

# Braywood C of E First School

Oakley Green Road Windsor Berks SL4 4QF

Tel : 01628 623660 e-mail: office@braywoodfirstschool.co.uk



## ADMISSION FORM

### CHILD'S DETAILS

Child's full name \_\_\_\_\_  
Date of Birth (DOB) \_\_\_\_\_ Male / Female \_\_\_\_\_ Known as \_\_\_\_\_  
Child's main address \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_

### PARENT ONE DETAILS

### RELATIONSHIP TO CHILD

Address the same as child's ? \_\_\_\_\_ Yes / No \_\_\_\_\_ Phone no. \_\_\_\_\_  
Address if different \_\_\_\_\_ Mobile No. \_\_\_\_\_  
\_\_\_\_\_ Place of work \_\_\_\_\_  
\_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail address \_\_\_\_\_ (including regiment if applicable)

**PLEASE** make this as clear as possible as misreading a letter or number makes contacting you difficult

Car Reg: \_\_\_\_\_

Who has parental responsibility for child ? \_\_\_\_\_ Yes / No \_\_\_\_\_

Is the mother first point of contact in an emergency ? \_\_\_\_\_ Yes / No \_\_\_\_\_

- I agree to the school using the mother's email as a correspondence address , e.g. for newsletters  
 I have no access to email please use alternative methods of communication

The school uses email for day to day communication and a text messaging system for urgent communication such as snow closures, minor head injuries, and so on.

- Please tick the box if you agree to the mother's email address being used for day to day administration  
 Please tick the box if you agree to the mother's mobile number being used for urgent messages  
 I would rather a different number and email address be used - please specify  
\_\_\_\_\_

### PARENT TWO DETAILS

### RELATIONSHIP TO CHILD

Address the same as child's ? \_\_\_\_\_ Yes / No \_\_\_\_\_ Phone no. \_\_\_\_\_  
Address if different \_\_\_\_\_ Mobile No. \_\_\_\_\_  
\_\_\_\_\_ Place of work \_\_\_\_\_  
\_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail address \_\_\_\_\_ (including regiment if applicable)

**PLEASE** make this as clear as possible as misreading a letter or number makes contacting you difficult

Car Reg \_\_\_\_\_

Does the father have parental responsibility for child ? \_\_\_\_\_ Yes / No \_\_\_\_\_

Can the father be contacted in an emergency ? \_\_\_\_\_ Yes / No \_\_\_\_\_

- Please tick the box if either parent is in the Armed Forces.

## OTHER EMERGENCY CONTACT DETAILS

Full name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone no. \_\_\_\_\_  
Address \_\_\_\_\_  
Can they be contacted in emergency? Yes / No

## SCHOOL MEALS & DIETARY REQUIREMENTS

### FREE SCHOOL MEALS

NB There is additional support available for your child's education, including free school trips and a uniform voucher. You may be eligible if you receive any of these benefits **please use the web link below to double check** -

Universal Credit (earnings below £7,400), Income Support, Income based Jobseeker Allowance, Employment & Support Allowance, Support under Part VI of the Immigration & Asylum Act 1999, Child Tax Credit with annual income of no more than £16,190 (with no Working Tax Credit), Guarantee element of State Pension Credit

**PLEASE NOTE:** Parents/Carers in receipt of Working Tax Credit are NOT ELIGIBLE (unless run-on paid

Free School Meal checking service <https://www.cloudforedu.org.uk/ofsm/rbwm>

My child is not entitled to **free school meals**

**DIETARY REQUIREMENTS** Please tick if any of the following apply to your child, if your child has an allergy please can you provide medical evidence to support this -

My child is allergic to - \_\_\_\_\_

My child is a vegetarian  eats halal  eats kosher  Other \_\_\_\_\_

## MEDICAL INFORMATION

Doctor's Name \_\_\_\_\_ Practice Phone No. \_\_\_\_\_

Practice Address \_\_\_\_\_

Please indicate if your child has any medical conditions that may require attention at school -

I have attached information on any regular medication taken during the school day i.e. asthma inhaler, and a medical care plan if applicable.

Please note - Braywood does not administer unprescribed medication to children as a matter of policy.

## ETHNIC AND CULTURAL INFORMATION

### ETHNICITY

Our ethnic background describes how we think of ourselves. This may be based on many things, including your skin colour, language, culture, ancestry or family history. Please describe your child's ethnicity above, we include in our notes a detailed list for you to refer to if needed.

I prefer not to supply this information

### COUNTRY OF BIRTH

Please identify your child's country of birth as it appears on, or as can be derived from, their birth certificate or passport.

### NATIONALITY

Please identify your child's nationality as it appears on, or as can be derived from, their passport or EEA (European Economic Area) identity card.

### LANGUAGES

Please identify the languages your child speaks and circle the one they use the most.

### RELIGION

Please state the religion most appropriate to your child.

CHILD NAME \_\_\_\_\_

## DISABILITY

This section is a requirement of the Department of Education, if there are any issues you wish to discuss about your child's needs at school please let us know so we can arrange a meeting before your child starts.

Please indicate whether your child has any long-standing illnesses, health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below?

*By long-standing we mean anything that has troubled them over a period of at least 12 months or it likely to affect them in the next 12 months. Please exclude difficulties that you would expect for a child of that age.*

Diagnosed with Autism or Asperger's syndrome	Yes / No
Behaviour – very active, has short attention span, behaves unacceptably	Yes / No
Communication – speaking with others, or understanding them	Yes / No
Eating & Drinking – without help	Yes / No
Hand function – touching or holding	Yes / No
Hearing	Yes / No
Incontinence – wetting or dirtying	Yes / No
Learning – problems with numbers, letters, words	Yes / No
Medication – taking regular medication	Yes / No
Mobility – moving around in or out of doors	Yes / No
Palliative care needs – has life limiting condition or requires care	Yes / No
Personal care – going to the toilet, dressing	Yes / No
Vision	Yes / No
Other Disability/health problem – could include depression, being anxious, having fits or seizures. <i>Please give more details</i>	Yes / No

No Disability Yes / No

Does your child take any medication, use any physical aides or require any special diet or supplements.  
*Please give more details (these can be attached)* Yes / No

If your child did not take this medication, use any physical aides or require any special diet or supplements, would they have substantial difficulties with any of the areas of life listed above. Yes / No

Has your child seen a professional, such as a paediatrician or a psychologist or speech & language therapist because of the difficulty?  
*If YES please give more details (these can be attached)* Yes / No

If you have indicated that your child has difficulties, please circle the term that best describes how these difficulties affect their -

Classroom Learning? Yes / Sometimes / No / Don't know

Interaction with his/her classmates or peers? Yes / Sometimes / No / Don't know

Joining in other school activities i.e. breaks, social or leisure activities? Yes / Sometimes / No / Don't know

Attendance at School? Yes / Sometimes / No / Don't know

Day to day like outside school? Yes / Sometimes / No / Don't know

What sort of help/ equipment do you think your child needs so that they get on well at school?

Are there any people in the school who you would not like to share this information with?

Name/s : \_\_\_\_\_

**TRANSPORT**

Please note the main type of transport your child usually uses to get to school, e.g. bus, car share.

**PARENTAL CONSENTS**

Child name : \_\_\_\_\_

Braywood School need parental consent for the following purposes, please ask if you need clarification on any of these points.

**PHOTOGRAPHIC**

Braywood confirms that we shall only use photographic/video images of young people in line with the Information Commissioner's Office Code of Practice (which can be viewed via [www.ico.gov.uk](http://www.ico.gov.uk)) to demonstrate or promote activities and events relating to schools and curricula provision. Please note the use of video and voice recording as part of day to day curriculum activities for teaching purposes generally do not need permission from parents.

I consent to images of my child to be used within any school context e.g. newsletter, display boards, website, prospectus, etc.	YES / NO
I consent to images of my child being used in Local and National Press coverage.	YES / NO
I consent to my child's name to be used with any images used.	YES / NO

The recorded image/voice may be used for a period of 12 months from the date of my signature to this form and used only as set out above. I understand that I may withdraw my consent at any time by contacting the school and that where possible any publications or material containing the image/voice of my child will be recalled and withdrawn.

Please note Braywood School allows parents to take photographs and make video recordings of our public events such as Concerts, Sports Day, etc. As such your child's image may be included in these private records. However, we **strongly discourage** parents from uploading these photos/videos to social media sites such as Whatsapp, Instagram, YouTube, Facebook, etc.

I understand the schools social media attitude (please tick)

**ICT**

I give permission for my child to have an e-mail address YES / NO

I give permission for my child to use the internet facility within school. YES / NO

**MEDICAL**

In the unlikely event of an emergency and parents/carers being unavailable, we require  **YES**  
 your permission to act and take decisions as appropriate. Please tick box. **I understand I agree by signing this document**

Braywood School support the objectives of all Data Protection legislation, and are registered as a data controller to process data. Any information you provide will be treated with the strictest confidence and will only be used for the School's purposes.

I confirm I have completed all areas of the admission document and by signing agree to permissions required.

\_\_\_\_\_  
 Signature of parent/carer responsible for child

\_\_\_\_\_  
 Print full name

\_\_\_\_\_  
 Date

*For office use only*  
 Entered into School database by :