Please complete in **BLOCK CAPITAL** Letters

<p><b>Pupil/Child's Details:</b></p> <p>First Name:.....</p> <p>Middle Name(s):.....</p> <p>Legal Surname:.....</p> <p>Known as:.....</p> <p>Date of Birth:.....</p> <p>Country of Birth:.....</p> <p>UPN (if known):.....</p>	<p><b>Home Address:</b></p> <p>House number:.....</p> <p>Street Name:.....</p> <p>Town/City:.....</p> <p>Postcode:.....</p> <p>Date of arrival in UK:..... <i>(If applicable)</i></p> <p>Biological Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p>
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<b>Ethnicity</b> (Please select the most appropriate ethnicity for your child) <b>TICK ONE BOX ONLY</b>			
White British <input type="checkbox"/>	Asian & Black <input type="checkbox"/>	Nigerian <input type="checkbox"/>	Angolan <input type="checkbox"/>
White Irish <input type="checkbox"/>	Asian/Asian British Indian <input type="checkbox"/>	Somali <input type="checkbox"/>	Congolese <input type="checkbox"/>
Greek/Greek Cypriot <input type="checkbox"/>	Mirpuri Pakistani <input type="checkbox"/>	Other Black African <input type="checkbox"/>	Other Asian <input type="checkbox"/>
Gypsy/Roma <input type="checkbox"/>	Other Pakistani <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	Other mixed background <input type="checkbox"/>
Turkish/Turkish Cypriot <input type="checkbox"/>	Asian/Asian British Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other White <input type="checkbox"/>
White European <input type="checkbox"/>	Sri Lankan Sinhalese <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>	Sri Lankan other <input type="checkbox"/>
Mixed – White & Black Caribbean <input type="checkbox"/>	Sri Lankan Tamil <input type="checkbox"/>	Traveller of Irish heritage <input type="checkbox"/>	Any other White background <input type="checkbox"/>
Mixed – White & Black African <input type="checkbox"/>	Black/Black British Caribbean <input type="checkbox"/>	White & Indian <input type="checkbox"/>	White – Northern Irish <input type="checkbox"/>
Mixed – White & Asian <input type="checkbox"/>	Ghanaian <input type="checkbox"/>	Kashmiri Pakistani <input type="checkbox"/>	Refuse to provide <input type="checkbox"/>

<b>Religion</b> <b>TICK ONE BOX ONLY</b>			
Christian <input type="checkbox"/>	Sikh <input type="checkbox"/>	Hindu <input type="checkbox"/>	Orthodox <input type="checkbox"/>
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	No religion <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

<p><b>Parent/Guardian Details: Contact Priority 1</b></p> <p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>First Name:.....</p> <p>Surname:.....</p> <p>Relationship to child:.....</p> <p>Parental Responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Home Address (if different from above):</p> <p>.....</p> <p>.....</p> <p>Home Tel:.....</p> <p>Mobile:.....</p> <p>Work Tel:.....</p> <p>Email Address:.....</p> <p>.....</p> <p>National Insurance No:.....</p> <p>Date of Birth:.....</p>	<p><b>Parent/Guardian Details: Contact Priority 2</b></p> <p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>First Name:.....</p> <p>Surname:.....</p> <p>Relationship to child:.....</p> <p>Parental Responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Home Address (if different from above):</p> <p>.....</p> <p>.....</p> <p>Home Tel:.....</p> <p>Mobile:.....</p> <p>Work Tel:.....</p> <p>Email Address:.....</p> <p>.....</p> <p>National Insurance No:.....</p> <p>Date of Birth:.....</p>
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In the event of an emergency, if we are unable to contact a Parent/Guardian, we need alternative emergency contact details. These can be relatives, neighbours, friends etc. Please provide details below in the order you prefer we use them:

<p><b>Emergency Contact Details: Contact Priority 3</b></p> <p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>First Name:.....</p> <p>Surname:.....</p> <p>Relationship to child:.....</p> <p>Parental Responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Telephone:.....</p>	<p><b>Emergency Contact Details: Contact Priority 4</b></p> <p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>First Name:.....</p> <p>Surname:.....</p> <p>Relationship to child:.....</p> <p>Parental Responsibility: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Telephone:.....</p>
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<b>Siblings:</b>			
First Name	Surname	Date of Birth	Current School (if applicable)

<b>Language spoken:</b> This is the main language spoken by your <b>child</b> and the one that they are most confident in using.			
	Speaks <input type="checkbox"/>	Understands <input type="checkbox"/>	Fluent <input type="checkbox"/>
Albanian/Shqip <input type="checkbox"/>	Farsi/Persian <input type="checkbox"/>	Panjabi <input type="checkbox"/>	Sinhala <input type="checkbox"/>
Arabic <input type="checkbox"/>	French <input type="checkbox"/>	Pashto/Pakhto <input type="checkbox"/>	Somali <input type="checkbox"/>
Bengali <input type="checkbox"/>	Greek <input type="checkbox"/>	Polish <input type="checkbox"/>	Swahili <input type="checkbox"/>
Bosnian <input type="checkbox"/>	Gujarati <input type="checkbox"/>	Portuguese <input type="checkbox"/>	Tamil <input type="checkbox"/>
Bulgarian <input type="checkbox"/>	Hindi <input type="checkbox"/>	Portuguese (Brazil) <input type="checkbox"/>	Turkish <input type="checkbox"/>
Caribbean Creole English <input type="checkbox"/>	Kurdish <input type="checkbox"/>	Romanian <input type="checkbox"/>	Ukrainian <input type="checkbox"/>
Chinese <input type="checkbox"/>	Lithuanian <input type="checkbox"/>	Romanian (Moldova) <input type="checkbox"/>	Urdu <input type="checkbox"/>
Dari Persian <input type="checkbox"/>	Malayalam <input type="checkbox"/>	Russian <input type="checkbox"/>	Yoruba <input type="checkbox"/>
English <input type="checkbox"/>	Malay <input type="checkbox"/>	Shona <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

<b>Languages spoken in the family home:</b> This is <b>all</b> languages that are spoken by those who live in the family home. This includes languages that are spoken by adults who live in the home, even if your child is unable to understand or speak them.			
Albanian/Shqip <input type="checkbox"/>	Farsi/Persian <input type="checkbox"/>	Panjabi <input type="checkbox"/>	Sinhala <input type="checkbox"/>
Arabic <input type="checkbox"/>	French <input type="checkbox"/>	Pashto/Pakhto <input type="checkbox"/>	Somali <input type="checkbox"/>
Bengali <input type="checkbox"/>	Greek <input type="checkbox"/>	Polish <input type="checkbox"/>	Swahili <input type="checkbox"/>
Bosnian <input type="checkbox"/>	Gujarati <input type="checkbox"/>	Portuguese <input type="checkbox"/>	Tamil <input type="checkbox"/>
Bulgarian <input type="checkbox"/>	Hindi <input type="checkbox"/>	Portuguese (Brazil) <input type="checkbox"/>	Turkish <input type="checkbox"/>
Caribbean Creole English <input type="checkbox"/>	Kurdish <input type="checkbox"/>	Romanian <input type="checkbox"/>	Ukrainian <input type="checkbox"/>
Chinese <input type="checkbox"/>	Lithuanian <input type="checkbox"/>	Romanian (Moldova) <input type="checkbox"/>	Urdu <input type="checkbox"/>
Dari Persian <input type="checkbox"/>	Malayalam <input type="checkbox"/>	Russian <input type="checkbox"/>	Yoruba <input type="checkbox"/>
English <input type="checkbox"/>	Malay <input type="checkbox"/>	Shona <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>

**Medical information:**

Medical Practice Name:.....

Practice Address:.....

Postcode:.....Telephone Number:.....

Please provide the details of any medical conditions that the school should be aware of, and any emergency action that should be taken with regards to your child.

Please tick any of the following that apply to your child:

Eczema <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Hay Fever <input type="checkbox"/>	Asthma <input type="checkbox"/>
Hearing impairment <input type="checkbox"/>	Allergies <input type="checkbox"/>	Diabetic <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>

Please provide further details:.....

NB. A separate health care plan may need to be completed for some health conditions.

**Dietary requirements:**

Vegetarian  Halal  Special diet required  Please specify:.....

**Parental Consent** – withdrawal of consent can be made at any time. Please contact the School Office.

Consent Type	Permissions (Please circle)	Notes
Permission to receive first aid	Yes / No	
Consent to check Free School Meal Eligibility	Yes / No	
Off-site school trips/activities - participation	Yes / No	
Photographs/Videos for use in media such as local/national press	Yes / No	
Photographs/Videos for use in school newsletter/school publications	Yes / No	
Photographs/Videos for use on school website	Yes / No	
Photographs/Videos for use within school premises	Yes / No	
NHS checks eg hearing, vision and dentistry	Yes / No	

<p><b>Previous School:</b>  School Name:.....  Address:.....  .....  .....  .....Postcode:.....</p>	<p>Tel No.:.....  Start Date:.....  Leave Date:.....  DfE No: .....  <i>(office use only)</i>  Never attended a school in the UK <input type="checkbox"/></p>
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**Additional information:**

Are there any court orders applying to your child (e.g Ward of Court, Legal rights of access etc.)  
Yes  No

Does your child have any special educational needs? (Tick all that apply)  
No  Education and Health Care Plan (EHCP)  Disability   
Special Educational Needs  Other

Additional information about the nature of the additional needs:  
.....  
.....  
.....  
.....

Does your child have a parent serving in HM Forces or who has retired on a pension from the MoD?  
Yes  No

Please indicate how your child will usually travel to/from school:  
Walk  Cycle  Scooter  Car  Public bus  School bus  Taxi   
Other (please specify): .....

I confirm the information given on this form is correct:

Signed:..... Date:.....

Print Name:.....

Data Protection Legislation 2018 - The School is collecting this data in order to meet its statutory responsibilities for the provision of education to children in accordance with the requirements of the Education Act 1996 and The School Standards and Framework Act 1998. Some of this data will be shared with the Local Authority and may be shared with other agencies that are involved in the health and welfare of school children. Please see our website for privacy notice.

# Gilbert Colvin Primary School



## Funding for your child and our school

When a child is entitled to benefits-related Free School Meals our school can claim Pupil Premium, providing an extra £1,480 per year, per pupil. Therefore, whether you wish to apply for benefits-related Free School Meals, your child is accessing universal Free School Meals, or you intend to provide packed lunches, we ask that you provide your information below so we can carry out a check to see if you are eligible for benefits-related Free School Meals and/or Pupil Premium.

The eligibility check, and claiming Free School Meals and/or Pupil Premium, will not affect any benefits you receive for your family. To view the eligibility criteria and find out more, please visit <http://find.redbridge.gov.uk/fsm>.

### Please complete the following information fully:

	Parent/Carer 1	Parent/Carer 2
Parent/Carer First Name		
Parent/Carer Surname		
Parent/Carer date of birth		
National Insurance (NI) Number		

So that we can apply on behalf of all children you have attending the school, please provide children's details below:

	Child name	Child date of birth
Child 1		
Child 2		
Child 3		
Child 4		

If your family has 'No Recourse to Public Funds (NRPF)', please tick here and we can provide further information on how to apply for Free School Meals

If the child has left local authority care under an adoption order, special guardianship order or a child arrangements order, please tick here

I confirm that the information I have provided above is accurate and true. I agree that the information I have provided can be shared with the local authority and Department for Education, who will access information from other government departments to confirm my child's eligibility for benefits-related Free School Meals and/or Pupil Premium on behalf of my child. I consent for this information to be stored securely and checked for the duration of my child's time at this school. I am aware that this information may also be used to inform me by email of additional support I may be entitled to because of my child's entitlement to benefits-related Free School Meals such as the Holiday Activities and Food Programme.

Signature of Parent/Carer	
Date of signature	

Please note that you can withdraw consent at any time by contacting the School Office.