

Maryland Primary School Admission Form



Child's full legal name (first and last name)				SCHOOL USE ONLY <input type="checkbox"/> Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> Council tax/benefit (within current year) <input type="checkbox"/> Utility bill (within 3 months)
Preferred first name		Gender		
Date of birth (dd/mm/yy)		Religion		
Address including postcode		Please circle if applicable	Refugee / Asylum Seeker	
Position of child in the family	1 2 3 4 5 6 out of ____ Name of eldest sibling in this school: _____ Class: _____			

PARENT 1 (First contact)

Full name including title - (Mr Mrs Ms Miss)		Email address	
Address (if different from the child's)		Employment	
Country of birth		NI number	
Telephone numbers	Home: _____ Mobile: _____ Work: _____	Date of birth	

PARENT 2 (Second contact)

Full name including title - (Mr Mrs Ms Miss)		Email address	
Address (if different from the child's)		Employment	
Country of birth		NI number	
Telephone numbers	Home: _____ Mobile: _____ Work: _____	Date of birth	

Who has PARENTAL RESPONSIBILITY for the child?	Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/>
Is your child in a private fostering agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details of the nominated person who the child lives with.	
Is your child a 'looked after' child or child 'at risk'?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide more information e.g. has the child been adopted? In public care? If so provide social worker and local authority details.	
Any other important information about your child or family that you wish to inform us about?	

Emergency contacts – must not be parents/carers

CONTACT 3		CONTACT 4	
Full name including title		Full name including title	
Address (if different from the child's)		Address (if different from the child's)	
Relationship to child		Relationship to child	
Telephone numbers		Telephone numbers	
Language spoken		Language spoken	

Who will collect your child from school?			
Last school or nursery attended: Name / Address / Telephone number:			
Doctor's surgery: Name / Address / Telephone number:			
Does the child have any medical conditions or allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide further information:
Does your child have any dietary requirements?		Tick if your child does have problems with :	Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/>
Does your child have special needs including any physical disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide further information:
Did your child have any form of additional support in their previous school or nursery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide further information:
Other information about your child including: behaviour, English and Maths, concentration, listening, learning habits, emotional maturity, enjoy looking at books and counting (nursery pupils), etc.			
Does your child speak English?	No <input type="checkbox"/>	A little <input type="checkbox"/>	Yes confidently <input type="checkbox"/>
Does your child understand English?	No <input type="checkbox"/>	A little <input type="checkbox"/>	Yes confidently <input type="checkbox"/>
MAIN SCHOOL ONLY	School dinner <input type="checkbox"/>	Packed lunch <input type="checkbox"/>	Home <input type="checkbox"/>
School meal choice:	Halal <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>

Complete for <u>NURSERY ADMISSIONS ONLY</u>	MMR <input type="checkbox"/> BCG <input type="checkbox"/>	SCHOOL USE ONLY
Has your child had these immunisations?	8 weeks <input type="checkbox"/> 12 weeks <input type="checkbox"/> 16 weeks <input type="checkbox"/> 1year <input type="checkbox"/> 3.4year pre-sch booster <input type="checkbox"/>	Child health record (red book) <input type="checkbox"/>
Is your child still in nappies?	Yes <input type="checkbox"/> No <input type="checkbox"/> Night only <input type="checkbox"/>	
Can your child use the toilet independently?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child wash their hands after toilet use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
What time does your child go to bed?	
Do they sleep through the night?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do they have a daytime sleep?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can they say they feel unwell?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child drink milk?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can your child follow instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there anything that easily upsets your child?	
What is your child's favourite activity?	
Any other important information about your child's learning that you would like to inform us about?	
Will your child be attending any other early years provision (including childminder)?	If yes please give details.	

Child's ethnicity - tick one

<p>White</p> <ul style="list-style-type: none"> ◆ British <input type="checkbox"/> []WBRI ◆ Irish <input type="checkbox"/> []WIRI ◆ Traveller of Irish Heritage <input type="checkbox"/> []WIRT ◆ Gypsy/Roma <input type="checkbox"/> []WOTH ◆ Other White background: <ul style="list-style-type: none"> ○ Kosovan <input type="checkbox"/> []WKOS ○ Turkish/Turkish Cypriot <input type="checkbox"/> []WTUR ○ White Eastern European <input type="checkbox"/> []WEEU ○ Any other White Background <input type="checkbox"/> []WOTW <p>Mixed</p> <ul style="list-style-type: none"> ◆ White and Black Caribbean <input type="checkbox"/> []MWBC ◆ White and Black African <input type="checkbox"/> []MWBA ◆ White and Asian <input type="checkbox"/> []MWAS ◆ Any other mixed background <input type="checkbox"/> []MOTH <p>Asian or Asian British</p> <ul style="list-style-type: none"> ◆ Indian <input type="checkbox"/> []AIND ◆ Pakistani <input type="checkbox"/> []APKN ◆ Bangladeshi <input type="checkbox"/> []ABAN ◆ Sri Lankan Tamil <input type="checkbox"/> []ASLT ◆ Any other Asian background <input type="checkbox"/> []AOTA 	<p>Black or black British</p> <ul style="list-style-type: none"> ◆ Caribbean <input type="checkbox"/> []BCRB ◆ African: <ul style="list-style-type: none"> ○ Nigerian <input type="checkbox"/> []BNGN ○ Somali <input type="checkbox"/> []BSOM ○ Other Black African <input type="checkbox"/> []BAOF ◆ Any other Black background <input type="checkbox"/> []BOTH <p>Chinese <input type="checkbox"/> []CHNE</p> <p>Other ethnic backgrounds</p> <ul style="list-style-type: none"> ◆ Afghani <input type="checkbox"/> []OAFG ◆ Filipino <input type="checkbox"/> []OFIL ◆ Kurdish <input type="checkbox"/> []OKRD ◆ Iranian <input type="checkbox"/> []OIRN ◆ Iraqi <input type="checkbox"/> []OIRQ ◆ Other Arab background <input type="checkbox"/> []OARA ◆ Vietnamese <input type="checkbox"/> []OVIE ◆ Latin, South or Central American <input type="checkbox"/> []OLAM ◆ Any other ethnic group (please write in) <input type="checkbox"/> []OOEG <p>I do not wish an ethnic background category to be recorded <input type="checkbox"/> []REFU</p>	<p>SCHOOL USE ONLY</p> <hr/> <p>UPN number</p> <hr/> <p>Admission no.</p> <hr/> <p>Admission date</p> <hr/> <p>Class</p> <hr/> <p>Full birth certificate seen</p> <div style="text-align: center; border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
Child's first language:	Child's Nationality:	Admitted by
Child's home language:	Country of birth:	Signed

Summary of permissions

The full version of each consent agreement is available on the school website

<https://maryland.newham.sch.uk/parents/admissions/> and should be read before attending the admission meeting. By signing below you are acknowledging that you have read and understood the agreements in their entirety:

Use of Digital Images

Occasionally, we may take photographs of the children at our school. We use these images as part of our school displays and sometimes in other printed reports such as the school's newsletter. We will also use them on our school website and social media accounts. All photos are used to celebrate pupil achievement and promote the school values, which often gives the child a sense of pride if a photograph of them is used for this purpose. I give permission for my child's photograph to be used:

on the school's website, newsletters
and other school promotions

Yes

No

on the school's social media. e.g.
Twitter

Yes

No

in books inc. in other children's books &
as part of the learning environment

Yes

No

Home-School Agreement

I confirm that I understand the school's expectations of my role as parent/carer and have ensured my child understands what is expected of them to ensure my child has the best learning opportunity possible. I also acknowledge the school's role in educating my child and have made my child aware of the school rules.

Yes

No

Health and Safety & Curriculum consent

I understand that my child must wear **school uniform** as outlined on the school website. I know the importance of keeping the school up to date with **emergency contacts** and my child's **health information**. I know I must give written permission to the school for my child in key stage 2 to go to school and come home on their own, if this is what I choose. I confirm that I understand the expectations of the school in terms of **curriculum delivery** and that my child will attend school trips throughout the year. The school does not require permission from parents when children are taken to visit places locally ('local visit') but will seek permission for other trips. This includes Religious Education trips – the **National Curriculum requires children to learn about the world's main religions**. I understand that it is statutory for **all children to participate in CPSHE** (Citizenship, Personal, Social and Health Education) lessons to support social emotional and mental health.

Yes

No

Online safety agreement form for parents

I confirm that I have read and understood how the school manages aspects of online safety and know that my role is to support the school and take steps to ensure my child stays safe online at home. More guidance is available on the school website. I give permission for my child to use the internet in lessons.

Yes

No

Maryland School Privacy Notice

I confirm that I have read and understood how the school manages my child's data and I know my rights relating to this information.

Yes

No

Free School Meal and Early Years Pupil Premium

Additional funding may be available to enhance your child's education. This is for children aged three and older and is used to improve teaching and learning. Would you give permission for us to apply on your behalf?

Yes

No

Office use: Ref. Number _____

Signed..... Date.....

Finally, would you like more information about **Maryland United** our parent-teacher association? Yes No