

APPLICATION / INFORMATION FORM

(please complete in BLOCK CAPITALS)

Forename: _____ Second name: _____

Surname: _____

Name by which child should be addressed at school: _____

Date of birth: _____ Gender: Male / Female

Country of Birth: _____

If your child was not born in the UK, please enter the date of arrival: DATE OF ARRIVAL IN THE UK __ / __ / ____

Language/s spoken at home: _____

(Please enter all languages your child's speaks at home)

Home Address: _____

_____ Postcode: _____

DETAILS OF ADULTS WITH PARENTAL RESPONSIBILITY

1st Adult Title: _____

Surname: _____

Forename: _____

Relationship to child: _____

Date of Birth _____

National Insurance Number: _____

Address if different from child's: _____

_____ Postcode _____

Home tel: _____

Work tel: _____

Mobile _____

Email address: _____

2nd Adult Title: _____

Surname: _____

Forename: _____

Relationship to child: _____

Date of Birth _____

National Insurance Number: _____

Address if different from child's: _____

_____ Postcode _____

Home tel: _____

Work tel: _____

Mobile _____

Email address: _____

Written correspondence should be addressed to: **1st adult / 2nd adult** (please circle as applicable)

School information text messages to be sent to: **1st adult / 2nd adult** (please circle **one** only)

EMERGENCY CONTACTS

Please provide the contact details of **2 other** adults who we may contact in the event of an emergency.

Please seek permission from the emergency contacts before entering their details below.

1st contact

Name: _____

Relationship to child: _____

Home tel: _____

Mobile _____

2nd Contact

Name: _____

Relationship to child: _____

Home tel: _____

Mobile: _____

PLEASE PROVIDE
ONE PASSPORT SIZE
PHOTOGRAPH OF
YOUR CHILD

SIBLINGS

Forename	Surname	Relationship	Date of Birth	Name of School

SESSIONS REQUIRED (please circle)

Morning sessions
Monday-Friday 8.30am -11.30am

Afternoon sessions
Monday-Friday 12.15pm –3.15pm

Full day sessions
Monday-Friday 8.30am –3.15pm

Wrap-around sessions 8.30am –6.00pm				
Monday	Tuesday	Wednesday	Thursday	Friday

PREVIOUS NURSERY

Previous school/nursery/pre-school	Local Education Authority	Dates Attended
Name of school/nursery/pre-school:		From:
Tel:		To:

ADDITIONAL NEEDS

Does your child have special educational needs: YES / NO

If yes, please give details: _____

Does your child have: **An EHCP?** YES/NO **EARLY YEARS HIGHER NEEDS FUNDING?** YES/NO

Is your child receiving help with : Speech and Language / Hearing / Sight / Physical Disability (please circle as appropriate)

If your child has been seen by one of the following services, please enter the details below:

Speech & Language Therapy: Therapist's name: _____ Tel: _____

Child Development Clinic : Therapist's name: _____ Tel: _____
(Paediatrician)

Physiotherapy: Therapist's name: _____ Tel: _____

Occupational Therapy: Therapist's name: _____ Tel: _____

Hearing Impairment Therapy: Therapist's name: _____ Tel: _____

Visual Impairment Therapy: Therapist's name: _____ Tel: _____

Educational Psychology: Therapist's name: _____ Tel: _____

DIETARY RESTRICTIONS

Please let us know if there are foods that your child cannot eat for medical or religious reasons

MEDICAL INFORMATION

Doctor's / practice name: _____

Practice address: _____

Postcode: _____

Telephone: _____

Do you give permission for the school to call the doctor in an emergency? YES/NO

=====

Does your child have any health problems: YES / NO

If yes, please give details:

Name of consultant: _____

Name of hospital / clinic: _____

Telephone number: _____

Name of consultant: _____

Name of hospital / clinic: _____

Telephone number: _____

Does your child have any allergies: YES / NO

If yes, please give details: _____

Does your child need emergency medication for allergic reactions?

If yes, please give details: _____

Is your child on regular medication: YES / NO

If yes, please give details: _____

Does this medication need to be taken in school: YES / NO

If yes, please ask for a medical consent form from the welfare office.

(please note we can only administer medication that has been prescribed by a doctor)

CONSENT FOR EDUCATIONAL VISITS - THE LOCAL ENVIRONMENT

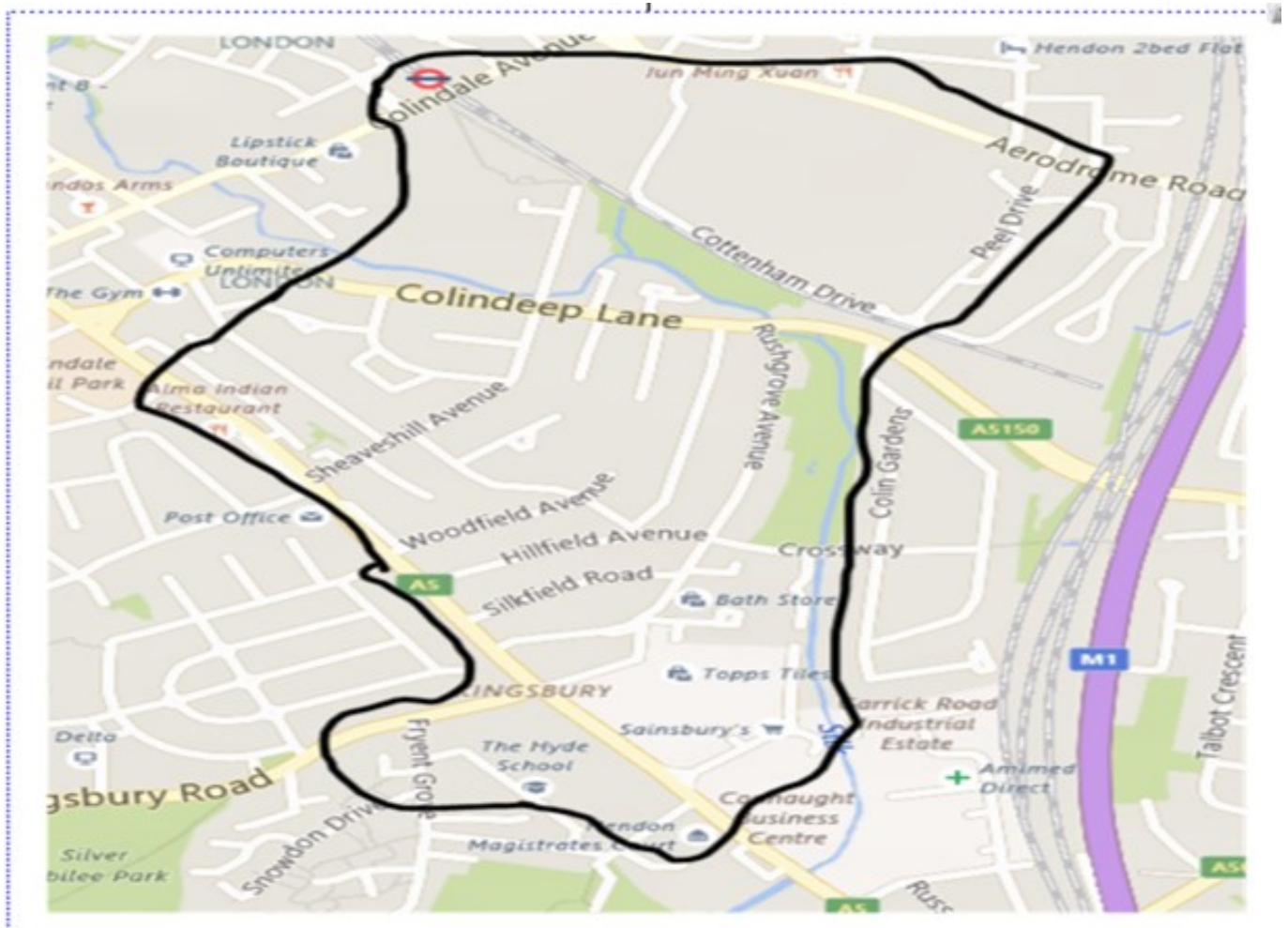
Pupils might be taken on walks in the 'School Learning Area' surrounding the school to enhance their learning. The map below outlines the 'School Learning Area'. Adequate adult supervision is always provided for local walks.

I give/do not give * permission for my child to participate in educational visits in the 'School Learning Area':

Parent/carer name: _____ Signature: _____

Date: _____

*please delete as appropriate



SCHOOL MEALS

My child will require a school meal? YES / NO

My child will be provided with a packed lunch? YES / NO

Please note that we are a nut free school.

Under no circumstances should your child be given nuts or products containing nuts in their packed lunch (please see our Packed Lunch policy).

Are you in receipt of:

Income Support? YES / NO

Income-based Job Seekers Allowance? YES / NO

Child Tax Credit ? (with an annual gross income of no more than £16,190) YES / NO

Are you in receipt of Working Tax Credit? YES / NO
(please note that if you receive working tax credit, you are not entitled to free school meals)

Universal Credit (with an annual gross income of no more than £7,000) YES / NO

Disability Living Allowance? YES / NO

If you receive any of the above entitlements, please bring a current entitlement notice to the school office.

Are you an Asylum Seeker? YES / NO

Are you a Refugee being supported by NASS or Barnet Local Authority? YES / NO

PARENT/ CARER DECLARATION

In the past, a small number of parents/carers have given false information to improve their child's chances of obtaining a place in a particular school. The school would like to make it clear that in the unlikely event of this happening, any offer made to parents giving false information will be withdrawn.

Please sign below to confirm that all the information you have provided is true and accurate.

Parent/carer name: _____ Signature: _____

Date: _____

If you require acknowledgement of receipt of your application to Colindale Primary School, please enter your child's details below.

Name of Child: _____ Date of Birth: _____

Your application was received by: _____ Date: _____

If you would like a receipt sent to you by post, please supply us with a stamped addressed envelope.

<i>For Official Use Only:</i>	UPN:	Class :
Date Application Received:	Proof of ID Seen: YES / NO	Proof of Address Seen: YES / NO
Records Requested: YES / NO	In Catchment YES / NO	Admission Date:

ETHNIC / DIVERSITY MONITORING

We are asking for your voluntary co-operation in providing the information below.

It is collected for positive educational reasons and the information obtained will be treated in the strictest confidence.

ETHNIC ORIGIN

Please tick one box only:

ASIAN OR ASIAN BRITISH

- Afghan ()
 Bangladeshi ()
 Indian ()
 Iranian ()
 Iraqi ()
 Pakistani ()
 Sri Lankan ()
 Other Asian Background ()

Please specify _____

BLACK OR BLACK BRITISH

- Caribbean ()
 Ghanaian ()
 Nigerian ()
 Somalian ()
 Other Black African ()
 Other Black Background ()

Please specify _____

CHINESE

- Hong Kong Chinese ()
 Other Chinese ()

MIXED / DUAL HERITAGE

- White and Asian ()
 White and Black African ()
 White and Black Caribbean ()
 Other Mixed Background ()

Please specify: _____

WHITE

- Albanian ()
 Gypsy / Roma ()
 Greek / Greek Cypriot ()
 English ()
 Irish ()
 Portuguese ()
 Romanian ()
 Scottish ()
 Spanish ()
 Welsh ()
 Traveller of Irish Heritage ()
 Turkish / Turkish Cypriot ()
 White Eastern European ()
 White Western European ()
 Other White Background ()

Please specify: _____

ANY OTHER ETHNIC BACKGROUND

Please specify _____

RELIGION

Please tick one box only:

I would describe my child's religion as:

- Baha'i ()
 Buddhist ()
 Christian ()
 Hindu ()
 Jain ()
 Jewish ()
 Muslim ()
 Roman Catholic ()
 Sikh ()

Other Religion (please describe)

No Religion ()

I do not wish for a religion to be recorded ()

LANGUAGE

Please tick all languages spoken at home

- Arabic ()
 Bengali ()
 Cantonese ()
 Dutch/Flemish ()
 English ()
 Farsi ()
 French ()
 German ()
 Greek ()
 Gujarati ()
 Hebrew ()
 Hindi ()
 Italian ()
 Japanese ()
 Kurdish ()
 Mandarin ()
 Pashto ()
 Polish ()
 Punjabi ()
 Portuguese ()
 Romanian ()
 Sign ()
 Somali ()
 Spanish ()
 Sinhalese ()
 Tamil ()
 Turkish ()
 Urdu ()
 Yoruba ()
 Other Chinese ()
 Any Other Language ()

Please specify _____

I do not wish for a language to be recorded ()

