**Enrolment Form**

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| School: | «Choose School» |

Please complete each section of this form carefully.

If you have any questions regarding this form, please speak to the school office.

It is important that you tell us if there are **ANY** changes to the information you give. The information within this form will be reviewed annually.

The school has a statutory requirement to share data with Oxfordshire County Council and the Department for Education.

For further information about how we collect, store and share your data please see our privacy notice for pupils.

**Please ensure you complete each section of this form.**

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| Section 1: Pupil Details | | | |
| Legal Surname: | «Surname» | **Forename:** | «Forename» |
| Preferred Surname: | «Surname» | **Preferred Forename:** | «Forename» |
| Gender: | «Gender» | **Date of Birth:** | «DateofBirth» |
| Middle Name: | «MiddleName» | | |

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| Pupil Address Details: | | | | | | | | |
| Postcode: | «Postcode» | | **House Number / Name:** | | | | «NameorNumber» | |
| Street: | «StreetAddress» | | | | | | | |
| Town: | «Town» | | **County:** | | | | «County» | |
| Is this address the pupil’s: *(please tick)* | Home Address | | | | Term Time Only Address | | | |
| How will you travel to school  *(please tick)* | Walk | Cycle | | Car | Taxi | Public Transport | | School Transport |
| If your child already has siblings at our school please provide their names: |  | | | | | | | |
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| Section 2: Contact Details | | | | | | | | |
| To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent/carer of a pupil. Please note that this includes: mother; married father - even if separated or divorced from the mother; unmarried father- provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child.  If any parents do not live with the pupil but require copies of school correspondence, e.g. newsletters, pupil report, please notify the school. | | | | | | | | |

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| Contact 1: | | | | | |
| Title: | «Title» | | | | |
| Surname: | «Surname» | **Forename:** | | «Forename» | |
| Relationship with child: | «RelationshipwithChild» | | | | |
| Postcode: | «Postcode» | **House Number / Name:** | | «NameorNumber» | |
| Street: | «StreetAddress» | | | | |
| Town: | «Town» | **County:** | | «County» | |
| Mobile Telephone Number: | «Mobile» | **Alternative Telephone Number:** | | «Number» | |
| *Please tick*  Work  Home | |
| Email Address | «EmailAddress» | | | | |
| *Please tick*  Work  Home | | | | |
| First Language of Contact 1: | «FirstLanguage» | | | | |
| Does this person have Parental Responsibility for the child: *(please tick)* | | | Yes | | No |

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| Contact 2: | | | | | |
| Title: | «Title» | | | | |
| Surname: | «Surname» | **Forename:** | | «Forename» | |
| Relationship with child: | «RelationshipwithChild» | | | | |
| Postcode: | «Postcode» | **House Number / Name:** | | «NameorNumber» | |
| Street: | «StreetAddress» | | | | |
| Town: | «Town» | **County:** | | «County» | |
| Mobile Telephone Number: | «Mobile» | **Alternative Telephone Number:** | | «Number» | |
| *Please tick*  Work  Home | |
| Email Address | «EmailAddress» | | | | |
| *Please tick*  Work  Home | | | | |
| First Language of Contact 2: | «FirstLanguage» | | | | |
| Does this person have Parental Responsibility for the child: *(please tick)* | | | Yes | | No |

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| Contact 3: *(optional)* | | | | | |
| Title: | «Title» | | | | |
| Surname: | «Surname» | **Forename:** | | «Forename» | |
| Relationship with child: | «RelationshipwithChild» | | | | |
| Postcode: | «Postcode» | **House Number / Name:** | | «NameorNumber» | |
| Street: | «StreetAddress» | | | | |
| Town: | «Town» | **County:** | | «County» | |
| Mobile Telephone Number: | «Mobile» | **Alternative Telephone Number:** | | «Number» | |
| *Please tick*  Work  Home | |
| Email Address | «EmailAddress» | | | | |
| *Please tick*  Work  Home | | | | |
| First Language of Contact 3: | «FirstLanguage» | | | | |
| Does this person have Parental Responsibility for the child: *(please tick)* | | | Yes | | No |

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| Child Collection (if required): | | | |
| Please indicate below who will be picking up your child on a regular basis. In the rare case when none of the people below are available, please ensure that you inform the school via a written note/ telephone the school office. | | | |
| Name: | «Firstname and Surname» | **Relationship to child:** | «RelationshiptoChild» |
| Name: | «Firstname and Surname» | **Relationship to child:** | «RelationshiptoChild» |
| Name: | «Firstname and Surname» | **Relationship to child:** | «RelationshiptoChild» |

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| Section 3: Medical Information | |
| Knowledge of your child’s health is of vital interest to enable us to help them reach their educational potential. Please complete the section below. If you feel it would be beneficial to have a meeting with the school or school nurse to discuss the contents of this section, please do not hesitate to make an appointment. | |
| GP’s Name: | «Firstname and Surname» |
| Telephone Number: | «Number» |
| Address of Practice: | «StreetAddress» |
| Postcode: | «Postcode» |
| In the unlikely event of an emergency, we may contact your GP directly. | |

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| Please tick any of the following which are relevant to your child: | | | |
| 1. Does your child suffer from? | 1. **Does your child have any issues with:** | | |
| Asthma  Epilepsy  Diabetes  Bowel or bladder conditions  Serious allergies  Any other medical conditions | Mobility  Hearing  Speech  Vision  Behaviour  Concentration | | |
| If you have ticked any of the boxes above, please provide details: | | | |
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| Will your child need medication during school hours? *(please tick)* | | Yes | No |
| If you have answered ‘Yes’ to either question, please make an appointment to discuss your child’s needs with the school. | | | |
| Does your child suffer from a condition which may affect their ability to participate in PE/Swimming? *(please tick)* | | Yes | No |
| If ‘yes’, please provide details: | | | |
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| Special Educational Needs | | |
| Does your child have an EHCP (Education Health Care Plan) *(please tick)* | Yes | No |
| Is your child on the SEND register at their current setting? | Yes | No |
| If ‘yes’ to either of these questions please provide details: | | |
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| Dietary Information | | |
| Does your child have any known food allergies or specific dietary requirements *(please tick)* | Yes | No |
| If your child has food allergies please complete the Medical Diet application form. You may also wish to read the Allergy and other Dietary Requirements policy, which can be found on the school website. | | |

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| Section 4: Young Carers at School |
| A Young Carer is anyone up to the age of 18 years who may provide care to relatives, even if they don’t live with them.  Young Carers show great responsibility, generally caring for members of their immediate family who may be:   * A parent with an illness, disability, mental health issue or dependence on alcohol, substance or drugs * A grandparent who is frail, or who has a health issue or disability * A brother or sister who has a health issue or disability   At School we appreciate the pressures that may come with such an important role and we aim to do our best to provide support.  It would help us greatly to know if there are any family circumstances, such as disability or long-term illness, which may mean that your child would benefit from additional support and funding.  All information will be treated in the strictest confidence. |
| Details of family circumstances: |
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| Section 5: Ethnicity and Language | | |
| Please tick the ethnic group to which your child belongs. Please note that this information is only gathered so that we can monitor the effectiveness of our school’s equal opportunities in maximising their progress and achievement. | | |
| White British  White Irish background  White Traveller or Irish Heritage  White Gypsy/Roma  Mixed – White and Asian background  Mixed – White and Black African  Mixed – White and Black Caribbean  Mixed – any other mixed background  Asian or Asian British - Bangladeshi | | Asian or Asian British - Indian  Asian or Asian British – any other Asian  Black or Black British - African  Black of Black British - Caribbean  Black or Black British – any other Black  Chinese  Prefer not to say  Any other Ethnic Group (*specify below)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please tick your child’s religion, if you wish: | | |
| Christian  Muslim  Hindu  Sikh | | Jewish  Buddhist  Other  No religion |
| Child’s first language | «FirstLanguage» | |
| Language(s) spoken at home: | «LanguagesSpoken» | |
| Child’s Country of Birth: | «CountryofBirth» | |
| Child’s Nationality: | «Nationality» | |

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| Section 6: Additional Information | | |
| Armed Forces Families | | |
| Print name(s) of parent who is member of the Forces: | «Firstname and Surname» | |
| Print name(s) of Force to which they belong: | «ForcesName» | |
| To assist with planning, please insert the end date of the Posting (and thus child’s attendance at the school) | | «Date» |

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| Free School Meals | | | | | |
| By law, children in families claiming Income Support or Income Based Jobseeker’s Allowance are entitled to free school meals (please make evidence of the benefit available to the school). *Even if your child is entitled to free school meals but is not taking them, please provide this information as we may be able to claim for extra funding to support the children and it affects how the school’s performance in tests and examinations is compared with that of other schools.*  We will ask this question again from time-to-time to ensure that our records are accurate, and on occasion may need to see relevant proof.  Children in families who are in receipt of any of the below are encouraged to apply for this scheme.   * Income Support * Income-based Jobseekers Allowance * Income-related Employment and Support Allowance * Support under Part VI of the Immigration and Asylum Act 1999 * The guaranteed element of State Pension Credit * Child Tax Credit, provided you are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190 * Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit * Universal Credit- if household income less than £7,400 after tax and not including any benefits to which you are entitled | | | | | |
| Are you in receipt of any of those listed above: *(please tick)* | | Yes | | | No |
| If your child is entitled to Free School Meals they may also receive other entitlements such as funded after school clubs, music lessons and educational visits.  Please speak to the office who will advise you on how to apply. | | | | | |
| Child in care | | | | | |
| Is this child in care? *(please tick)* | | Yes | | | No |
| If yes, please give details below: | **Care Authority:** | | «CareAuthority» | | |
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| Was this child previously in care? *(please tick)* | | Yes | | | No |
| If yes, please give details below: | **Previous Care Authority:** | | | «CareAuthority» | |
| **Adoption Date:** | | | «AdoptionDate» | |
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| Section 7: School History | |
| Please give details of your child’s previous schools: | |
| School 1: | |
| Name of School or Pre-School | «SchoolName» |
| Address of School or Pre-School | «Address» |
| Postcode: | «Postcode» |
| Date of arrival at this school: | «Date» |
| Date of leaving this school: | «Date» |
| Reason for leaving this school: | «ReasonforLeaving» |

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| School 2: | |
| Name of School or Pre-School | «SchoolName» |
| Address of School or Pre-School | «Address» |
| Postcode: | «Postcode» |
| Date of arrival at this school: | «Date» |
| Date of leaving this school: | «Date» |
| Reason for leaving this school: | «ReasonforLeaving» |

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| School 3: | |
| Name of School or Pre-School | «SchoolName» |
| Address of School or Pre-School | «Address» |
| Postcode: | «Postcode» |
| Date of arrival at this school: | «Date» |
| Date of leaving this school: | «Date» |
| Reason for leaving this school: | «ReasonforLeaving» |

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| Section 8: Your Signature | |
| Please sign and date this form below: | |
| Signature: |  |
| Date: | «Date» |
| Name: | «Firstname and Surname» |
| Relationship to child: | «RelationshiptoChild» |

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| Please bring your child’s Birth Certificate and Passport (if they have one) to the school office. These will not be kept on file but used to verify details.  We do not require proof of address as all applications to school are processed by Oxfordshire County Council who ask for evidence of address. |

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| School Use Only | | | | | |
| Please sign and date this form below: | | | | | |
| UPN |  | **Admission Date** | | «Date» | |
| Birth certificate seen? *(please tick)* | | | Yes | | No |
| Passport seen? *(please tick)* | | | Yes | | No |

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| Document Control | | | |
| Author | CLT | **Approved By** | COO |
| Last Reviewed | 24/05/2023 | **Next Review** | 24/05/2026 |
| Review Cycle | 3 years | **Version** | 1.8 |