



Admission Form



All Schools are required by law to keep on record details of children admitted: We would therefore be grateful if you would complete this form and email it into the school office; office@edenbridge.kent.sch.uk

Child's full name:		Gender	
Date of Birth:	Birth Certificate / Passport No		
Nationality:	Country of Birth:		
Address:		Post Code:	

DETAILS OF THOSE WITH LEGAL PARENTAL RESPONSIBILITY:

Mother: (Name)		Father: (Name)	
Address: (if different from above)		Address: (if different from above)	
Post Code:		Post Code:	
Telephone No:	Home: Mobile: Work:	Telephone No:	Home: Mobile: Work:
Email:		Email:	
With whom does the child live?			

DETAILS OF ANY OTHER PERSONS WITH PARENTAL RESPONSIBILITY: (See appendix 1)

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:
Email:	Email:
Relationship to child:	Relationship to child:

PLEASE ATTACH A COPY OF ANY COURT ORDERS RELATING TO YOUR CHILD - Please tick if attached

NURSERY/PRESCHOOL:

Name:	Address:		
Attended from:	to:		
Contact name:	Tel No:		
Email address:			

ETHNICITY: (See Appendix 2)

White			
<input type="checkbox"/>	English	<input type="checkbox"/>	Greek Cypriot
<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Gypsy
<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Roma
<input type="checkbox"/>	Cornish	<input type="checkbox"/>	Other Gypsy/Roma
<input type="checkbox"/>	Other White British	<input type="checkbox"/>	Kosovan
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	Turkish
<input type="checkbox"/>	Albanian	<input type="checkbox"/>	Turkish Cypriot
<input type="checkbox"/>	Bosnian-Herzegovinian	<input type="checkbox"/>	White Eastern European
<input type="checkbox"/>	Croatian	<input type="checkbox"/>	White Western European
<input type="checkbox"/>	Greek	<input type="checkbox"/>	White Other
Asian or Asian British			
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Sri Lankan Sinhalese
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Sri Lankan Tamil
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Sri Lankan Other
<input type="checkbox"/>	African Asian	<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	Nepali		
Mixed/Dual Background			
<input type="checkbox"/>	White/black Caribbean	<input type="checkbox"/>	Asian/Other
<input type="checkbox"/>	White/black African	<input type="checkbox"/>	Black/Other
<input type="checkbox"/>	White/Pakistani	<input type="checkbox"/>	Chinese/Other
<input type="checkbox"/>	White/Indian	<input type="checkbox"/>	White/Any Other
<input type="checkbox"/>	White/Any other Asian background	<input type="checkbox"/>	Other mixed background
Black or Black British		Chinese	
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	African		
<input type="checkbox"/>	Any other black background		
Any Other Ethnic Group			
<input type="checkbox"/>	Afghan	<input type="checkbox"/>	Kurdish
<input type="checkbox"/>	Arab other	<input type="checkbox"/>	Latin/South/Central American
<input type="checkbox"/>	Egyptian	<input type="checkbox"/>	Lebanese
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Malay
<input type="checkbox"/>	Iranian	<input type="checkbox"/>	Thai
<input type="checkbox"/>	Iraqi	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Any other ethnic group

I would rather not say

DETAILS OF TWO PERSONS WILLING TO BE CONTACTED IN CASE OF EMERGENCY: *(if parent not available)*

Name:	Name:
Address:	Address:
Tel No:	Tel No:
Relationship to child:	Relationship to child:

DETAILS OF CHILD'S DOCTORS:

Surgery Name:
Address:
Telephone No:

DISABILITY or MEDICAL CONDITIONS:

My child has the following disabilities or medical conditions:
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If you consider your child to be disabled please tick this box:

My child is allergic to:	
My child suffers from:	
Religion:	First Language: * (See Appendix 3)

* I would rather not say

FREE MILK SCHEME:

Children under 5 are entitled to 189ml of milk a day whilst attending an approved day care facilities. If you would like to request free milk for your child until the Friday before their 5 th Birthday please tick below. I give permission for my child's name and date of birth to be passed on to our milk supplier, cool milk. <input type="checkbox"/>

PUPIL ACCEPTABLE USE AGREEMENT – Computer Safety

As a parent/carer I agree to:

As a child at the school:

- I will ask a teacher or suitable adult if I want to use the computers / tablets
- I will only use activities that a teacher or suitable adult has told or allowed me to use
- I will take care of the computer and other equipment
- I will ask for help from a teacher or suitable adult if I am not sure what to do or if I think I have done something wrong
- I will tell a teacher or suitable adult if I see something that upsets me on the screen
- I know that if I break the rules I might not be allowed to use a computer / tablet

Parent/Carer Signature: _____

Pupil Signature: _____

PHOTOGRAPH CONSENT:

Please understand that, occasionally, photographs of your child at school may be used in printed publications like the school prospectus and newsletters, project display boards or on the school website. Video or webcam recordings may also be used for school conferences or educational purposes.

Our school may also be visited by the media in order to celebrate a particular achievement or as part of footage for a high-profile event

	Agree to: Use of images or videos	Agree to: My child being named
In school materials aimed at the school community, e.g. prospectus, newsletter, displays around school	<input type="checkbox"/>	<input type="checkbox"/>
On the school website and social medial, including Twitter	<input type="checkbox"/>	<input type="checkbox"/>
In media/press coverage of the school	<input type="checkbox"/>	<input type="checkbox"/>
In the background of other children's learning observations	<input type="checkbox"/>	<input type="checkbox"/>
Continued use of images or videos once your child has left the school	<input type="checkbox"/>	<input type="checkbox"/>
Any Pioneer promotional material	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION RELATING TO CHILDREN NOT LIVING PERMANENTLY WITH THEIR PARENTS IN KENT (including children of Service Personnel)

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, and give the address of the person with whom the child normally resides:

Is the child resident with Foster Parents?

If you ticked this box, which Authority is financially responsible for maintenance?

With whom does the child normally spend his/her holidays?

SIGNATURE OF PERSON WITH LEGAL RESPONSIBILITY

DATE

Appendix 1. OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY CHILDREN ACT 1989

Parental responsibility may be shared between a number of people beyond the child's natural parents.

Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility.

Unmarried fathers may acquire parental responsibility in one of five ways:

- a) By making a parental responsibility agreement with the mother;
- b) He may apply to Court for an order which gives him parental responsibility;
- c) By marrying the mother;
- d) By being made a guardian;
- e) By obtaining a residence order.

Appendix 2. ETHNIC BACKGROUND

All schools are required by the Department of Education to collect information on pupils' ethnic background.

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry, or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list carefully and tick one box only to indicate your child's ethnic background.

Appendix 3. DEFINITION OF FIRST LANGUAGE

A pupil's first language is defined as any language other than English that a child was exposed to during early development and continues to be exposed to in the home or community. If a child was exposed to more than one language (which may include English) during early development, a language other than English should be recorded, irrespective of the child's proficiency in English.

The information you provide will be passed on to the Local Authority and the Department for Education to contribute to local and national statistics, and to help ensure that all pupils have the opportunity to fulfil their potential.

Please contact the school for a full list of languages if required.