



St Mary's C of E Primary School

SCHOOL ADMISSION INFORMATION

Welcome to our school and thank you for choosing us. Please complete this information pack and return it to the school office as soon as possible.

Website: <https://www.banburystmarysschool.co.uk>

Email: office@banburystmarysschool.co.uk

Telephone: 01295 263 026



Child's Details

Child's Legal Family Name:			
Child's Legal Forename(s):			
Name by which the child is known (if different from above):			
Male/Female:		Date of Birth:	
Address:			
Post Code:			
Child's Ethnicity – Please tick			
White British	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Any other black background	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White/black Caribbean	<input type="checkbox"/>
Any other Asian Background	<input type="checkbox"/>	White Asian	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>
White Eastern European	<input type="checkbox"/>	Traveller/Irish Heritage	<input type="checkbox"/>
Roma/Roma Gypsy	<input type="checkbox"/>	Information not obtained	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Not given	<input type="checkbox"/>

Child's First Language:	
Other languages spoken/used at home:	
Child's Country of Birth:	
Nationality:	

How proficient is your child at speaking English?	
A. New to English	<input type="checkbox"/>
B. Early acquisition	<input type="checkbox"/>
C. Developing competency	<input type="checkbox"/>
D. Competent	<input type="checkbox"/>
E. Fluent	<input type="checkbox"/>

Child's Religion – Please tick			
Prefer not to say	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Budhist	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other (please specify):	
Sikh	<input type="checkbox"/>		

Contact Details:

Contact 1:	Name	Home Address:	Work Address:
	Relationship to the child:	Mobile:	Phone Number:

Contact 2:	Name	Home Address:	Work Address:
	Relationship to the child:	Mobile:	Phone Number:

Contact 3:	Name	Home Address:	Work Address:
	Relationship to the child:	Mobile:	Phone Number:

School Communication

Most school information is sent to parents' via email or text message. Please provide an email address where we can send newsletters and other school communication.

Email:	
Mobile Number:	

Please notify us immediately if your email or mobile number changes.

Transport

How will your child travel to school generally? Please tick **one** box only.

Walk	<input type="checkbox"/>	Car	<input type="checkbox"/>	Train	<input type="checkbox"/>		
Bicycle	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Other:	<input type="text"/>

Meal Choices

Please indicate which type of meal your child will usually be taking at school.

School Meal	<input type="checkbox"/>	Packed Lunch	<input type="checkbox"/>
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Child's Medical Information:

Medical Practice Name:	Address:
Telephone Number:	

Medical Conditions (please inform the school of any changes:

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Would you like to discuss your child's medical condition with their teacher? Yes/No

In the event of an emergency do you give consent for St Mary's School to contact your child's medical practice directly? Yes/No

Child's Previous School/Setting:

Name of Provider:	
Address:	
Key Person/ Teacher's Name:	

Free School Meal Entitlement

Please tick if your family gets one of the following:	
Universal Credit - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)	
Income Support	
Income-based Jobseeker's Allowance	
Income-related Employment and Support Allowance	
Support under Part VI of the Immigration and Asylum Act 1999	
The guaranteed element of Pension Credit	
Child Tax Credit (provided you're 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 you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)	
Income Support	
Income-based Jobseeker's Allowance	
Income-related Employment and Support Allowance	

Please note, Working Tax Credit is NOT included in this list of benefits and does not make you eligible.

If you are in receipt of one of the above please provide the following information of the **main benefit holder** so eligibility can be checked.

I declare that the particulars stated on this form are correct and that I am in receipt of one of the relevant support payments for free school lunches. I agree that you will use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by law to verify my initial, and ongoing, entitlement I undertake to notify the school immediately I cease to receive or have any changes to the relevant support payment (please note that you will be required to meet the cost of any free meals provided after the date you cease to receive entitlement).

Parent's Full Name:			
Parent's Date of Birth:		Parent's National Insurance Number:	
Parent's signature:			

Permission for the school to us Photographs/Videos of your child

I give permission for my child to have his/her photograph taken and be used either in school on project display boards, or on occasions in the schools prospectus/newsletter/promotional publications, on the school website or the media as part of the school’s involvement in an event. I give my permission for my child’s image to be recorded for teaching and learning purposes.

Signature:	
Date:	

Permission for trips and visits

The children may go on walks and visits around the local area, this may include visits to St Mary’s Church in Banbury as part of our school celebrations. We would like you to sign a general consent for this. When planned trips involving public transport or coach are scheduled we will write to you to inform you.

Signature:	
Date:	

Permission for Internet use

Access to the internet will enable pupils to explore thousands of libraries, data based, and information sources and to guard against access to inappropriate material we use a filtered service provided by Information for Learning (IFL). However, it is not impossible that pupils may access inappropriate material, though we are aiming to ensure that this does not happen.

We believe that the benefits to pupils from access to the internet, in the form of information resources and opportunities for collaboration, outweigh the potential disadvantages.

During lesson time teachers will guide towards specific materials. Outside lesson time pupils must agree to access those sites that are appropriate for school. Parents share the responsibility for such guidance as with other potentially offensive media such as DVD’s television, Facebook and other social networking sites generally.

Signature:	
Date:	

Parent Declaration

I _____ (name of parent/carer) confirm that the information I have provided above is accurate and true.

Parent/Carer/Guardian with legal responsibility			
Signed:			
Print Name:		Date:	

If you are applying for a Nursery Place please complete this page

Funded Places:

Is your child entitled to 30 hours funding?	Yes / No	
30 Hour Code:		
If you are sharing with another provider please add their name below and the number of funded hours per week claimed		Yes / No
Provider name(s)	Number of funded hours per week attended	

If you would like more details on applying for 30 hours free childcare please ask at the office or look under the 'Early Years' section on our website. <https://www.banburystmarysschool.co.uk/early-years.html>

Parent Declaration

I _____ (name of parent/carer) confirm that the information I have provided above is accurate and true.

I understand and agree to the conditions set out in this document and I authorise, _____ (name of provider) to claim Early Education Funding as agreed above on behalf of my child. I understand that if I have given any misleading information on this declaration or have claimed more than the allowed entitlement I may be asked to reimburse the provider(s) or my child's place may be withdrawn.

In addition, I also 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 and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Funding (DAF) on behalf of my child. I understand that the information I have supplied on this form will be used to process my Early Education Funding claim. It will be used by Oxfordshire County Council to compare data with other providers and maintained schools, for statistical analysis purposes and processed in accordance with the Data Protection Act 2018.

Disability Access Fund Declaration

3&4 year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). Please take a copy of your DLA award letter to your childcare provider for them to claim the funding.

Is your child eligible and in receipt of DLA?	Yes / No
If your child attends more than one provider, please nominate the main setting where the local authority should pay the DAF:	

School Milk

Children under 5 years old are entitled to have free milk. Please sign if you are happy for school to give the supplier Cool Milk your child's details for their records.

Signature:	
Date:	

Office Use Only

Nursery Attendance

	3&4 Universal hours	3&4 Extended	Parent Signature
Summer Term 2020 (20 Apr -Aug, after Easter Holidays)			
Autumn Term 2020 (Sep-Dec, after Summer Holidays)			
Spring Term 2021 (Jan - 31 March, after Christmas Holidays)			

Please complete and sign at the beginning of **each term** (signatures **must not** be obtained in advance of the term).

Provider Declaration

This declaration is your evidence of a claim and must be retained for seven years to complete claim forms and for future reference, including auditing. Please note you may be asked by the authority to produce evidence of a claim at any time.

It is a requirement of the EYFS for providers to 'enable a regular two-way flow of information with parents and/or carers, and between providers, if a child is attending more than one setting' (section 3.68 'Information and records'). By signing the below statement, you are agreeing to share information with the provider named by the parent, if the parent has indicated they wish to split funding.

When a child who is, or becomes, eligible for Early Education Funding registers with your setting, you must obtain proof of identity/age and therefore eligibility. Please indicate documents seen by completing the relevant box below.

The Early Education Funding must be utilised strictly in accordance with the Early Education Funding Terms and Conditions.

TO BE COMPLETED BY THE PROVIDER			
Documental Evidence of Name and Date of Birth			
Documentary proof type (birth certificate, passport, red book)			
Provider Declaration			
Print Name:		Job Title:	
Signed:		Date:	