



**ADMISSIONS FORM**

**ST FRANCIS CHURCH OF ENGLAND PRIMARY SCHOOL AND NURSERY**



Teazel Avenue, Bournville, Birmingham, B30 1LZ T: 0121 459 5548 E: [Parents.stf@fioretti.co.uk](mailto:Parents.stf@fioretti.co.uk)

**OFFICE USE ONLY**

Original birth certificate seen & checked (date & initial) .....  
Original proof of current address seen & checked (date & initial) ..... Council Tax/ Water Bill  
Year Group ..... Start Date ..... House group .....

**About your child – parents to complete**

Childs Legal Surname:	Legal Forename:
Preferred Surname:	Preferred Forename:
Middle Name:	Date of Birth:
Address (where child lives):	
Gender:	Postcode:
Ethnicity:	Religion:

**We are required to record the names and addresses of every person with parental responsibility for the child under the Children Act 1989/2004**

**Parent(s)/ Legal Guardian(s) Details**

**Parent/ Guardian 1**

Name:	Mr / Mrs / Miss / Ms/ Dr
Relationship: Mother / Father / Guardian	Date of Birth:
Address:	
Postcode:	Home Number:
Mobile Number:	Work Number:
National Insurance Number:	Email:
Are you a member of the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:

**Parent/ Guardian 2**

Name:	Mr / Mrs / Miss/ Ms / Dr
Relationship: Mother / Father / Guardian	Date of Birth:
Address:	
Postcode:	Home Number:
Mobile Number:	Work Number:
National Insurance Number:	Email:
Are you a member of the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:

Child lives with:

**Legal Parental Responsibility (Please Circle):**

**Both Parents / Mother / Father / Other (Please specify).....**

**Details of Siblings who Attend St Francis**

**Name**

**Year Group**

**Emergency Contact Details**

**Emergency Contact 1**

Name:	Mr / Mrs / Miss / Ms / Dr
Relationship to Child:	Email:
Address:	
Post Code:	Home Number:
Mobile Number:	Work Number:

**Emergency Contact 2**

Name:	Mr / Mrs / Miss / Ms / Dr
Relationship to Child:	Email:
Address:	
Post Code:	Home Number:
Mobile Number:	Work Number:

**Additional Emergency Contacts**

Name and Relationship to Child:	Contact Number:
Name and Relationship to Child:	Contact Number:
Name and Relationship to Child:	Contact Number:

**Contact Priority**

If the school needs to make contact, please list below the contact priority order

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	

### Dietary Needs

Please use the space below to provide any dietary needs that your child has, for example, vegetarian, allergy, vegan, etc.  
If your child is vegetarian, please specify whether they can eat fish and/or eggs.

Does your child have an allergy/ intolerance to any food?	
Is your child vegetarian?	
Can your child eat beef?	
Can your child eat pork, gammon or ham?	

### Medical Needs

Please use the space below to provide any medical needs, any relevant birth history or conditions that your child has, for example, allergies, asthma, etc.

Does your child have asthma?	YES / NO
Does your child have an inhaler? (Please note that you will need to provide the school with an inhaler and spacer clearly labelled for your child)	
If your child suffers with Asthma, are they a brittle asthmatic?	
Does your child have any other medical conditions we should be aware of?	
Does your child take any prescribed medication we should be aware of?	
Is your child an epi-pen user? ( Please note that you will need to provide the school with an epi-pen for your child)	YES / NO
Does your child have any physical or mobility difficulties? (Please provide details)	
Does your child have a care plan?	YES / NO If yes, we will contact you to arrange a separate meeting

### Allergies

Has your child been formally diagnosed with an allergy through GP allergy testing?	YES / NO
If yes, what allergic reaction usually happens? i.e. rash, swelling	
If yes, what medication has been prescribed for your child? (Please note that you will need to provide the school with prescribed allergy medication to keep in class for your child)	
Is your child allergic to plasters?	
Is your child allergic to face paint?	
Is your child allergic to animals?	

I can confirm that the above information is accurate

Parent/ Guardian Name- Please Print	
Parent / Guardian Signature	

**GP Details**

Surgery Name:	GP Name:
Address:	
Telephone Number:	NHS Number:

**Welfare**

Are there any linked agencies working with your child? (If yes, please provide details)	
Agency Name:	
Contact Name:	
Address:	
Telephone Number:	

**Looked After Children**

Is your child in care?	
If yes, please provide details below.	

**Post Looked after Children**

Is your child adopted?	YES / NO
If yes, are you happy for a meeting in school to discuss support available?	YES / NO

**Previous School Information**

School Name:	
Address:	
Telephone Number:	

**Special Educational Needs**

Please indicate below if your child has any special educational needs. For example, an Education and Health Care Plan, a Send Support Provision Plan or have they been referred to any external outside agencies e.g. Child Health, The ADHD service, Speech and Language Therapy or Occupational Health.


**School Meals**

I would like my child to have a school dinner	YES / NO
I will provide my child with a healthy packed lunch	YES / NO
My child is entitled to a free school meal due to income	YES / NO

## Pupil Premium

Your child may be eligible to free school meals. If so, we receive extra funding in school called Pupil Premium. This funding is used to improve the educational provision and resources in school. Please complete the section below giving your details. This information will be used by school to complete a free school meal check on your behalf. We will notify you if you are entitled to free school meals. Children in Reception, Year 1 and Year 2 are entitled to universal free school meals regardless of any benefits. Please still complete the section below if your child is in KS1 as school receive more funding.

### Parent 1

Title	Mr / Mrs / Miss / Ms / Dr
Parents Full Name	
Parent's Date of Birth	
Sex	MALE / FEMALE
Contact Telephone Number	
National Insurance Number	
Address (Including Postcode)	
Child's Full Name	
Sex	MALE / FEMALE

### Parent 2

Title	
Parent's Full Name	
Parent's Date of Birth	
Sex	
Contact Telephone Number	
National Insurance Number	
Address (Including Postcode)	

# Ethnic Monitoring

Child's full name.....

## Section 1 – Ethnic Origin

(Please tick one box which best describes your child's ethnic group)

White	
<input type="checkbox"/>	WENG English
<input type="checkbox"/>	WSCO Scottish
<input type="checkbox"/>	WWEL Welsh
<input type="checkbox"/>	WOWB Other White British
<input type="checkbox"/>	WIRI Irish
<input type="checkbox"/>	WIRT Traveller of Irish Heritage
<input type="checkbox"/>	WCOR Cornish
<input type="checkbox"/>	WROM Gypsy/Roma

Mixed Dual Background	
<input type="checkbox"/>	MWBC White & Black Caribbean
<input type="checkbox"/>	MWBA White & Black African

  

White & Asian	
<input type="checkbox"/>	MWAP White & Pakistani
<input type="checkbox"/>	MWAI White & Indian
<input type="checkbox"/>	MWAO White & any other Asian background

Asian or Asian British	
<input type="checkbox"/>	AIND Indian
<input type="checkbox"/>	ABAN Bangladeshi

  

Pakistani	
<input type="checkbox"/>	AMPK Mirpuri Pakistani
<input type="checkbox"/>	AOPK Other Pakistani
<input type="checkbox"/>	AKPA Kashmiri Pakistani

Black or Black British	
<input type="checkbox"/>	BCRB Caribbean

  

Black African	
<input type="checkbox"/>	BANN Angolan
<input type="checkbox"/>	BCON Congolese
<input type="checkbox"/>	BGHA Ghanaian
<input type="checkbox"/>	BNGN Nigerian
<input type="checkbox"/>	BSLN Sierra Leonean
<input type="checkbox"/>	BSOM Somali
<input type="checkbox"/>	BSUD Sudanese
<input type="checkbox"/>	BAOF Other Black African

Any Other White Background	
<input type="checkbox"/>	WALB Albanian
<input type="checkbox"/>	WBOS Bosnian-Herzegovinian
<input type="checkbox"/>	WCRO Croatian
<input type="checkbox"/>	WGRK Greek
<input type="checkbox"/>	WGRC Greek Cypriot
<input type="checkbox"/>	WITA Italian
<input type="checkbox"/>	WKOS Kosovan
<input type="checkbox"/>	WPOR Portuguese
<input type="checkbox"/>	WSER Serbian
<input type="checkbox"/>	WTUK Turkish
<input type="checkbox"/>	WTUC Turkish Cypriot
<input type="checkbox"/>	WEEU White Eastern European
<input type="checkbox"/>	WWEU White Western European
<input type="checkbox"/>	WOTW White Other

Any Other Mixed Background	
<input type="checkbox"/>	MAOE Asian & any other ethnic group
<input type="checkbox"/>	MABL Asian & Black
<input type="checkbox"/>	MACH Asian & Chinese
<input type="checkbox"/>	MBOE Black & any other ethnic group
<input type="checkbox"/>	MBCH Black & Chinese
<input type="checkbox"/>	MCOE Chinese & any other ethnic group
<input type="checkbox"/>	MWOE White & any other ethnic group
<input type="checkbox"/>	MWCH White & Chinese
<input type="checkbox"/>	MOTM Mixed any other background

Any Other Asian Background	
<input type="checkbox"/>	AAFR African Asian
<input type="checkbox"/>	AKOA Kashmiri Other
<input type="checkbox"/>	ANEP Nepali
<input type="checkbox"/>	ASNL Sri Lankan Sinhalese
<input type="checkbox"/>	ASLT Sri Lankan Tamil
<input type="checkbox"/>	ASRO Sri Lankan Other
<input type="checkbox"/>	AOTA Other Asian

Any Other Black Background	
<input type="checkbox"/>	BEUR Black European
<input type="checkbox"/>	BNAM Black North American
<input type="checkbox"/>	BOTB Other Black

Any Other Ethnic Group	
<input type="checkbox"/>	OAFG Afghan
<input type="checkbox"/>	OARA Arab
<input type="checkbox"/>	OEGY Egyptian
<input type="checkbox"/>	OFIL Filipino
<input type="checkbox"/>	OIRN Iranian
<input type="checkbox"/>	OIRQ Iraqi
<input type="checkbox"/>	OJPN Japanese
<input type="checkbox"/>	OKOR Korean
<input type="checkbox"/>	OKRD Kurdish
<input type="checkbox"/>	OLAM Latin/South/Central American
<input type="checkbox"/>	OLEB Lebanese
<input type="checkbox"/>	OLIB Libyan
<input type="checkbox"/>	OMAL Malay
<input type="checkbox"/>	OMRC Moroccan
<input type="checkbox"/>	OPOL Polynesian
<input type="checkbox"/>	OTHA Thai
<input type="checkbox"/>	OVIE Vietnamese
<input type="checkbox"/>	OYEM Yemeni
<input type="checkbox"/>	OPEG Any Other Ethnic Group

<input type="checkbox"/>	REFU	I DO NOT WANT ETHNIC ORIGIN TO BE RECORDED
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Chinese	
<input type="checkbox"/>	CHKC Hong Kong Chinese
<input type="checkbox"/>	CMAL Malaysian Chinese
<input type="checkbox"/>	CSNG Singapore Chinese
<input type="checkbox"/>	CTWN Taiwanese
<input type="checkbox"/>	COCH Other Chinese

Section 2 – Please complete both boxes	
Additional Information	
National Identity	
Country of Birth	

## Section 3 – Religious Affiliation

<input type="checkbox"/>	BUD	Buddhist
<input type="checkbox"/>	CHR	Christian
<input type="checkbox"/>	ROC	Christian – Roman Catholic
<input type="checkbox"/>	HIN	Hindu
<input type="checkbox"/>	JEW	Jewish

<input type="checkbox"/>	MUS	Muslim
<input type="checkbox"/>	NON	No Religion
<input type="checkbox"/>	SIK	Sikh
<input type="checkbox"/>	OTH	Any Other (Please describe)

<input type="checkbox"/>	REF	Refused
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## Section 4 – First/Home Language

(Please indicate the main language used in home or the community. Please note the list below is of the most commonly spoken languages in Birmingham and is for guidance only. School can record almost every language on their system. If your language is not listed below, please tick the 'Any Other' box and describe it in the space provided)

<input type="checkbox"/>	AFK	Afrikaans
<input type="checkbox"/>	ALB	Albanian/Shqip
<input type="checkbox"/>	ARA	Arabic (Iraq)
<input type="checkbox"/>	ARAY	Arabic (Yemen)
<input type="checkbox"/>	ARAA	Arabic (Any Other)
<input type="checkbox"/>	BNGS	Bengali (Sylheti)
<input type="checkbox"/>	BNGA	Bengali (Any Other)
<input type="checkbox"/>	SCBB	Bosnian
<input type="checkbox"/>	BSL	British Sign Language
<input type="checkbox"/>	CCE	Caribb. Creole/Patois
<input type="checkbox"/>	CHIC	Chinese (Cantonese)
<input type="checkbox"/>	CHIK	Chinese (Hakka)
<input type="checkbox"/>	CHIM	Chinese (Mandarin)
<input type="checkbox"/>	CHIA	Chinese (Any Other)
<input type="checkbox"/>	SCBC	Croatian
<input type="checkbox"/>	CZE	Czech
<input type="checkbox"/>	DAN	Danish
<input type="checkbox"/>	DUT	Dutch/Flemish

<input type="checkbox"/>	ENG	English
<input type="checkbox"/>	TGLF	Filipino
<input type="checkbox"/>	FRN	French
<input type="checkbox"/>	GER	German
<input type="checkbox"/>	GRE	Greek
<input type="checkbox"/>	GUJ	Gujarati
<input type="checkbox"/>	HIN	Hindi
<input type="checkbox"/>	HDK	Hindko
<input type="checkbox"/>	HGR	Hungarian
<input type="checkbox"/>	IGB	IGBO
<input type="checkbox"/>	ITA	Italian
<input type="checkbox"/>	KAS	Kashmiri
<input type="checkbox"/>	KOR	Korean
<input type="checkbox"/>	KUR	Kurdish
<input type="checkbox"/>	LN	Lingala
<input type="checkbox"/>	MLY	Malay/Indonesian
<input type="checkbox"/>	MLN	Malayalam
<input type="checkbox"/>	NOR	Norwegian

<input type="checkbox"/>	PHR	Pahari (Pakistani)
<input type="checkbox"/>	PNIG	Panjabi (Gurumukhi)
<input type="checkbox"/>	PNIM	Panjabi (Mirpuri)
<input type="checkbox"/>	PNJP	Panjabi (Pothwari)
<input type="checkbox"/>	PNJA	Panjabi (Any Other)
<input type="checkbox"/>	PAT	Pashto/Pakhto
<input type="checkbox"/>	PRS	Farsi/Dari/Persian
<input type="checkbox"/>	POL	Polish
<input type="checkbox"/>	POR	Portuguese
<input type="checkbox"/>	RMN	Romanian
<input type="checkbox"/>	RUS	Russian
<input type="checkbox"/>	SAM	Samoan
<input type="checkbox"/>	SCB	Serbian
<input type="checkbox"/>	SHO	Shona
<input type="checkbox"/>	SLO	Slovak
<input type="checkbox"/>	SOM	Somali
<input type="checkbox"/>	SPA	Spanish
<input type="checkbox"/>	SWA	Swahili/Kiswahili

<input type="checkbox"/>	SWE	Swedish
<input type="checkbox"/>	TGLG	Tagalog
<input type="checkbox"/>	TAM	Tamil
<input type="checkbox"/>	TEL	Telugu
<input type="checkbox"/>	THA	Thai
<input type="checkbox"/>	TGR	Tigrinya
<input type="checkbox"/>	TUR	Turkish
<input type="checkbox"/>	URD	Urdu
<input type="checkbox"/>	VIE	Vietnamese
<input type="checkbox"/>	CYM	Welsh/Cymraeg
<input type="checkbox"/>	WOL	Wolof
<input type="checkbox"/>	YOR	Yoruba
<input type="checkbox"/>	ZUL	Zulu
<input type="checkbox"/>		Any Other (Please describe)

Are you an Asylum Seeker or Refugee	Yes/No
If yes, please provide details	

## Parental Consent

At St Francis we sometimes take photographs of pupils to assess their learning. We may use these photos in the school's prospectus, on the website and on display boards around school.

We would like your consent to take photos of your child and use them in the ways described above. If you are not happy for us to do this, that is not a problem – we will accommodate your preferences.

*Please indicate whether you give consent in each case by circling the appropriate answer on the right-hand side; sign and date the form also.*

**Child Name** \_\_\_\_\_

**Class** \_\_\_\_\_

### **Photo consent/ Parental permission**

*I give permission for the following:*

My child's photo to be displayed in school	YES / NO
My child's photo to be included in the newsletter	YES / NO
My child's photo to be displayed on the school website	YES / NO
My child's photo to be used on Twitter/X and other social media <i>i.e. events at school, local newspaper, school prospectus</i>	YES / NO
My child's photo or videos being published by press	YES / NO
I give permission for my child to watch U or PG certificate content in school	YES / NO

### **Off-site activities**

*I give my permission for my child to attend:*

Supervised visits to local destinations away from the main school site <i>i.e. swimming baths, park, library visits, sporting events, St Francis Church</i>	YES / NO
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### **Medication consent**

*I give permission for:*

My child receiving basic and/or emergency first aid by a trained first aider <i>i.e. to include cuts cleaned with non-alcohol Medi wipes, non-allergenic plasters.</i>	YES / NO
My child being changed by a member of staff (if applicable)	YES / NO

- Parents have the right to change the conditions of consent in writing to the Head Teacher at any time
- Photographs are defined as being identifiable images of your child's face
- Children's names will not be used with images unless separate prior consent has been gained
- We will only use images of children who are suitably dressed
- All information will be used in conjunction with the Data Protection Act 1998
- As a parent/ carer I agree that if we take photographs or video recordings of our child/ren they will not include other children they will only be used for personal and family use. I understand that where consent has not been obtained from other parents I would be in breach of the Data Protection Act 1998 if I were to take and/or use photos of other children.
- School internet has a filter to prevent any unacceptable or restricted sites
- Parents will be notified of events which require payments and or packed lunches by letter, email or newsletter

Name of parent/ Carer: .....

Signature of Parent/ Carer: .....

Date: .....



## Authorised Persons with Permission to collect my child

Full Name of Child .....

Collection Password .....

There may be occasions when you need your child to be collected from school by someone unfamiliar to our staff. We use a family password system in this situation – you will give this password to the person collecting on your behalf.

The following adults are authorised to collect my child from school:

(Please write the persons full name and relationship to the child, i.e. Aunty, Family friend)

### PLEASE INCLUDE PARENTS/ CARERS DETAILS ALSO

Name ..... Relationship to Child .....

Name ..... Relationship to Child .....

Name ..... Relationship to Child .....

Name ..... Relationship to Child .....

Name ..... Relationship to Child .....

Name ..... Relationship to Child .....

Name ..... Relationship to Child .....

Name ..... Relationship to Child .....

Copies of this page are kept by class teachers and must be updated as and when necessary, names can be removed or added at any time.

Please inform the school office of any changes

<b>Parent/ Guardian Signature</b>		<b>Date</b>	
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