

Port Isaac C.P. School

Mayfield Road, Port Isaac, Cornwall, PL29 3RT

Telephone: 01208 880494 Email: secretary@port-isaac.cornwall.sch.uk



CONFIDENTIAL ADMISSION FORM

The information given here will be recorded and maintained on the school's information management systems, this data will be accessible only to authorised personnel and subject to control under the data protection act.

Please note – Filling out this form does not constitute an offer of admission.

PUPIL DETAILS	
Legal Forename:	Preferred Forename:
Legal Surname:	Preferred Surname:
Middle Names:	
Previous Surname/s if relevant:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

PASTORAL / REGISTRATION INFORMATION: FOR OFFICE USE ONLY				
Registration Group:	House:			
Admission Date:	Enrolment Status:			
Admission Number:	UPN:			
Pupil Premium: <input type="checkbox"/> SEN: <input type="checkbox"/> Birth Certificate Seen: <input type="checkbox"/>	Part-time dates:			
Early Years Attendance Patterns:				
MON: AM / PM / All day	TUES: AM / PM / All day	WED: AM / PM / All day	THURS: AM / PM / All day	FRI: AM / PM / All day
Notes:				
CTF <input type="checkbox"/> Paper File <input type="checkbox"/> Documents <input type="checkbox"/> Assessment Data <input type="checkbox"/> Options <input type="checkbox"/> Timetable <input type="checkbox"/>				

PUPIL ADDRESS The address at which the child lives the majority of the time in a typical week.		
Post Code:	House Name/Number:	
Street/District	County:	

CONTACTS		
Contact/Priority 1		
Title:	Forename:	Surname:
Relationship to Pupil:	Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>	
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:	House Name/Number:	
Street/District:	Town/City	
Additional Information:		

Contact/Priority 2			
Title:	Forename:	Surname:	
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>	
Court Order <input type="checkbox"/> Please give details			
Phone Numbers (in order of priority)		Type	Notes (eg days worked)
1		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:			
Address Details (if same as applicant just tick here) <input type="checkbox"/>			
Post Code:		House Name/Number:	
Street/District:		Town/City	
Additional Information:			

Contact/Priority 3			
Title:	Forename:	Surname:	
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>	
Court Order <input type="checkbox"/> Please give details			
Phone Numbers (in order of priority)		Type	Notes (eg days worked)
1		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:			
Address Details (if same as applicant just tick here) <input type="checkbox"/>			
Post Code:		House Name/Number:	
Street/District:		Town/City	
Additional Information:			

Contact/Priority 4			
Title:	Forename:	Surname:	
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>	
Court Order <input type="checkbox"/> Please give details			
Phone Numbers (in order of priority)		Type	Notes (eg days worked)
1		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:			
Address Details (if same as applicant just tick here) <input type="checkbox"/>			
Post Code:		House Name/Number:	
Street/District:		Town/City	
Additional Information:			

FAMILY LINKS Please list brothers and sisters (including half/step family) currently at this school				
Surname	Forename	Gender	Date of Birth	Same Address?
		M / F		Y / N
		M / F		Y / N
		M / F		Y / N

DIETARY INFORMATION	
What meal arrangement will the child typically have? (Please tick one only) <input type="checkbox"/> School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Go home	
If the child is Year 2 or below: The government provides a free meal for all children in year 2 or below. Do you believe the child would be eligible for a free meal if the government was not doing this?	Y / N
Please indicate any relevant food allergies or dietary needs:	

MEDICAL INFORMATION	
<input type="checkbox"/> Emergency Medical Consent <i>(Ticking this box confirms that you authorise the school to initiate appropriate medical treatment in the event of an emergency).</i>	
Medical Practice:	Practice Address:
Doctor's Name:	
Practice Telephone:	
Please indicate any known medical conditions	
<input type="checkbox"/> No Medical Conditions <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Eczema	<input type="checkbox"/> Myalgic Encephalopathy <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Chronic Fatigue Syndrome <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Other – Please specify below
<input type="checkbox"/> Post Viral Fatigue Syndrome <input type="checkbox"/> Arthritis <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> ADHD <input type="checkbox"/> Allergies – Please specify below	
Additional Information: Please note any details that will enable us to better support your child whilst attending this school. If you need more space please use an additional sheet of paper and tick here to confirm that you have done so: <input type="checkbox"/>	

SCHOOL HISTORY

Previous School Name:	Previous School Address:
Previous School Tel Number	
Dates Attended : From (dd/mm/yy): To: (dd/mm/yy):	

ETHNIC / CULTURAL INFORMATION

Ethnicity:	Religion:
First Language:	Home Language:
Country of Birth:	Nationality:
Additional Information:	

Traveller Status: **Y / N**
 If Yes, please provide the following:
 Traveller Status: Gypsy/Roma (Housed) Gypsy/Roma (Travelling) Occupational (Traveller) Traveller (Other)
 From (Date):

ADDITIONAL INFORMATION

Mode of Transport - Please state the mode your child will use most regularly to travel to and from school.

Public Bus Service Car/Van Taxi Walks
 Car Share (with child/children) Dedicated School Bus Cycle

Youth Support Services Agreement *(Ticking this box confirms that you authorise the school to share relevant data with agencies to support the applicant with career guidance).*

PUPIL PREMIUM Is the pupil entitled to Pupil Premium Funding?

Has either of the applicant's parents been in a Service Profession in the last four years?	Y / N
Is the applicant currently In Care, or has he/she ever been In Care (this includes adopted from care)?	Y / N
Is the applicant currently eligible for Free School Meals	Y / N
Has the applicant been eligible for Free School Meals within the last 6 years?	Y / N

If you have answered Yes, please give full details below. You will also need to provide us with documentary evidence. Please attach a copy or bring in an original document so we can copy it for our files.

Documentation included

COURT ORDER

If the pupil is subject to any Court Orders please specify the Court Order terms below. The information is CONFIDENTIAL but will help the school under the pupil's position. A copy of any Court Orders will need to be provided.

PARENTAL / CARER CONSENTS: I/We confirm that I consent/do not consent to the items listed below	
Copyright Permission:	Y / N
Internet Access:	Y / N
Photograph Pupil / Media Consent	Y / N
Sex Education	Y / N
Data Exchange	Y / N
School Trips and Visits	Y / N
Details of any allergies to be displayed in school, including the kitchen (if applicable)	Y / N

Use of Images Consent for The Federation of Boscastle School and Port Isaac School (note images may be shared across both schools including websites).

In order to comply with the Data Protection Act 1998, the School needs your consent before taking photographs or making video recordings of your child for purposes which are not part of its core activities.

*You Have the option to indicate whether or not you consent to your child's images being taken and used for different purposes. **You can withdraw your consent at any time by writing to the school.***

Please give your consent by putting your initials next to each statement

Please initial here

I give my consent to images of my child being taken and used for official school purposes of promoting or publicising school events (e.g. the School newsletter, the School's brochure and other promotional material) or through the 'News from School' articles in the Port Isaac Trio Magazine.

I give my consent to images of my child being used on the school website and I understand That these images will be available on the World Wide Web.

I give my consent that the School can use images of my child in video recordings to promote the School.

I give my consent that the School can take photographs and make video recordings of my child for the School's own records, archives and future interest (e.g. photographs of sports team).

I give my consent to my child being included in any images taken by other parents or carers who wish to photograph or record school events in which their children are participating

I give my consent for the press to take and use images of my child.

The School may give the press the first name of my child for publishing with the child's photograph in a newspaper or for captioning on television.

SIGNATURES		PRINT NAME	DATE
Parent/Carer 1:			
Parent/Carer 2:			

Thank you for completing this form. Please return it to the school office as soon as possible

You need to bring your child's birth certificate to the school office when you submit this form.