



# RAF Benson Community Primary School



## Admissions Form

Start Date		Date of Birth	
Gender			
Surname			
First Names			
Chosen Name			
Previous Surname – if applicable			
Address – including Postcode			
Home Telephone Number			
Name of Previous School <b>(if school was overseas or in Scotland, please also give name of last school attended in England)</b>			
School Telephone Number			
Parent's Name (Contact Priority 1)		Relationship to Child (Mother, Father, Step Parent etc.)	
Email Address			
Address (if different from above)			
Work Telephone Number		Mobile	
Job Role			
Parent's Name (Contact Priority 2)		Relationship to Child (Mother, Father, Step Parent etc.)	
Address (if different from above)			
Email Address			
Work Telephone Number		Mobile	

<b>Job Role</b>							
<b>Emergency Contact Name</b>						<b>Emergency Contact Telephone Number</b>	
<b>Relationship to Child</b>							
<b>Any health/physical problems inc. allergies</b>							
<b>SEN status (if applicable)</b>							
<b>Is the family a Service family?</b>							
<b>Has your child qualified for benefit related free school meals in the last 6 years?</b>							
<b>Ethnicity</b>					<b>Country of Birth</b>		
<b>National Identity</b>	English	Welsh	Scottish	Irish	British	Other	Prefer not to say
<b>Copy of Birth Certificate supplied (we do require a copy for our records)</b>			Yes / No				
<b>Home Language</b>							
<b>First Language</b>					<b>English as an additional language</b>	YES / NO	
<b>Religion</b>							
<b>Details of any siblings</b>							
<b>Any other information you wish to supply</b>							

## Safeguarding

Please complete below to help us assist your child.

<b>Name of any other parent/carers who have legal parental responsibility for the child named above</b>	
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If the child named above lives with a step parent, does the child have contact with birth parent?	Yes		No	
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If yes, please give details below including address of parent

Is the child named above	Looked after (fostered in care of Local Authority)				Privately Fostered				Adopted			
	Yes		No		Yes		No		Yes		No	

If you have answered yes to any of the above, please give details

Is there a court order or any access order in place clarifying access arrangements to the named above?	Yes		No	
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If yes, please provide details below and a copy of the order paperwork with this form:

<b>Is there a social worker assigned to the child? If so, please give name and contact details below</b>	<b>Yes</b>		<b>No</b>	
<b>Are there any safeguarding issues that the school needs to be made aware of (current or historical)?</b>	<b>Yes</b>		<b>No</b>	
<b>If yes, please give details</b>				

## Parental Consent

This form will be used for all the following activities at RAF Benson Community Primary School

<b>Activity</b>	<b>Yes</b>	<b>No</b>
I give permission for my child (named above) to participate in activities and excursions, in the local community, e.g. in and around the camp and also to visits to Ewelme, Benson, Wallingford and Watlington.		
I give my permission for my child (named above) to travel by coach for school trips and activities taking place at other local schools.		
I give my permission for my child to be taken, if necessary, to the hospital for diagnosis and treatment in the event of my child needing medical treatment and I am unable to be contacted.		
I give permission for my child to use the internet under the supervision of an adult in school. RAF Benson Community Primary School has a very efficient filter system which ensures that adults and children alike do not have access to any inappropriate materials		
I give permission for my email address and mobile number to be registered with RAF Benson Community Primary Schools selected communication provider as a means of contacting me with school news and updates.		

## GDPR – Parent Consent

This lists the permissions we are required to collect complying with the general Data protection regulations.

<b>Photograph Consent</b>	<b>Yes</b>	<b>No</b>
Do you consent to your child's un-named image being used in Learning Journeys/work belonging to other children as part of group activities?		
Do you consent to your child's un-named image being used on our school website?		
Do you consent to your child's un-named photograph being used in the school prospectus and other printed publications that we produce for promotional and marketing purposes?		
Do you consent to your child's un-named image on video or webcam for educational and school promotion purposes?		
Do you consent to your child to have a school photograph taken? I understand this printed/digital photograph can be purchased by parents.		
Do you consent to your child's un-named image to be used within school for display purposes?		
Do you consent to your child's un-named image being used on our Facebook Page?		
Do you consent to your child's un-named image being used on our Twitter Page?		

<b>Work Consent</b>	<b>Yes</b>	<b>No</b>
Do you consent, if selected to your child's work on our Twitter page?		
Do you consent, if selected, to your child's work being put on our Facebook page?		
Do you consent, if selected, to your child's work being put on our school website?		
Do you consent to your child's name being used alongside their work around school?		

<b>Information</b>	<b>Yes</b>	<b>No</b>
I give my permission to receive information from the school PTA regarding events and activities coming up that they organise		

I give my permission to receive educational marketing from third parties e.g. Primary Times etc.		
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## Dietary Information

<b>From time to time children take part in activities that involve food. Please complete the dietary information below in as much detail as you can.</b>				
<b>Dietician</b>	<b>Yes</b>		<b>No</b>	
If yes please give details				
Any special Dietary Requirements. Please list below:				
Please give specific details and identification of foods that your child can/cannot eat:				

## Medical information

Please note that if your child requires medicine during the school day a 'Request for School to Administer Medicine' form needs to be completed. These are available from the school office. We are only able to give prescribed medicine.

<b>Does your child have any medical conditions, allergies or take any regular medicine that we should be aware of and that may affect their participation of learning activities?</b>	
<b>Name of GP</b>	
<b>Address of GP</b>	

Telephone Number of GP Practice				
Has your child had their pre-school booster?	Yes		No	

By enrolling my child at RAF Benson Community Primary School I agree to comply with the schools policies (available on the school website [www.raf-benson.oxon.sch.uk](http://www.raf-benson.oxon.sch.uk) ) and with Oxfordshire County Councils Parent Code of Conduct (copy enclosed within admissions pack).

Signature	
Name in Block Capitals	
Relationship to Child	
Date	

**IF ANY DETAILS OR DECISIONS CHANGE AFTER COMPLETION IT IS YOUR RESPONSIBILITY TO INFORM US IN WRITING**