GATEFORD PARK PRIMARY SCHOOL
ADMISSION FORM

About your Child

Surname _____ Forename _____

Legal Surname _____ Chosen Name _____

Middle Name _____

Gender M/F Date of Birth _____ Class _____

Home Address _____ Home Tel. No. _____

_____

_____ Postcode _____

Previous School/Nursey _____

Address _____

Telephone Number _____

CONTACTS

Parents/Guardians with whom pupil lives

Title	Initials	Surname	Parental Responsibility? Y/N	Work Tel. No.	Mobile Tel. No.

Relationship to child _____

Occupation _____

			Y/N		

Relationship to child _____

Occupation _____

Main email address for correspondence:- _____

Other contacts
In case of emergency, if we cannot contact you, please enter other people we may be able to contact

Title	Initials	Name	Address **(must be supplied)**	Home Tel. No.	Mobile Tel No.	Relationship eg.aunt/friend
_____	_____	_____	_____			
_____	_____	_____	_____			
_____	_____	_____	_____			

Other Details *(this section is mandatory)*

Court Orders Are there any court orders affecting this pupil? Y/N
(If yes, please give details on another sheet of paper)

Social Worker Yes / No - Please give their name _____

Looked After Child? Yes/No

Medical Details Doctor _____ Surgery Address _____

Are there any medical problems we should be aware of? If yes, please give details.

Asthmatic? _____ Inhaler at school? _____

Meals: Please circle which meal you will be having School Meal / Free Meal / Sandwiches / Home

Any food allergies or intolerances? If yes, please give details.

Transport to School: Please circle Walk / Bicycle / Car /Taxi / Other

Language: What is the language used at home?

What is the language used at school?

Pupil Nationality:

Pupil's Country of birth:

Religion: What is your family religion?

Ethnic Origin: Please tick which box applies to you (ie. Where do you originate from?)

White

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

Mixed

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

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background

Black or Black British

- ☐ Caribbean
- ☐ African
- ☐ Any other Black background

☐ **Chinese**

☐ **Any other ethnic background**

☐ **I do not wish an ethnic background category to be recorded**

Is there anything else that we need to be aware of?

Signed _____ (Parent/Guardian) Date _____

Print Name _____

There are occasions when children are taken out of school to visit the locality as part of their studies (eg. a data collection survey, sports activities on the St John's playing field, etc). Often there is no charge for these outings. The children are always well supervised with a teacher and other adults. Please complete the permission slip below.

I give permission for my child to be taken out of school, under supervision, in connection with the work of the class.

Signed:- _____ Parent/Carer

Date:- _____

Dear Parents/Carers

Re: PG Movie Permission Slip

At times throughout the school year we will be using movies in class to enrich lessons. These movies have the possibility of having a rating of PG (Parental Guidance). All staff will have vetted the suitability of each movie to ensure its appropriateness to learning. Please complete the slip below and return to school.

With my very best wishes,

Paula Doyle
Headteacher

✂- -

PG Movie Permission Slip

Child's Name:- ________________________ Reg:- ____________

I give my child permission to watch PG rated movies in class. ☐

I do **NOT** give my child permission to watch PG rated movies in class. ☐

Signed __________________________ Date _________________

Appendix 2
Gateford Park Primary School Pupil Acceptable Use Agreement / eSafety Rules

 I will only use ICT in school for school purposes.

 I will only use the school email address when emailing.

 I will only open email attachments from people I know, or who my teacher has approved.

 I will not tell other people my ICT passwords.

 I will only open/delete my own files.

 I will make sure that all ICT contact with other children and adults is responsible, polite and sensible.

 I will not deliberately look for, save or send anything that could be unpleasant or nasty. If I accidentally find anything like this I will tell my teacher immediately.

 I will not give out my own details such as my name, phone number or home address. I will not arrange to meet someone.

 I will be responsible for my behaviour when using ICT because I know that these rules are to keep me safe.

 I know that my use of ICT can be checked and that my parent/ carer contacted if a member of school staff is concerned about my eSafety.

and stay safe

Staying safe means keeping your personal details private, such as full name, phone number, home address, photos or school. Never reply to ASL (age, sex, location)

Meeting up with someone you have met online can be dangerous. Only meet up if you have first told your parent or carer and they can be with you.

Information online can be untrue, biased or just inaccurate. Someone online my not be telling the truth about who they are - they may not be a 'friend'

Let a parent, carer, teacher or trusted adult know if you ever feel worried, uncomfortable or frightened about something online or someone you have met or who has contacted you online.

Emails, downloads, IM messages, photos and anything from someone you do not know or trust may contain a virus or unpleasant message. So do not open or reply.

Appendix 3

Gateford Park Primary School

Dear Parent/ Carer

ICT including the internet, email and mobile technologies, etc has become an important part of learning in our school. We expect all children to be safe and responsible when using any ICT. Please read and discuss these eSafety rules with your child and return the slip at the bottom of this page.

□

Parent/ carer signature

We have discussed this and ……..(child name) agrees to follow the eSafety rules and to support the safe use of ICT at Gateford Park Primary School.

Parent/ Carer Signature ……

Class …… Date ……

Home-School Agreement

For the Gateford Park Primary School

The School will:

- Value and respect each child as an individual
- Encourage high expectations and pride in achievement
- Recognise and praise progress and achievement
- Provide opportunities for pupils to develop their potential in all areas
- Inform parents of the progress and welfare of their child
- Provide and monitor homework which is appropriate to the child's needs
- Provide a safe and orderly environment in which to work
- Listen to parents' views and concerns

Signature Paula Doyle Head Teacher

Parents/Carers will:

- Support the school in its aims and values
- Ensure their child's regular and punctual attendance
- Notify the school early on the first day of the reason for your child's absence
- Support the school's code of conduct for behaviour
- Support their child in the school work they are expected to do at home
- Tell the school about any circumstances which may affect their child
- Attend parent's evenings and discussions about their child's progress
- Ensure their child wears the appropriate clothing for school, for example, school uniform/colours

Signature _____ Parents/Carers

Date _____

Pupils will:

- Be polite and helpful to others
- Be on their best behaviour and abide by the school rules
- Attend school regularly and on time and bring the things they need
- Look after the things they use in school
- Help to look after the school and its surroundings
- Try their best and work hard
- Wear their school clothes

Name and Signature _____ Child

Date _____

Gateford Park Primary School

Amherst Rise, Gateford, Worksop, Nottinghamshire S81 7RG
t: 01909 478681 f: 01909 473487 e: office@gateford.notts.sch.uk
www.gatefordpark.com
Headteacher: Paula Doyle

Dear Parent/Carer,

At times of celebration throughout the year, such as Christmas and birthdays, parents often ask for a list of names of children in their child's class, so that they can send party invitations or Christmas cards. The list we give will only include forenames and the initial of the surname, should there be more than one child in the class with the same forename. Eg. If there are two Emilys, we would also include the first letter of their surname in the list.

Please complete the consent form below, so that we know that you are happy for your child's name to be shared in this way. You can withdraw your consent at any time, by contacting Mrs. Ellis in the school office.

Please return this form to school as soon as possible, thank you.

With my very best wishes,

Paula Doyle
Headteacher
Gateford Park Primary School

- I give/do not give consent for my child's name to be included in a class list for the purposes of party invitations/Christmas cards etc

Child's name:

Parent's Signature:

Date:

Gateford Park Primary School

Amherst Rise, Gateford, Worksop, Nottinghamshire S81 7RG
t: 01909 478681 f: 01909 473487 e: office@gateford.notts.sch.uk
www.gatefordpark.com
Headteacher: Paula Doyle

Dear Parents and Carers

Data Collection/Consent

In line with the new data protection regulations, we are updating our consent forms. Please read each section carefully, delete the statements as appropriate and sign and date the form **for each child in school**. Please note, you can withdraw consent at any time, by advising Mrs. Ellis in the school office, who will update our records accordingly.

* I give/do not give consent for my child to appear on the school website/school Twitter feed/school Facebook page..

* I give/do not give consent for my child to appear on the school Twitter feed.

* I give/do not give consent for my child to be mentioned in a school newsletter, for special mentions

* I give/do not give consent for my child's photograph to appear in the local press/on displays in school.

* I give/do not give consent for Gateford Park Primary School to store my contact numbers and email addresses so that I can receive texts and emails from the school.

NB – Children's names will *not* be published with photographs.
Where names are mentioned in newsletters etc, *only* forenames will be used

Signed:- _____

Date:_____

Parent/Carer of:- _____
(child's name)

This form should be returned to school for each child in school, thank you.

Gateford Park Primary School fully complies with information legislation. For the full details on how we use your personal information please read our online Privacy Notice at www.gatefordpark.com in the Key Information section or call 01909 478681 if you are unable to access the internet.

With my very best wishes

Paula Doyle
Headteacher, Gateford Park Primary School

June 2019

Dear Parents and Carers,

We have a number of children in school who are regularly collected by older, secondary-school-age siblings. If your child is collected by an older sibling, who is **under the age of 16**, please sign and return the attached form, to confirm that you give permission. Please return the form, below, to school.

Thank you for your cooperation in this matter.

With my very best wishes,

Paula Doyle
Headteacher
Gateford Park Primary School

I give permission for my child _____ (insert name) in

_____ Class (insert class name) to be collected from school by

_____ (insert name of older sibling).

Signed:_____ Print name:_____

Date:_____

27th September 2019

Dear Parents and Carers

Re: Cooking and Baking in School

From time to time, as part of the curriculum, the children will be involved in the preparation, cooking and tasting of different foods.

Your child's teacher will send a text to let you know what they will be preparing/cooking/tasting, along with a list of ingredients.

Please note the foods may contain traces of the following allergens:-

- Cereals containing gluten
- Eggs
- Fish
- Peanuts
- Nuts
- Soybeans
- Milk
- Mustard
- Sesame
- Lupin
- Celery (and celeriac)
- Sulphur dioxide
- Crustaceans
- Molluscs

Please sign and return this letter to school, advising us where applicable, if your child is allergic to any of the above ingredients. Without your consent, your child will not be able to take part in cooking/baking/tasting activities in school.

With my very best wishes.

Headteacher

CHILD'S NAME: _____ **CLASS:** _____

I give permission for my child to take part in the preparation, cooking and tasting of different foods at school.
I understand that the foods may contain traces of the above allergens.

My child suffers from the following allergies (please insert below if applicable):-

Signed: _____ Parent/Carer Date: _____

Please note that teachers will keep a record of your child's allergen information.