Brentnall Community Primary School We learn, We respect, We succeed



Admission Form 2021

Pupil Details

NI Number:

Legal		Preferred			
Forename:		Forename:			
Middle		Preferred			
Name(s):		Surname:			
Legal		Gender:			
Surname:		Male or			
comamo.		Female			
Date of Birth:		Verified By:	Birth Cert	Passport	Other
Date of Billi.		vermed by.	DITITI CELL	Tusspon	Office
Collection		1		1	
Password*:					
you set up a pas collect your child A staff member v	sword on your child's l d. will only release your c	children are released safely at records which can be used in shild if the correct password is got the age of 16 years old.	the event of	you not bei	ng able to
Home address with postcode:				Ve	erified By :
		people we can contact in an emponsibility for the child's educe		ress)	
Forename:		Relationship:			
Home		Mobile			
Telephone:		Telephone:			
Work		Place of Work:			
Telephone:		TIGEC OF WORK.			
	_				
Email Address:					
Home Address:	If different to pupil's				

NASS Number:

	I		
Title:		Surname:	
Forename:		Relationship:	
Home		Mobile	
Telephone:		Telephone:	
Work		Place of work:	
Telephone:		11000 01 770111	
Email Address:			
Home Address:	If different to p	upil's	
NI Number:		NASS Number:	
		Number:	
mergency) Name:		Name:	
Home		Home	
Telephone:		Telephone:	
Mobile		Mobile	
Telephone:		Telephone:	
Relationship to Child:		Relationship to Child:	
amily Links		·	
Please advise an	N/		
siblings or extend	•		
family that curre			
attend Brentnall	Tilly		
Primary School			
ietary & Meal Arı	rangements		
Please advise an	nv		
dietary needs, fo			
allergies or			
intolerances			
(E.g. vegetarian, nut			
allergy, halal etc.)			
		School Meals, you can do this by ch ww.gov.uk/apply-free-school-meals c	
xpected Option	(please circle	;)	
Free Schoo	ol Meal	Paid School Dinner	Packed Lunch

Medical Info	rmation						
Doctor's Sur Contact nu	gery Address & mber						
Does your co							
If yes, please p	rovide details						
Does your callergies?	hild have any						
If yes, please p	rovide details						
Does your o	hild take regular ?						
If yes, please p	rovide details						
Does your c disability?	hild have a						
If yes, please p	rovide details						
Additional Pu	pil Information			Relig	gion:		
First Langua	ge:			Nati	onal Identit	y:	
English as a	n Additional Languag	e:		Cou	ntry of Birth	:	
Transport Which mode	of transport do you to	ake 1	to travel to	schoo	plś		
Walk	Public Transport		Car		Taxi	Cycle	School Transport
Safeguarding	3						1
Is your child social care?	or family known to	Yes,	/No				
Name and social works	contact details of er:						

Special Educational Need	Speci	ial	Edu	ıcat	iona	ΙN	lee	ds
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Does your child have an Educational Health Care Plan?					Yes
		No			
Does your child ha	ve any Special Educ	cational Needs?			Yes
If yes, please circle any that apply from the option(s) below					
Mobility	Co-ordination	Continence	Speech	Hear	ring
Eyesight/Glasses	Memory	Ability to Lift	Perception	Othe	er
Please use this sect in school:	ion to tell us about o	any other informatio	n that may affect yo	our child's v	welfare whilst

Education History (not applicable for Nursey & Reception admission)

Name of previous school:	
Date of leaving:	
Reason for leaving:	
If no previous school, date of arrival in the UK:	

PARENTAL CONSENT

You have the right to change or withdraw your consent preferences at any time by contacting the School Office.

Educational Activities, Trips & Visits

I give consent for my child to:		
Take part in/attend any out of school activities, day trips or visits to places of interest: e.g. local parks , library , museums	Yes	No
Take part in food tasting activities in school	Yes	No

Communication

I give consent for:		
School contacting me by text, phone & email with Information, reminders, updates & newsletters.	Yes	No

Images (Still & Moving)

Photos & videos of pupils are occasionally displayed in school's newsletter, on the school website, school's social media and display boards around school. All images are kept securely and are used for educational purposes only. Images are used to demonstrate work which children have produced; promote sporting events; show group activities and to motivate, celebrate and reward pupils' achievements. Images will be identified by first names only.

I give consent for:		
School using my child's image as detailed above (all except social media)	Yes	No
School using my child's image for social media	Yes	No

Specific consent will be obtained for images used for external purposes.

Internet Access

I give consent for:		
My child to use email and the internet. I understand that he/she will be held responsible if they do not observe the Acceptable Use Policy that is in place at school.	Yes	No

Medical Consent

I provide consent for:		
School to use plasters on cuts and grazes	Yes	No
My child to receive emergency first aid, medical or surgical treatment as considered necessary by the medical authorities present (including anaesthetic and blood transfusion). We will always contact you in such an event	Yes	No

Early Years This section is only required to be filled for children in Early Years (Nursery & Reception class only)

I provide consent for:		
Staff to assist my child with brushing their teeth	Yes	No
Staff to change my child's clothes in the event of an accident/water play	Yes	No
Staff to observe and record my child's development on Target Tracker	Yes	No
Staff to apply the sun cream (that I provide) to my child's face, arms and	Yes	No
legs when necessary.		

Keeping us Informed

I confirm that the information provided within this form is correct and I agree to inform school should any information require updating. I understand that I must update school should there be any change to the allergy, dietary, medical or contact information provided.	
Parent/Carer Name:	Date:
Parent/Carer Signature:	

Thank you for completing this school data form. If you need any further information please contact the School Office on 0161 792 4317. Or by emailing school at brentnall.primaryschool@salford.gov.uk