TRUMPINGTON FEDERATION

ADMISSION FORM

Please complete all four sides then sign the last page.

The UK General Data Protection Regulations 2018 (UK GDPR) and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school's student records database. The information on ethnic origin and first language is needed by the school and by Cambridgeshire County Council (the Children's Services Authority). This is to ensure that resources are made available when required and that the Education Service offers real equality of opportunity for all pupils.

The sections marked * are non-compulsory. If supplied, this information will be shared with Cambridgeshire County Council and other relevant bodies administering public funds.

 By signing this form, I/we give permission for the data to be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

For further information on the handling of personal data, please see a copy of the Privacy Notice at

| https://www.cambridgeshire.gov.uk/council/data-protection-and | -foi/information-and-data-sharing |
|---|--|
| Legal Surname | (as it appears on child's birth certificate) |
| Legal Forename | (as it appears on child's birth certificate) |
| Middle Name(s) | |
| Preferred Forename | GenderMale / Female |
| Date of Birth | |
| Home Address | |
| | |
| | |
| Postcode Home telep | phone number |
| In Local Authority Care Yes/No If Yes, Name of Care | Authority |
| Name & address of previous school | |
| | |
| If this school is overseas, please give name and address of any | |
| | |
| | |

SERVICE CHILDREN IN SCHOOL

Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.

| No | Yes | | I do not wish a service children indicator to be recorded | |
|----|-----|--|---|--|
|----|-----|--|---|--|

CONTACT INFORMATION

Please provide details of three parents/guardians/contacts below and place them in the order you wish them to be contacted in an emergency.

Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.

| | PRIORITY 1 CONTACT |
|-------------------------|-------------------------|
| TitleSurname | Forename |
| Relationship to student | |
| *Date of Birth | *NI Number |
| Home address | |
| | Postcode |
| Home telephone number | Mobile telephone number |
| Home email | |
| Work address | |
| Work email | Work telephone number |
| | PRIORITY 2 CONTACT |
| TitleSurname | Forename |
| Relationship to student | |
| *Date of Birth | *NI Number |
| Home address | |
| | Postcode |
| Home telephone number | Mobile telephone number |
| Home email | |
| Work address | |
| Work email | Work telephone number |
| | PRIORITY 3 CONTACT |
| TitleSurname | Forename |
| Relationship to student | |
| *Date of Birth | *NI Number |
| Home address | |
| | Postcode |
| Home telephone number | Mobile telephone number |
| Home email | |
| Work address | |
| Work email | Work telephone number |

SEPARATED PARENT INFORMATION – For parents not living with student PRIORITY CONTACT (Please specify contact priority)

| Under the 1989 Children's Act all parents have the rig | ght to receive information about their child's progress. |
|--|---|
| TitleSurname | Forename |
| Relationship to student | Parental responsibilityYES / NO |
| *Date of Birth | *NI Number |
| | |
| Home address | |
| | Postcode |
| Home telephone number | Home email |
| Work address | Work email |
| | |
| Work telephone number | Mobile telephone number |
| Court Case Yes/No | Address can be Disclosed Yes/No |
| MED | DICAL DETAILS |
| Doctor | Telephone number |
| Address | |
| wears glasses) | · · · |
| Does your child have any Special Needs Provision If YES *SEN Support / *EHCP *Statement? (*Plea | ase delete accordingly) |
| PERSON | NAL INFORMATION |
| To help us, and the local authority in monitoring equa | al opportunities you are asked to complete the following: |
| 1. Country of birth | Nationality |
| | nd describes how we think of ourselves. This may be based on olour, culture, ancestry or family history. Ethnic background is not |
| White - British | Any other Asian background (This includes African |
| White - Irish | Asian, Nepali, Sinhalese, Sri Lankan Tamil) |
| White - Traveller of Irish Heritage White - Gypsy/Roma | Black or Black British -Caribbean Black or Black British -African |
| White - Any other White background | Any other Black background |
| Mixed - White and Black Caribbean | Chinese |
| Mixed - White and Black African | Any other ethnic group – please circle one. |
| Mixed - White and Asian | (This includes Afghan, Arab, Egyptian, Filipino, |
| Mixed - Any other mixed background | Iranian, Iraqi, Japanese, Korean, Kurdish, Latin |

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - Bangladeshi

American, Lebanese, Libyan, Malay, Mauritian,

Moroccan, Polynesian, Thai, Vietnamese, Yemeni...)

I do not wish an ethnic background to be recorded

| 3. | Date of arri | val in U | IK (if relevant) | | | | | | | | | |
|--|---|----------|------------------|----|--------------|------|-------|-------|---------------|--------|--------|--|
| 4. | First languageOther language(s) | | | | | | | | | | | |
| 5. | Religion | | | | | | | | | | | |
| 6. | If there are any religious or cultural practices of which the school should be aware, please specify. | | | | | | | | | | | |
| 7. | Please give the name, gender and date of birth of any other children in your family. | | | | | | | | | | | |
| | Name | | | | Date of Birt | h | | | M | lale / | Female | |
| | Name | | | | Date of Birt | h | | | M | lale / | Female | |
| | Name | | | | Date of Birt | h | | | Male / Female | | | |
| | TRAVEL ARRANGEMENTS | | | | | | | | | | | |
| Linked to the Government's Travel to School Initiative, we are currently refining a school travel plan, which details how our students travel to and from school. We would be grateful if you could tell us what mode of transport your child normally uses. Where he/she uses more than one mode of travel for each journey to school, you should tell us the most frequently used and/or the longest element of the journey by distance. School Bus Public Transport Bus Bicycle Walking Taxi Car/Van Car Share Other | | | | | | | | | | | | |
| Any additional information | | | | | | | | | | | | |
| Г | Type of Meal | | Monday | Τι | uesday | Wedn | esdav | Thurs | sdav | | Friday | |
| 5 | School Meal Packed Lunch | | | | • | | • | | | | • | |
| | donoù Ediloi | | | | | | | | | | | |
| Providing your consent – please read the following conditions thoroughly and provide your consent as appropriate by ticking the 'Yes or 'No' for each criteria. | | | | | | | | | | | | |
| _ | ovide conse | | | | | | | | Yes | | No | |
| Using images of my child within the school such as displays Using images of my child on the school website, including the school newsletter Using videos of my child on the school website Sharing photos/videos etc. of my child within the Google Suite (closed and secure platform for homework and remote learning) – for example: Google Classrooms | | | | | | | | | | | | |
| Using images of my child on social media, including the following: - X (formally Twitter), Instagram, Facebook | | | | | | | | | | | | |
| Using videos of my child on social media, including the following: Twitter | | | | | | | | | | | | |
| The local media using images of my child to publicise school events and activities The local media using videos of my child to publicise school events and activities | | | | | | | | | | | | |
| Local trips - occasionally, when doing topic work, it may be beneficial for children to leave the school site | | | | | | | | | | | | |
| I certify that, to the best of my knowledge, the information on this form is correct. | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | |
| Date Start Date | | | | | | | | | | | | |