

WELCOME TO HILLDENE PRIMARY SCHOOL

HEAD TEACHER:
Mrs Georgina Delmonte



PUPIL ADMISSION FORM

Child's name:

Please bring in your child's birth certificate and passport (if applicable).
We will take a copy and return them to you

Basic Contact Details:

Child's Legal surname:		Child's legal forename:	
Child's Middle Name:		Child's Chosen Name:	
Date of Birth:		Gender:	
Address:			
Post Code:			

Emergency Contacts:

(*Contact Priority means the order in which you wish us to contact in case of an emergency)

Parent 1 Contact Information:	Parent 2 Contact Information:																																																																																								
*Contact Priority :	*Contact Priority :																																																																																								
Name: _____ Surname: _____	Name: _____ Surname: _____																																																																																								
Relationship to child:-	Relationship to child:-																																																																																								
Title: <i>Mr, Mrs, Ms, Miss, Other</i>	Title: <i>Mr, Mrs, Ms, Miss, Other</i>																																																																																								
Address:	Address:																																																																																								
Post Code:	Post Code:																																																																																								
Does child live at this address: Yes No	Does child live at this address: Yes No																																																																																								
Home Phone No:	Home Phone No:																																																																																								
Mobile No:	Mobile No:																																																																																								
Work No:	Work No:																																																																																								
Place of Work:	Place of Work:																																																																																								
Email: <i>Please write clearly below</i>	Email: <i>Please write clearly below</i>																																																																																								
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																													<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																												
Parental Responsibility: YES/NO Custody: Yes/No	Parental Responsibility: YES/NO Custody: Yes/No																																																																																								

NB: correspondence is sent home via email, therefore, you will need to check your emails daily. Please ensure email addresses are written clearly.

Please advise our school office of any changes to this information as soon as possible.

Other Alternative/Emergency Contacts:

Please sign confirming permission has been obtained from the named contacts below before submitting their details.

Parent's Name: Parent's signature:

Name:	Name:
Title: <i>Mr, Mrs, Ms, Miss, Other</i>	Title: <i>Mr, Mrs, Ms, Miss, Other</i>
Relationship to child:-	Relationship to child:-
Address:	Address:
Post Code:	Post Code:
Home Phone No:	Home Phone No:
Mobile No:	Mobile No:
Work No:	Work No:
Parental Responsibility: YES/NO	Parental Responsibility: YES/NO
Custody: Yes/No	Custody: Yes/No

Siblings

Siblings attending Hilldene Primary School			
Names:			
D.O.B:			
Year:			

Details of your child's previous Pre-School/School History: *(if applicable)*

Playgroup/Nursery:	Previous School:
Name:	Name:
Address:	Address:
Telephone No:	Telephone No:

Medical Information:

GP Information	
GP Name:	
Address:	
Telephone No:	

Medical History	Yes	No
Does your child have a speech problem?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child need to use an asthma pump in school? If yes, please ask for an asthma medication form from the school	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any other medical need? If yes, please give details of condition and medication if		

Please advise our school office of any changes to this information as soon as possible.

applicable. If the condition requires medication within school, please ask for a medication form from the school.

.....

.....

.....

Has your child been seen or is waiting to be seen by any of the following health professionals?

Health Professional	Yes	No
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapist	<input type="checkbox"/>	<input type="checkbox"/>

Dietary Information:

Please tick which box applies if appropriate.

Artificial colouring allergy	<input type="checkbox"/>	Gluten Free	<input type="checkbox"/>	Halal	<input type="checkbox"/>
Kosher food only	<input type="checkbox"/>	No Dairy	<input type="checkbox"/>	Nut allergy does/does not require medication ie Epipen	<input type="checkbox"/>
No Pork	<input type="checkbox"/>	Seafood Allergy	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>
Egg allergy	<input type="checkbox"/>				
Any other dietary requirement not listed above. Please give details	<input type="checkbox"/>				

Disability Discrimination Act:

This data is being collected to allow the school to comply with the Disability Discrimination Act. This will help us to plan and provide for future needs of our pupils and the wider school community.

1	Has your child a disability?	Yes · (go to 1a) No · (go to 5)
1a	If yes, please give details.	
2	Does the disability need special requirements within school?	Yes · (go to 2a) No · (go to 3)
2a	If yes, please give details.	
3	Has the disability ever stopped your child taking part in any school activity?	Yes · (go to 3a) No · (go to 4)
3a	If yes, please give details.	
4	Does your child have a Health Care Plan?	Yes · (go to 5) No · (go to 5)
5	Have you or any other member of your family, who might need access to the school, any disability?	Yes · (go to 5a) No ·
5a	If yes, please give details.	
6	Would this disability stop you/them from accessing any school meetings, or activities held at school?	Yes · (go to 6a) No ·
6a	If yes, please give details.	

Please advise our school office of any changes to this information as soon as possible.

Information for Separated Parents

At Hilldene Primary School, we are committed to working with every family in order to form a positive relationship between home and school for the benefit of each child. We recognise that every family is different.

In some cases a child's parents may be living apart. We are sometimes requested to provide information regarding school events and activities for the parent who does not have day to day care for the child. If you would like to take advantage of this opportunity please complete the form below.

Obviously this is entirely optional, any information received will be treated in the strictest confidence.

Name of Child: _____

Name of Parent(s)/Carer(s): _____

Who has Parental Responsibility: _____

Is there a Court Order in Place: _____

Is the Separated Parent permitted to collect your child from school: _____

Name of any other person with Parental Responsibility _____

Do you require us to send copies of the following to the separated parent? **YES NO**

- SCHOOL REPORT
- TERMLY NEWSLETTERS
- EDUCATIONAL VISIT LETTER
- PARENT EVENING NOTIFICATION
- SCHOOL SPORTS DAY LETTER
- SCHOOL CONCERTS/ASSEMBLIES

If so please provide the name and address and email address for all correspondence to be sent

.....

Any further information you feel may be relevant

.....

Signed _____ Parent/Guardian

Ethnicity

White:		
* White British	* White English	* Irish
* Scottish	* Welsh	* Traveller of Irish heritage
* Gypsy/Roma (<i>not circus, fairground or new age traveller</i>)		
Any other White background:		
* Albanian	* Bosnian-Herzegovinian	* Turkish/Turkish Cypriot
* Croatian	* Greek/Greek Cypriot	* Other White Eastern European
* Kosovan	* Serbian	* Other White Western European
* White other		
Mixed/dual background:		
* White and Black Caribbean		* White and Black African
* White and Asian		* Any other mixed background
Asian or Asian British:		
* Indian		* Pakistani
* Bangladeshi		* Any other Asian background
Black or Black British:		
* Caribbean		* Any other Black background
* Sudanese		
* Ghanaian		* Somali
* Nigerian		* Sudanese
* Other Black African		
* Chinese		* Any other ethnic background
Traveller Status:		
* Gypsy/Roman (Housed)		* Occupational (Traveller)
* Gypsy/Roman (Traveller)		* Traveller (Other)

I do not wish any ethnic background to be recorded *

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority and with DE

Home Language:	Religion:
First Language:	

Bilingual Pupils: *If your child was not born in the UK, please complete the section below*

Date of arrival in UK:	English As An Additional Language:	Yes/No
First language: (A language your child was exposed to during early development and continues to be exposed to at home or in the community)		
Please comment on the child's level of competence with speaking and listening, reading and writing in either language.		
Home Languages spoken at home by parent/carer:		
This information was provided by: * Parent/ Guardian * Pupil		
(Please tick appropriate box)		

Please advise our school office of any changes to this information as soon as possible.

GDPR – Data Protection Act 1998

The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority and with DE

Due to GDPR legislation being in place from 25th May 2018, we have updated our privacy notice. This is available on the school website. Any changes to the privacy notice in the future will be updated on the website.

Photograph Consent Form

Child's name:

At Hilldene Primary School, we sometimes take photographs of pupils. We use these photos on the school's website, social media and on display boards around school. Photos are also occasionally shared with the local newspapers e.g. to celebrate our school's success.

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, please ensure you contact us and we will accommodate your preferences.

Why are we asking for your consent?

You may be aware that new data protection rules came into effect from May 2018. To ensure we are meeting the new requirements, we need to seek your consent to take and use photos of your child. We really value using photos of pupils, to be able to showcase what pupils do in school and show what life at our school is like to others, so we would appreciate you taking the time to give consent.

If you change your mind at any time, you can let us know by contacting the school office.

Please tick the relevant box(es) below and return this form to school

	Yes	No
I am happy for the school to take photographs of my child.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for photos/videos of my child to be used on the school website.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for photos/videos of my child to be used on the school social media	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for photos/videos of my child to be used in internal displays.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for photos of my child to be used by the local newspapers.	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Carer's signature:

Parent/Carer name:

Date:

Please advise our school office of any changes to this information as soon as possible.

Parents' Use of Digital Images

At Hilldene Primary School, we are happy for parents and carers to take photos and video of school events for personal use but we **must** request that you do not post images online that include other children, staff or parents. This is to protect all members of the school community.

I have read and understand the school's policy of parents' use of digital images.

Parent/ carer's signature: _____

Name of parent/carer: _____

Date: _____

School Visits

For every school trip that takes place whether it be walking trip or educational/residential visit, we will send a letter out to parents to obtain their permission. Please note that due to a change in legislation, telephone consent will no longer be acceptable. Therefore, please ensure you return reply slips or where applicable when paying for the trip on sQuid, you give permission for your child to attend the excursion.

Please advise our school office of any changes to this information as soon as possible.

Applications Consent Form

Please see below for the list of applications used within Hilldene Primary School and what information is shared with them confidentially and securely.

I give permission for my child to use the resources below which I have given permission for, and understand the information indicated is shared securely with that partner company/provider.

Please tick all permission slip boxes as indicated:

2Build a profile: <https://www.2simple.com/2buildaprofile> for Early Years observations.

Information required:

Pupils: First Name and Surname, Date of Birth, UPN Number

Permission granted

Permission not granted

Boxall Profile: <https://boxallprofile.org/> for tracking pupils' social and emotional progress.

Information required:

Pupils: First Name and Surname, Class Name, School Name

Permission granted

Permission not granted

Times table Rockstars : (<https://trockstars.com/>) Online interactive Maths learning resource.

Information required:

Pupils: First Name and Surname, Class Name, School Name

Permission granted

Permission not granted

My Maths : (<https://www.mymaths.co.uk/>) Online interactive Maths learning resource.

Information required:

Pupils: First Name and Surname, Class Name, School Name

Permission granted

Permission not granted

APPShed : (<http://appshed.com/>) for creating APPs online in computing lessons (Year 6).

Information required:

Pupils: First Name and Surname, Class Name, School Name

Permission granted

Permission not granted

Primary Contact: (https://www.primarycontact.co.uk) for messaging parents/carers

Information required:

Pupils: First Name and Surname, Date of Birth, UPN Number

Parents/Carers: First Name and Surname, telephone number, email address

Permission granted

Permission not granted

Parent's Signature: **Date:**

Parent's Name:

Please advise our school office of any changes to this information as soon as possible.

Internet Usage Agreement

As part of pupils' curriculum enhancement and the development of computing skills, we provide supervised access to the Internet including e-mail. Before being allowed to use the Internet, all pupils must obtain parental permission and we ask that you sign the following agreement as evidence of your understanding of the school's position on this matter.

I agree that these rules will keep me safe and help me to be fair to others.

- I will keep my logins and passwords secret.
- I will only use the school's computers for schoolwork and homework.
- I will only edit or delete my own files and not look at, or change, other people's files without their permission.
- I will not bring files into school without permission or upload inappropriate material to my workspace.
- I am aware that some websites and social networks have age restrictions and I should respect this.
- I will not attempt to visit Internet sites that I know to be banned by the school.
- I will only e-mail people I know, or a responsible adult has approved.
- The messages I send, or information I upload, will always be polite and sensible.
- I will not open an attachment, or download a file, unless I know and trust the person who has sent it.
- I will not give my home address, phone number, send a photograph or video, or give any other personal information that could be used to identify me, my family or my friends.
- I will never arrange to meet someone I have only ever previously met on the Internet.
- If I see anything I am unhappy with or I receive a message I do not like, I will not respond to it but I will show a teacher / responsible adult.
- I will report any instances of cyber bullying to a teacher/responsible adult.

I have read and understand these rules and agree to them.

Child Signature: _____

Child's Name: _____

As the parent or legal guardian of the above pupil, I grant permission for my daughter or son to have access to use the Internet, London Grid for Learning e-mail, Managed learning Platform and other **Computing** at school. I have read the Online Safety Policy which can be found on the school website.

Parent Signature: _____

Parent's Name: _____

Date: _____

Please advise our school office of any changes to this information as soon as possible.

Medical Consent

At Hilldene Primary School we need to display/share some information about your child and their medical/allergy/ dietary requirements in key areas of the school (i.e. canteen, medical trolleys, staffrooms, classrooms/ school office/ SLT offices). This information is your child's full name, their photograph and their medical/allergy/ dietary information which helps us to identify your child and any specific medical/allergies/dietary requirements. The information is kept in a booklet along with the information of other children and is readily available for all staff to refer to if necessary for your child's wellbeing.

Why are we asking for your consent?

You may be aware that were new data protection rules from 25th May 2018. To ensure we are meeting the new requirements, we need to seek your consent to display your child's information in this way. We really value being able to access this information quickly and easily so we would appreciate you taking the time to give consent.

If you're not happy for us to do this, we will of course accommodate your preferences.

Please tick the relevant box(es) below and return this form to school.

	Yes	No
I am happy for the school to include my child's photograph, name and details of their medical condition in a booklet to be kept in key areas of the school (as above) for reference by all staff for my child's wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for the school to include my child's photograph, name and details of their allergies in a booklet to be kept in key areas of the school (as above) for reference by all staff for my child's wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for the school to include my child's photograph, name and details of their dietary requirements in a booklet to be kept in key areas of the school (as above) for reference by all staff for my child's wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>

If you change your mind at any time, you can let us know by emailing the school office, calling the school on 01708 342453, or just popping in to the school office.
If you have any other questions, please get in touch.

Name of Parent or carer:

Signature of Parent or carer:

Date:

Please advise our school office of any changes to this information as soon as possible.

Free School Meals

The government is beginning to implement Universal credit across the country to support people on low incomes. This will happen gradually and will apply to new claimants before any changes are made to those on existing benefits. For the new claimants who are placed on Universal Credit rather than the current range of benefits, their child will be entitled to a free school meal if the household earnings are less than £7,400 per year excluding tax and any other benefits.

Once eligibility has been agreed including those children already receiving free school meals, children will continue to be entitled to a free school meal even if their parents or carers come off of benefit following a change in their personal circumstances, e.g. they begin to work. This entitlement will last until the pupils will finish the phase of education they are in as at 31st March 2022. There is therefore no need to reapply for free school meals if your child receives them now they will continue to do so until at least 2022.

These changes do not affect infant free meals which continue for children in reception, year1 and year 2 classes. However, if you are currently in receipt of benefits or begin to claim before your child leaves year 2 we would encourage you to apply for free school meals as this will secure your child's entitlement until at least 2022 even if by the time your child reaches Year 3 your personal circumstances have changed. Please apply on Havering council websites the link is provided below

<https://www.havering.gov.uk/info/20006/schoolsandeducation/431/freeschoolmealsandpupilpremium> or fill in the Free School Meal Application form on the last page of this booklet.

Free School Milk (Coolmilk)

If your child is under five:

1. Go to www.coolmilk.com
2. Just register by a Tuesday for your child's free milk to start the following week.
3. Free milk will continue until the Friday before your child's fifth birthday. You will receive a payment request three weeks before this time- if you wish for your child to continue to receive school milk simply make a payment.

If your child is over five:

1. Go to www.coolmilk.com
2. Pay Cool Milk online, over the phone, at a local PayPoint or by cheque in instalments to suit you. If registering online you can pay straight away, if using a registration form you will need to wait to receive a payment request.
3. Just pay by a Tuesday for your child's milk to start the following week.

If you are in receipt of Free School Meals (in receipt of eligible benefits), you will be able to claim for milk for your child/children. Please log on to www.coolmilk.com to find out details.

Please advise our school office of any changes to this information as soon as possible.



Personal details of benefit claimant:

1. Surname

2. First name(s)

3. Date of birth

4. National Insurance No.

5. Relationship to pupil

6. Address

Postcode

7. Telephone Number(s)

Please list below the names of each child you are claiming for:

Last name	First name	Date of birth	School

Declaration: I understand that the information I give on this form will be used by Local Authorities for the prevention and detection of fraud and that if I knowingly or negligently provide false information, entitlement to Free School Meals may be lost and I may face prosecution. The information I have given on this form is complete and accurate to the best of my knowledge and belief. I will contact the Local Authority if my circumstances change in any way that may affect my entitlement to Free School Meals for the child(ren) I have named.

Agreement: I agree to the Free School Meals Officers using the Free School Meals Eligibility Checking Service to confirm my eligibility for Free School Meals for this application and for checking my continued eligibility and share this information with other Council departments.

YES / NO

Signature of claimant.....Date.....

For Office Use only:

Checking Service Found: Yes / No Paper Proof Yes / No
 Date: _____ Officers Sig: _____
 School Rang: Yes / No Start Date: _____

Please advise our school office of any changes to this information as soon as possible.