**Enrolment Form**

 **Ashbury with Compton Beauchamp**

 **Church of England (Aided) Primary School**

 Ashbury, Swindon, Wiltshire SN6 8LN Tel: 01793 710259

 e-mail: office@ash.cambrianlt.org

 website: https://www.ashburyprimary.org.uk

 Headteacher: Tim Miller

 Chair of Governors: Suzanne Elliott

Please complete each section of this form carefully.

If you have any questions regarding this form, please speak to the school office.

It is important that you tell us if there are **ANY** changes to the information you give. The information within this form will be reviewed annually.

The school has a statutory requirement to share data with Oxfordshire County Council and the Department for Education.

For further information about how we collect, store and share your data please see our privacy notice for pupils.

**Please ensure you complete each section of this form.**

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| Section 1: Pupil Details |
| Legal Surname: |  | **Forename:** |  |
| Preferred Surname: |  | **Preferred Forename:** |  |
| Gender: |  | **Date of Birth:** |  |
| Middle Name: |  |
| Pupil Address Details: |
| Postcode: |  | **House Number / Name:** |  |
| Street: |  |
| Town: |  | **County:** |  |
| Is this address the pupil’s: *(please tick)* | [ ]  Home Address | [ ]  Term Time Only Address |

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| How will you travel to school*(please tick)* | [ ]  Walk | [ ]  Cycle | [ ]  Car | [ ]  Taxi | [ ]  Public Transport | [ ]  School Transport |
| If your child already has siblings at our school please provide their names: |  |
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| Section 2: Contact Details |
| To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent/carer of a pupil. Please note that this includes: mother; married father - even if separated or divorced from the mother; unmarried father- provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child. |
| Contact 1: |
| Title: |  |
| Surname: |  | **Forename:** |  |
| Relationship with child: |  |
| Postcode: |  | **House Number / Name:** |  |
| Street: |  |
| Town: |  | **County:** |  |
| Mobile Telephone Number: |  | **Alternative Telephone Number:** |  |
| *Please tick*[ ]  Work [ ]  Home |
| Email Address |  |
| *Please tick*[ ]  Work [ ]  Home |
| First Language of Contact 1: |  |
| Does this person have Parental Responsibility for the child: *(please tick)* | [ ]  Yes | [ ]  No |

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| Contact 2: |
| Title: |  |
| Surname: |  | **Forename:** |  |
| Relationship with child: |  |
| Postcode: |  | **House Number / Name:** |  |
| Street: |  |
| Town: |  | **County:** |  |
| Mobile Telephone Number: |  | **Alternative Telephone Number:** |  |
| *Please tick*[ ]  Work [ ]  Home |
| Email Address |  |
| *Please tick*[ ]  Work [ ]  Home |
| First Language of Contact 2: |  |
| Does this person have Parental Responsibility for the child: *(please tick)* | [ ]  Yes | [ ]  No |
| Contact 3: *(optional)* |
| Title: |  |
| Surname: |  | **Forename:** |  |
| Relationship with child: |  |
| Postcode: |  | **House Number / Name:** |  |
| Street: |  |
| Town: |  | **County:** |  |
| Mobile Telephone Number: |  | **Alternative Telephone Number:** |  |
| *Please tick*[ ]  Work [ ]  Home |
| Email Address |  |
| *Please tick*[ ]  Work [ ]  Home |
| First Language of Contact 3: |  |
| Does this person have Parental Responsibility for the child: *(please tick)* | [ ]  Yes | [ ]  No |

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| Child Collection (if required): |
| Please indicate below who will be picking up your child on a regular basis. In the rare case when none of the below are available, please ensure that you inform the school office. |
| Name: |  | **Relationship to child:** |  |
| Name: |  | **Relationship to child:** |  |
| Name: |  | **Relationship to child:** |  |

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| Section 3: Medical Information |
| Knowledge of your child’s health is of vital interest to enable us to help them reach their educational potential. Please complete the section below. If you feel it would be beneficial to have a meeting with the school or school nurse to discuss the contents of this section, please do not hesitate to make an appointment. |
| GP’s Name: |  |
| Telephone Number: |  |
| Address of Practice: |  |
| Postcode: |  |
| In the unlikely event of an emergency, we may contact your GP directly. |
| Please tick any of the following which are relevant to your child: |
| 1. Does your child suffer from?
 | 1. **Does your child have any issues with:**
 |
| [ ]  Asthma[ ]  Epilepsy[ ]  Diabetes[ ]  Bowel or bladder conditions[ ]  Serious allergies[ ]  Any other medical conditions | [ ]  Mobility[ ]  Hearing[ ]  Speech[ ]  Vision[ ]  Behaviour[ ]  Concentration |
| If you have ticked any of the boxes above, please provide details: |
|  |
| Will your child need medication during school hours? *(please tick)* | [ ]  Yes | [ ]  No |
| If you have answered ‘Yes’ to either question, please make an appointment to discuss your child’s needs with the school. |
| Does your child suffer from a condition which may affect their ability to participate in PE/Swimming? *(please tick)* | [ ]  Yes | [ ]  No |
| If ‘yes’, please provide details: |
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| Special Educational Needs |
| Does your child have an EHCP (Education Health Care Plan) *(please tick)* | [ ]  Yes | [ ]  No |
| Is your child on the SEND register at their current setting? | [ ]  Yes | [ ]  No |
| If ‘yes’ to either of these questions please provide details: |
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| Dietary Information |
| Does your child have any known food allergies or specific dietary requirements *(please tick)* | [ ]  Yes | [ ]  No |
| If your child has food allergies please complete the Medical Diet application form. You may also wish to read the Allergy and other Dietary Requirements policy, which can be found on the school website. |

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| Section 4: Young Carers at School |
| A Young Carer is anyone up to the age of 18 years who may provide care to relatives, even if they don’t live with them.Young Carers show great responsibility, generally caring for members of their immediate family who may be:* A parent with an illness, disability, mental health issue or dependence on alcohol, substance or drugs
* A grandparent who is frail, or who has a health issue or disability
* A brother or sister who has a health issue or disability

At School we appreciate the pressures that may come with such an important role and we aim to do our best to provide support.It would help us greatly to know if there are any family circumstances, such as disability or long-term illness, which may mean that your child would benefit from additional support and funding.All information will be treated in the strictest confidence. |
| Details of family circumstances: |
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| Section 5: Ethnicity and Language |
| Please tick the ethnic group to which your child belongs. Please note that this information is only gathered so that we can monitor the effectiveness of our school’s equal opportunities in maximising their progress and achievement. |
| [ ]  White British[ ]  White Irish background[ ]  White Traveller or Irish Heritage[ ]  White Gypsy/Roma[ ]  Mixed – White and Asian background[ ]  Mixed – White and Black African[ ]  Mixed – White and Black Caribbean[ ]  Mixed – any other mixed background[ ]  Asian or Asian British - Bangladeshi | [ ]  Asian or Asian British - Indian[ ]  Asian or Asian British – any other Asian[ ]  Black or Black British - African[ ]  Black of Black British - Caribbean[ ]  Black or Black British – any other Black[ ]  Chinese[ ]  Prefer not to say[ ]  Any other Ethnic Group (*specify below)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please tick your child’s religion, if you wish: |
| [ ]  Christian[ ]  Muslim[ ]  Hindu[ ]  Sikh | [ ]  Jewish[ ]  Buddhist[ ]  Other[ ]  No religion |
| Child’s first language |  |
| Language(s) spoken at home: |  |
| Child’s Country of Birth: |  |
| Child’s Nationality: |  |

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| Section 6: Additional Information |
| Armed Forces Families |
| Print name(s) of parent who is member of the Forces: |  |
| Print name(s) of Force to which they belong: |  |
| To assist with planning, please insert the end date of the Posting (and thus child’s attendance at the school) |  |

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| Free School Meals |
| By law, children in families claiming Income Support or Income Based Jobseeker’s Allowance are entitled to free school meals (please make evidence of the benefit available to the school). *Even if your child is entitled to free school meals but is not taking them, please provide this information as we may be able to claim for extra funding to support the children and it affects how the school’s performance in tests and examinations is compared with that of other schools.*We will ask this question again from time-to-time to ensure that our records are accurate, and on occasion may need to see relevant proof.Children in families who are in receipt of any of the below are encouraged to apply for this scheme.* Income Support
* Income-based Jobseekers Allowance
* Income-related Employment and Support Allowance
* Support under Part VI of the Immigration and Asylum Act 1999
* The guaranteed element of State Pension Credit
* Child Tax Credit, provided you are 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 household income less than £7,400 after tax and not including any benefits to which you are entitled
 |
| Are you in receipt of any of those listed above: *(please tick)* | [ ]  Yes | [ ]  No |
| If your child is entitled to Free School Meals they may also receive other entitlements such as funded after school clubs, music lessons and educational visits.Please speak to the office who will advise you on how to apply. |

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| Child in Care |
| Is this child in care? *(please tick)* | [ ]  Yes | [ ]  No |
| If yes, please give details below: | **Care Authority:** |  |
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| Was this child previously in care? *(please tick)* | [ ]  Yes | [ ]  No |
| If yes, please give details below: | **Previous Care Authority:** |  |
| **Adoption Date:** |  |
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| Section 7: School History |
| Please give details of your child’s previous schools: |
| School 1: |
| Name of School or Pre-School |  |
| Address of School or Pre-School |  |
| Postcode: |  |
| Date of arrival at this school: |  |
| Date of leaving this school: |  |
| Reason for leaving this school: |  |

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| School 2: |
| Name of School or Pre-School |  |
| Address of School or Pre-School |  |
| Postcode: |  |
| Date of arrival at this school: |  |
| Date of leaving this school: |  |
| Reason for leaving this school: |  |

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| School 3: |
| Name of School or Pre-School |  |
| Address of School or Pre-School |  |
| Postcode: |  |
| Date of arrival at this school: |  |
| Date of leaving this school: |  |
| Reason for leaving this school: |  |

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| Section 8: Your Signature |
| Please sign and date this form below: |
| Signature: |  |
| Date: |  |
| Name: |  |
| Relationship to child: |  |

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| Please bring your child’s Birth Certificate and Passport (if they have one) to the school office. These will not be kept on file but used to verify details. We do not require proof of address as all applications to school are processed by Oxfordshire County Council who ask for evidence of address. |

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| School Use Only |
| Please sign and date this form below: |
| UPN |  | **Admission Date** |  |
| Birth certificate seen? *(please tick)* | [ ]  Yes | [ ]  No |
| Passport seen? *(please tick)* | [ ]  Yes | [ ]  No |

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| Document Control |
| Author  | CLT Trust Secretary(adapted by APS 16.6.25) | **Approved By** | COO |
| Review Cycle | 3 years | **Version** | 1.8 |

**General Consents Form**

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| **Consents** | **Tick** |
| **Bromcom (MyChildatSchool)**I understand my contact details will be used to set up a Bromcom account, the schools communication and payment system. A registration email will be sent to all parents/carers with parental responsibility |  |
| **First Aid**I consent to my child receiving first aid if required |  |
| **Class List**I give permission for my email address to be shared with the school PTA Chair/Secretary to enable further contact regarding school events through Classlist |  |
| **Class WhatsApp Group** I give permission for my mobile number to be provided to the PTA so that I can be added to the relevant parent WhatsApp group for class communications with other parents |  |
| **Online Parents Evening Booking System**I understand that the school uses School Cloud to book parents’ evening appointments, and I consent to using this system |  |
| **Data Exchange**I agree for the school to share information from the MIS system, for education purposes |  |
| **3-5 Year Olds Only** |
| **Intimate Care** I consent to my child receiving intimate care, only when necessary, and in accordance with the schools Intimate Care Policy |  |
| **Tapestry** I consent to the school using my contact details to set up a Tapestry account in order to receive regular class updates. A registration email will be sent to all parents/carers with parental responsibility |  |

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| Signature: |  |
| Date: |  |

**Consent form for local school trips and other local off-site activities**

Please sign and date the form below if you are happy for your child to:

1. to take part in local school trips and other activities that take place off school premises; and
2. to be given first aid or urgent medical treatment during any school trip or activity.

**Please note the following important information before signing this form:**

* The school will send you information about each trip or activity before it takes place via the parent app.
* Any financial contributions can be made through the parent app.
* You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity.
* The school will always ensure safe ratios of adult supervision and these adults will be DBS checked in order to be supporting children.
* You will be informed when children are travelling in mini-buses or coaches. These will be provided through recognised companies or approved drivers.

Additional written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities - as such activities are part of the school’s curriculum and usually take place during the normal school day.

For trips further afield additional consent will be sought.

This consent also relates to after-school activities and sporting events.

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| Child’s Name: |  |
| Signed: |  |
| Print Name: |  |
| Relationship to Child: |  |
| Date: |  |

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| MEDICAL INFORMATION |
| Please ensure that the school has current and up-to-date information regarding ANY medical issues or medicine your child is taking. |

**Photo Consent Form**

**Using images of children** for use by Ashbury with Compton Beauchamp CE Primary School and Cambrian Learning Trust.

We may take photographs of the children at our school to use in our school’s prospect and in other printed publications that we, or the Trust, produce. Photographs may also be used on the school/Trust website, social media platforms or on project display boards around the school. We may also make videos or webcam recordings for school-to-school conferences, monitoring or other educational use.

From time-to-time, our school may be visited by the media who will take photographs or film footage of a visiting dignitary or other high-profile event. Pupils will often appear in these images, which may appear in local or national newspapers or on televised news programmes; children’s names would not be used in this instance. We would seek ‘explicit consent’ from parents/carers ahead of these types of events.

In addition, we invite a school photographer into the school twice a year.

**Autumn Term**: individual photos for parents/ carers to purchase

**Summer Term**: class and school photo for parents/ carers to purchase and for display in the school

We ensure that the photographer is GDPR-compliant and only uses the data and photographs as directed by the school.

To comply with GDPR and the Data Protection Act 2018, we need your consent before we can pass your child’s details to the photographer. We also need consent to photograph or make any recordings of your child for publications/promotional purposes. Please answer the questions below, then sign and date the form where shown.

**Please return the completed form to the school as soon as possible (see conditions of use overleaf).**

**Photo Consent Form**

|  |  |
| --- | --- |
| **Name of Child:** |  |
| **School:** | Ashbury with Compton Beauchamp CE Primary School |

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| Question | **Please circle your answer** |
| May we use your child’s photograph on project display boards or within the school? | Yes / No |
| May we use your child’s image on: * The school newsletter
* The school or Trust website
* The school or Trust social media
* Marketing materials produced for promotional purposes
* Press releases/media

N.B – we will not include names or details with any photos without obtaining prior permission | Yes / No |
| May we record your child’s image on video or webcam? | Yes / No |
| I give consent for you to pass my child’s details to the photographer and my child to be part of a class and school photo | Yes / No |
| I give consent for you to pass my child’s details to the photographer for my child to have an individual school photo taken | Yes / No |

*Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.*

Please also note that the conditions for use of these photographs are at the bottom of this form.

I have read and understood the conditions of use.

Parent’s or Carer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (in block capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conditions of Use

1. We will not include personal e-mail or postal addresses, telephone or fax numbers on video, on our website, in our school prospectus, social media or in other printed publications.
2. We may include pictures of pupils and teachers that have been drawn by the pupils.
3. We may use group or class photographs or footage with very general labels, such as “a science lesson” or “making Christmas decorations”.
4. We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.
5. When a photograph appears on our website or social media, we will only provide a first name having sought permission first.
6. When a photograph appears in our newsletter or any publications, we will only provide a first name having sought permission first.
7. You may withdraw consent at any time in writing by contacting the school office.
8. If you provide consent to the use of an image and later withdraw that consent, it may not be possible to change printed publications, such as a school magazine or prospectus, or third party publications (for example where we have placed an advert or provided an image to a newspaper).