



St Teresa's Catholic Primary School

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Headteacher: Mrs B Maguire M.A. NPQH

APPLICATION FORM

SECTION 1 - CHILD'S DETAILS

| | |
|--|--|
| Child's legal forename | Date of birth: Date _____ Month _____ Year _____ |
| Child's preferred forename | |
| Middle name(s) | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Child's legal surname | |
| Home Address: (For child) | |
| Post Code | Telephone No..... |
| Other Information: | |
| Who has Parental Responsibility? | Mum Dad Both |
| Are there any Court Orders? Residency | Guardianship Adoption Other |

SECTION 2 - EMERGENCY CONTACT DETAILS

It is a requirement for all schools to have details of at least 2 contacts. Please place them in the order you wish contact to be made in an emergency.

| | |
|--|-----------------------------|
| Contact: (first name) | (surname) |
| Mr/Mrs/Miss/Ms | |
| Address (if different to child's home address) | |
| | |
| Mobile number..... | Home Telephone number |
| Work Telephone number | Relationship to child |
| Email Address | |
| Contact: (first name) | (surname) |
| Mr/Mrs/Miss/Ms | |
| Address (if different to child's home address) | |
| | |
| Mobile number..... | Home Telephone number |
| Work Telephone number | Relationship to child |
| Email Address | |

Contact: (first name) (surname)

Mr/Mrs/Miss/Ms

Address (if different to child's home address)

Mobile number..... Home Telephone number

Work Telephone number Relationship to child

Contact: (first name) (surname)

Mr/Mrs/Miss/Ms

Address (if different to child's home address)

Mobile number..... Home Telephone number

Work Telephone number Relationship to child

SECTION 3 - SIBLINGS

Please give details of all the children in the family:

| Name | Date of birth | Sister/ brother |
|------|---------------|-----------------|
| | | |
| | | |
| | | |

SECTION 4 - DIETARY RESTRICTIONS / FOOD ALLERGIES

Is there any food or drink your child is unable to have for medical reasons?

YES/NO If YES please give details:

.....

SECTION 5 - MEDICAL INFORMATION

Name of Doctor's Surgery

Address of Doctor

Phone Number of Doctor's Surgery

Premature Birth? Yes / No

If yes, please provide any relevant details:

.....

SECTION 6 - ETHNICITY, NATIONALITY & PLACE OF BIRTH

Ethnicity can be based on many things, including for example skin colour, language, culture ancestry or family history. Parents are asked to select one option from those below that best describes the child.

**Ethnic background is not the same as Country of Birth or Nationality.
Please tick ONE BOX ONLY.**

- | | |
|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Black - African |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White Eastern European | <input type="checkbox"/> Gypsy/Roma |
| <input type="checkbox"/> White Western European | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Any other black background | <input type="checkbox"/> Traveller of Irish background |
| <input type="checkbox"/> Any other ethnic background | <input type="checkbox"/> I do not wish an ethnic background category to be recorded |

Country of Birth:

National Identity: Welsh / English/ Scottish/ Irish / British/ Refused / Other*

***Please specify**..... **Asylum Status:** Asylum Seeker/Refugee

Please provide a copy of your child's **Birth Certificate** with this form.

There is a legal requirement for us to pass on this information to the Local Authority and the Department for Education to contribute to local and national statistics. Please see the Privacy Notice for more information concerning data protection.

SECTION 7 - LANGUAGES SPOKEN

Main language spoken at home

Child's first language

Language spoken by Mother Father

Languages spoken by any other family members

How long has the family been in the United Kingdom

How long has the child been in the United Kingdom

SECTION 8 - RELIGION

Child's religion.....

Mother's religion..... Father's religion.....

SECTION 9 - TRAVELLING TO NURSERY

How will you usually travel to school most days (please tick)

Bus Car share Car/van Cycle Taxi Train Walk

SECTION 10 - SPECIAL EDUCATION NEEDS & MEDICAL NEEDS

ANY SPECIAL EDUCATIONAL NEEDS?

Are you aware of any learning, behavioural or physical difficulty that your child experiences that will need special assistance within the school?

YES/NO (If YES please give a description of the type of help your child may need)

ANY MEDICAL NEEDS?

Are you aware of medical/health difficulty that your child experiences that will need special assistance within the school?

YES/NO (If YES please give a description of the type of help your child may need)

MEDICAL HEALTH CARE PLAN

Please give details of any Health Care Plan your child has below.

ANY OTHER PROFESSIONALS/TEAMS OR OUTSIDE AGENCIES WORK WITH YOU OR YOUR FAMILY?

Please give details of any other agency involved in the care of your child, e.g. paediatrician, occupational therapist, physiotherapist, speech therapist, social worker etc.

SECTION 11 - PREVIOUS NURSERY / PLAYGROUP

Before this admission my child attended.....

Address

Approximate dates he/she attended: from to

SECTION 12 - FUNDING

| Funding / Session type | Applicable to my child |
|--|------------------------|
| • FEEE 15 hours – all children eligible the term after their third birthday (5 x 3 hour session AM or PM) | |
| • FEEE 30 hours – where families meet the government criteria as working parents. Children eligible their third birthday (5 x 6 hour sessions) | |
| • Unfunded paid sessions | |
| <p>Code must be provided subject to place being confirmed.</p> <p>If you already have your code, please provide this here:</p> | |

SECTION 12 - CONSENT & PERMISSION

| I give permission for my child to: | Please sign below for each permission given: |
|---|--|
| Receive First Aid from any of the school's qualified First Aiders | |
| Outings - As part of the curriculum the children will be required to undertake various walks in the locality of the school. Educational outings that involve transport will require separate permission at the time. | |
| Data - All data kept on computer is in accordance with Data Protection and information only shared with another school when the child leaves St. Teresa's Catholic Primary School and is admitted to a new school. | |
| Internet access - All classes have the use of iPads which gives the children access to the internet. Every effort is made within school to ensure that the children are protected from unacceptable material. | |
| <p>Photos & Videos (Please tick the relevant boxes)</p> <p><input type="checkbox"/> I am happy for the school to take photos of my child</p> <p><input type="checkbox"/> I am happy for photos of my child to be used on the school website</p> <p><input type="checkbox"/> I am happy for photos of my child to be used in the school newsletter</p> <p><input type="checkbox"/> I am happy for photos of my child to be used on Seesaw as a way of sharing information about their progress with me at home</p> <p><input type="checkbox"/> I am happy for photos of my child to be used in the media, for example local newspapers I am happy for the school to take videos of my child</p> <p><input type="checkbox"/> I am happy for videos of my child to be used on Seesaw as a way of sharing information about their progress with me at home</p> <p><input type="checkbox"/> I am happy for the school to use videos of my child for promotional purposes, such as on the school website</p> | |
| <p><input type="checkbox"/> I am NOT happy for the school to take or use photos or videos of my child. (Please note that this will prompt a full photo ban across all of their work and activities)</p> | |

| | |
|--|--|
| <p>Sun cream – We ask that parents apply sun cream to their child in the morning before they attend nursery. You are welcome to provide suncream for additional application throughout the day if required. Please ensure that this is clearly labelled with your child’s name. Please indicate below whether you are happy for nursery staff to apply additional suncream to your child.</p> <p><input type="checkbox"/> I give permission for additional sun cream to be applied to my child.</p> | |
| <p>Jewellery - Wearing jewellery to school is potentially dangerous and serious accidents can occur. In line with Essex County Council's Health and Safety policies, I agree that my child will not wear jewellery to school except one pierced ear stud in each ear. These earrings will be removed on PE days.</p> | |
| <p>Use of information for medical purposes - Share information about your child with health professionals coming in to school, for example to do immunisations, eye tests and hearing tests. Take information such as height and weight for public health monitoring initiatives.</p> <p>(Note: We do not need to seek consent from parents to process medical information that you have identified another lawful basis for. For example, we don't need to seek consent to share information about allergies with staff, as we need to do this to keep pupils safe).</p> <p><input type="checkbox"/> I am happy for the school to share information such as my child's height and weight with the NHS</p> <p><input type="checkbox"/> I am happy for the school to share information such as my child's height and weight with the local authority</p> <p><input type="checkbox"/> I am happy for the school to share information about my child (e.g., name) with health professionals doing immunisations</p> <p><input type="checkbox"/> I am happy for the school to share information about my child (e.g., name) with health professionals doing vision checks</p> <p><input type="checkbox"/> I am happy for the school to share information about my child (e.g., name) with educational psychologists</p> <p><input type="checkbox"/> I am happy for the school to share other medical information with school staff when necessary</p> | |
| <p><input type="checkbox"/> I am NOT happy for the school to use and share medical information in these ways</p> | |
| <p>Seesaw Online Learning Platform At St. Teresa’s School we use a learning platform called Seesaw (http://seesaw.me), a secure online journal where the link between school and home can truly flourish.</p> <p>The platform allows teachers to share learning that has taken place during the day (a little like Tapestry – used in many nurseries) and also allows parents to share home learning. As a child progresses through school, homework is often set on Seesaw and students can document and reflect on what they are learning in class. You will be given login details for your child’s account to enable you to view and add things (including photos, videos, worksheets, drawings and voice recordings) to their Seesaw journal. You and other family members will be able to view and comment on them throughout the school year.</p> <p>In order for your child to use Seesaw, the app needs your child’s name in order to be able to associate work like their photos, videos or voice recordings with their account. Seesaw only uses this information to provide the service and doesn’t advertise in Seesaw, create profiles of students, or share or sell your child’s personal information or journal content. You can read more about their strong privacy promises here: https://web.seesaw.me/privacy.</p> <p>Under an EU law called the General Data Protection Regulation (GDPR), in order for your child to use Seesaw, the school must get your consent. For more information on GDPR, please visit https://ec.europa.eu/info/law/law-topic/data-protection/reform/rights-citizens.</p> <p>I hope that your child will enjoy using Seesaw to document and share their learning this year.</p> | |

SIGNATURE **Date:**

Pupil Premium Funding

The Government is funding schools in England to provide every child from Reception, Years 1 and 2 with a nutritious meal at lunchtime.

As part of this initiative Essex County Council needs the following information from parents/guardians in receipt of any of the following benefits:- Child Tax Credit, Income Support, Jobseekers Allowance, Income Related Employment & Support Allowance, Pension Guarantee Credit, Support under Part VI Immigration and Asylum Act 1999. This information will ensure that every child receives the funding that they are entitled to.

If your child is eligible for 'free school meals', we'll receive extra funding called 'Pupil Premium'. We use this extra money to improve the educational provision and resources at the school, which could make a real difference to the quality of education we offer.

For example, we've previously used pupil premium funding for:

- Educational provision/resources
- Academic interventions
- Wellbeing and self-esteem building interventions

What is Pupil Premium funding?

Pupil premium funding from the government is given to schools to help pupils reach their full potential, regardless of their background or financial situation. It's provided for pupils who:

- Are registered for free school meals
- Have been registered for free school meals at any point in the past 6 years
- Are, or have been, in care

Please could all Parents/Guardians complete this, regardless of whether you believe you do or do not qualify.

We will use the information below to check your child's eligibility for Free School Meals. This information is shared with Essex County Council and London Grid for learning who undertake the checks.

Child's name..... **DOB**

| Parent/Guardian Full Name | Parent DOB | National Insurance No | OR | *NASS number |
|---------------------------|------------|-----------------------|-----------|--------------|
| | | | | |
| | | | | |

*National Asylum Support Service

FAMILY INCOME AND BENEFIT DETAILS

Is your joint family income over £16,190.00 per year? (Please place an X in the appropriate box).

Yes No

If you have ticked yes, you do not need to complete the next section and can go straight to the declaration at the end of the form.

If you ticked no, please place an X in this box if you are in receipt of any of the benefits listed below:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- the guarantee element of State Pension Credit
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190.00
- Working Tax Credit run-on
- Universal Credit.

Please place an X in this box if you are not sure whether your joint family income is over £16,190.00 or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for free school meals.

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.

Signature of Parent/Guardian:

Date:

.....

.....

Thank you for completing this form and helping to make sure your child's school is as well funded as possible.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information.

We will use the information you provide to assess entitlement to free school meals. The information may also be shared with other Council departments to offer benefits and services.

**By signing this form, I agree to the Terms and Conditions
(available to view on the website) and understand that:**

- The information provided on this document is correct to the best of my knowledge
- The details given will form the basis of my child's computerised school record
- I will advise you immediately of any changes to this information
- I will keep school updated at all times with correct contact numbers

Signed Date

Print Name..... (Parent/ Carer)

St Teresa's Catholic Primary School fully complies with information legislation. For the full details on how we use your personal information please see our privacy notice on our website www.st-teresas.essex.sch.uk or call 01206 508445 if you are unable to access the internet.