



Thames View Infants

Pupil Admission Form

CHILD'S DETAILS

Full Name:						
Gender:		Date of Birth:				
Ethnicity:		Place of Birth:				
Language(s)		Position in family (i.e 2/3):	/			
Identity/Residency checks:		Current Address:	Previous Address:	Previous Address:		
Full Birth certificate	Y/N					
Passport/Travel Documents	Y/N					
Proof of Address (any 1 of the following documents):						
<ul style="list-style-type: none"> • Council Tax letter • Tenancy Agreement • Mortgage Document 	Y/N Y/N Y/N	How long have you lived here?	How long did you live here?	How long did you live here?		
Medical: <ul style="list-style-type: none"> • Names and contact details: 	Doctor:		Other Medical Needs and Information:			
	Health Visitor/School Nurse:		Birth: <i>(full term, c-section, trauma, premature, separation, parent health/wellbeing pre/post birth):</i>			
	Dentist:					
Have you ever worked with any of the following professionals/agencies? <i>Paediatrician</i> <i>Portage</i> <i>Speech and Language Service</i> <i>Hospitals</i> <i>Children Centre</i> <i>Dietician/Feeding Clinic</i> <i>Community Nursery Nurse Team</i> <i>Any other specialist medical service/intervention or support:</i>		Allergies: <i>(Be clear about those diagnosed with medical interventions like "epipens", and those that are suspected or "not liked foods"):</i>				
					Eating Habits and dietary requirements: <i>(linked to faith/culture/independence/likes/dislikes):</i>	
		Previous Settings - School/Nursery etc:				
		Name/Address/Tel:		Reason for leaving:		
				Dates attended:		
Name/Address/Tel:		Reason for leaving:				
		Dates attended:				
Specialist support/referrals from the above settings?						



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FAMILY AND HOUSEHOLD DETAILS:

	Parent/Carer 1	Parent/Carer 2	Parent/Carer 3
Relationship to child			
Confirm Parental Responsibility: By birth Adoption Special Guardianship Residency Order Foster Carer			
Full Name			
Date of Birth			
NI Number			
Country Of Birth/Ethnicity			
Language(s) Spoken			
Right to Reside in the UK: By Birth Indefinite Leave to remain Leave to remain EU origin (passport) Visa (type)	Document Details if required:	Document Details if required:	Document Details if required:
Asylum Seeker/NASS Number:			
Contact Numbers: Home: Mobile: Other:			
Email Address:	Sign up to email app: Done/TBC	Sign up to email app: Done/TBC	Sign up to email app: Done/TBC
Employment or Education Status: Course/Job Title:			
Address if different to child:			
Benefits/Tax Credits Received:			
Details and arrangements for contact when Primary Parent/Carer is not living at the same address/separated etc.			



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IMMEDIATE FAMILY AND HOUSEHOLD MEMBERS:

BEGIN WITH SIBLINGS AND DIRECT/BLOOD RELATIONS LIVING AT THE SAME ADDRESS FOLLOWED BY OTHER PEOPLE LIVING IN THE HOUSE (FRIENDS/AU PAIRS/NON-RELATIVE "AUNTY'S/UNCLES" ETC, THEN CLOSE FAMILY WHO CAN ACT AS EMERGENCY CONTACTS)

Full Name:	Date of Birth	Relationship to child	Education/Employment details	Contact details (if appropriate):	In case of emergency contact and order	
					Y/N	
					Y/N	
					Y/N	
					Y/N	
					Y/N	
					Y/N	
					Y/N	
					Y/N	

FAMILY SUPPORT/COMMUNITY NETWORKS:

Religion: Including special requirements:					
Languages spoken at home:		Translator required:			
Clubs attended outside of school:	Name and contact details:		Name and contact details:		
Child Minder Before/After school Care:	Name and contact details:		Name and contact details:		
Has your any member of your family, now or in the past, been know or referred to Children's Services?	Y/N	Details including contacts:			
Have you ever been involved with any of the following support packages:					
Common Assessment Framework	Y/N	Lead Person/Contact:		Details:	
Troubled Families	Y/N	Lead Person/Contact:		Details:	
Family Support	Y/N	Lead Person/Contact:		Details:	



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How will your child travel to school?

Walk		Bus		Train		Underground		Car/Van	
Taxi		Cycle		Car Share		School Bus		Other	

I confirm that:

- I have read, understood and signed the following additional School Documents
- That I will uphold and follow the policies and agreements I have signed.
- I will inform the school of any changes to the details within this document in good time
- I have received a copy of my signed agreements

Home School Agreement:	<input type="checkbox"/>	Internet Acceptable Use and e-safety Policy:	<input type="checkbox"/>	Internet Consent Obtained:	<input type="checkbox"/>
Online Photograph/Video Consent Obtained:	<input type="checkbox"/>	Attendance Statement:	<input type="checkbox"/>	Reception/School Admission Statement:	<input type="checkbox"/>
Local visit Permission:	<input type="checkbox"/>	My child will come to school in school uniform with slippers for indoor use:	<input type="checkbox"/>		

Attendance statement:

I understand that as Parents/Carers we do not have a legal right to take children out of school on holiday. I will not expect the school to agree to an absence for a holiday in term time and understand that doing so will result in:

- (a) a fine per child per parent
- (b) family **details passed to the LA's attendance officer**
- (c) the risk of losing the school place (and having to re-enroll again)

Admission to Reception Statement:

I understand that my child has a part-time place in the Thames View Infants Nursery class but that this **does not guarantee a place within the Reception year group**. I understand that I am required to make an application for a place in a Reception Class.

	Parent/Carer:	School Staff:
Name (printed)		
Signed		
Date		



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POLICIES, AGREEMENTS AND PERMISSIONS:

PERMISSION FOR LOCAL VISITS

Children learn from first hand experiences and for this reason we plan some activities that take place outside school. We are asking for your consent for your child to take part in short local visits lasting no more than half a day. The children will be walking to the places they are visiting.

I wish my son/daughter to be allowed to take part in the above mentioned visits and having read this, agree to his/her taking part in any or all of the activities described. I understand that while the school staff in charge of the party will take reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter which occurs as a result of the visit.

I agree to authorise members of staff during the course of the visit to approve such medical treatments for my child as is deemed necessary in an emergency on the advice of a qualified medical practitioner.

Signed: _____

Date _____



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Office Use Only:

Agreements signed/returned/copied and given to parents? Yes/No				
In Year Admission information from Previous school:				
School/Setting:				
Name of person spoken to:				
UPN:				
CTF sent:				
Attendance:				
SEND:				
CAF:				
CP details:				
Contact details of Class teacher/SENCo etc if required:				
Signed/Date				
Outcomes: <i>Please circle</i>	File S	Inclusion Team	Refer to file	Other: