

PUPIL ADMISSION FORM AND PARENTAL CONSENT FORM

Moseley Primary School is a data controller. We collect your data and your child's data in accordance with the UK General Data Protection Regulation 2016 and domestic data protection legislation. We process parents/guardian and pupil information for the purpose of fulfilling a legal obligation and in order to educate and safeguard the pupils in our care. For information collected that does not fall under this legal basis, we will always ask for your consent to process this information. Our privacy notice is available on the school website and outlines what information we collect, why we collect it, where we collect it from, where it is shared, how long it is stored and your rights as an individual. Please read our privacy notice before completing this form. The privacy notice, data protection policy and record retention schedule can be found on the school's website. Parents/guardians are urged to contact the school as soon as possible if any of the information provided changes over the course of the academic year. Our privacy notice can be found on our website: https://www.moseleyprimaryschool.co.uk/data-protection/

Pupil Surname:		First Names (s):	First Names (s):		
Date of Birth:		Girl □	Boy □		
If this child has been kno	wn by another name				
please enter it here					
Home Address:					
Postcode:					
Postcode.					
Details of Parent/Carer co	mpleting form/s				
Full Name					
Relationship to pupil					
Address					
Home Phone					
Mobile					
Mobile					
Email					
For office Use:					
Photocopy of Full Birth C	ertificate in file	Yes/No			
Admission Date					
Registration Class					
UPN					

FAMILY & HOME

Please give details of all parents with Parental responsibility:				
Please provide documentation to verify this statement, as we may reference. This information may be shared in accordance with our p	rely on the holder of parental responsibility's consent for future privacy notice.			
Mother's Name:				
Title: ☐ Mrs ☐ Miss ☐ Ms ☐ Other				
Address:	Home phone No: Mobile No: Email address:			
Father's Name:				
Title: ☐ Mr ☐ Other				
Address:	Home phone No: Mobile No: Email address:			
We ask for your National Insurance and date of birth in order to proshared anywhere else. This is provided with your consent and you a information, you can withdraw it at any point by contacting the sch	lo not have to fill this part of the form. If you do provide this			
Mother's DOB:	Father's DOB:			
National Insurance Number:	National Insurance Number:			
Legal Guardian:	Address:			
(If appropriate)				
CONTACTS				
Parents should ensure that the details of the emergency contact har and processed for the purpose of being contacted and collecting the pupils under the Education Act 2002 s175 (1) and ensure there will a changes to the emergency contact, the parent /guardian must information consent from additional contacts in order for us to contact them to unwell, has an accident or is uncollected at the end of the session. I direct them to contact the school.	e child from the school. We process this information to safeguard always be a point of contact in an emergency. If there are any m the school immediately. Please ensure that you have received collect your child if we are unable to speak to you if your child is			
Please give details of all persons (including pare				
emergency. Place them in the priority order th	•			
Priori	•			
	Relationship to Child:			
Home Address: Home phone No:	Mobile No:			
Work Address:	iodic 110.			
Phone No:				
Priori	ity 2:			
Name: F	Relationship to Child:			
Home Address:				
•	Mobile No:			
Work Address:				
Phone No:				

Priority 3:				
Name:	Relationship to Ch	nild:		
Home Address:	•			
Home phone No:	Mobile No:			
Vork Address:				
Phone No:				
Pr	iority 4:			
Name:	Relationship to Chi	ld:		
Home Address:				
Home phone No:	Mobile No:			
Work Address:				
Phone No:				
I confirm the emergency contacts are happy to:				
a. Be contacted by the school in relation	to this child; 🗆			
b. To collect the child from school.				
DIETARY & MEDICAL:				
We process medical and dietary information in order to safeguard t				
medical information with relevant staff members due to a substant may be shared with the school nurse, kitchen staff and authorised s	taff members will also have no	otification of medical and dietary		
information. Where relevant we will share this information with ac trips/extra-curricular activities. In order to protect your child's vit				
the unlikely event of an emergency situation.				
If you have any specifications as any treatment that cannot be prov note this below.	ided to your child by the emer	gency services for whatever reason, please		
LUNCH PROVISION:				
Please note, from September 2014 all Key St	age 1 children are er	ntitled to Free School Meals		
Does your child have any special dietary requ	•			
boes your critical nave any special dictary requ	an ements. e.g. vege	carian		
Applicable to Key stage 2 children only:				
	school meal □	Bring Sandwiches		
	_			
If your child has a school meal, are you regis	tered for Free Schoo	ol Meals?		
Yes □ No □				
DOCTOR INFORMATION:				
Name and Address of Doctor:				
Telephone No:	NHS No:			
Medical History: Give the year your child wa				
Polio Diphtheria Whooping Co	ugh Tetanus <i>N</i>	Measles		
If there are any details, e.g. medical condition	tions, allergies, dieta	ary needs, or any special		
educational needs, that you feel school sho	uld be aware of plea	ise note them below:		
Special Educational Needs				
We collect this information in order to comply with the Special Ed and Families Act 2014. This information will be shared with our so	iucational needs and Disability Ifeguarding team to ensure the	y code of Practice and Part 3 of the Children e right support is put in place for your child.		

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ETHNIC & CULTURAL IN We collect this to support those who share this information with external	o have English as an Additional Language a	nd enhance th	e learning and education of our pupils. We may	
share this information with external agencies to ensure the right support is put in place for your child. What language do you speak at home with your child?				
Please indicate how you	r child will travel to school (e.g. walk	/by car)	
			effectively and ensure data accuracy when s information and can withdraw this at any	
Please list all other child	dren in the family:			
Name	,	Gender	Date of Birth	
Is your child related to a	n employee of the school?	Yes □ N	lo 🗆	
If yes, please provide de Name:	tails:			
Relationship to child:				
	d to comply with a legal obligation within		personal data and ensure we have all relevant (Pupil Information) (England) Regulations 2005	
Previous School / Playgro	oup:			
Address:				
Post Code:				
Telephone No:				
I agree to inform school should arise.	l of any changes regarding i	nformatio	on included on this form if they	
Date:	Parent/Carer Signature:			
Date.	Tarent/Carer Signature.			
	Name:	Re	elationship to child:	

PARENTAL CONSENT FORM

At Moseley Primary School we would like to seek your consent for the following:



Please read the questions carefully and tick the box alongside each question if you are happy to give consent. If the boxes are not ticked your child will NOT be included in the activity. Please sign and date the form on the last page.

On-site activities:

I give my permission for my child to:

ACTIVITY	TICK (√)
Use the computer facilities and access the internet in line with the E-safety Policy and Pupil Acceptable Use Agreement.	
Take part in food preparation/cooking and tasting activities	

Off-site activities

I give my permission for my child to take part in:

ACTIVITY	TICK (√)
Supervised educational visits/sports events recommended by the school within the city boundaries. I understand that while the school staff and other adults in charge of the party will take reasonable care of the pupils, they cannot necessarily be held responsible for any loss, damage, or injury suffered by my son/daughter during the school visit. I consent to any emergency medical treatment necessary during the course of the visit. Moseley Primary School will notify Parents/carers in advance about every school trip or activity that your child is due to attend or undertake and the required suitable clothing, if applicable. The School will inform Parents/carers where their child's data will be shared with an activity provider. For trips outside the city boundaries, you will be notified in writing and asked to sign a separate consent form.	
Supervised Swimming off site	

MEDICAL INFORMATION

Please provide details of any medical conditions or allergies that your child suffers from and any medication that they should take on school trips or activities.

We process medical and dietary information in order to safeguard those pupils in our care. It will be necessary to process, store and share this medical information with relevant staff members due to a substantial public interest and for treatment where applicable. This information may be shared with the school nurse, kitchen staff and authorised staff members will also have notification of medical and dietary information. Where relevant, we will share this information with activity providers should you consent on behalf of your child to attend school trips/extra-curricular activities. In order to protect your child's vital interests, we will share this information with the emergency services in the unlikely event of an emergency situation.

If you have any specifications as any treatment that cannot be provided to your child by the emergency services for whatever reason, please note this below.

ACTIVITY		TICK (√)
My child does NOT suffe	r from any medical conditions or allergies:	
O.D.		
OR Medical condition:		
Medical Condition.		
Medication:		
Frequency of		
medication:		
MEDICAL CONCENT		
MEDICAL CONSENT		
give my permission for:		
ACTIVITY		TICK (√)
Staff to administer the	medicines as specified on signed medication forms	
Please outline any medic	ral conditions/allergies:	
- tease outline any means	at conditions attergies.	

USE OF INFORMATION AND IMAGE (including photographs and video recordings)

At Moseley we sometimes take photographs of activities that involve your child. We may use these photos for publications, on a web site by us or by local newspapers, on the school's website and on display boards around school. Photography or filming will only take place with the permission of the head teacher, and under appropriate supervision. When filming or photography is carried out by the news media, children will only be named if there is a particular reason to do so (e.g. they have won a prize), and home addresses will never be give out. Images that might cause embarrassment or distress will not be used nor will images be associated with material on issues that are sensitive. 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.

I give my permission for my child's: (please tick)

ACTIVITY	TICK (√)
Image to be used as part of school wall displays/class activities	
Named Image to be used on the school newsletter and website	
Image to be used in external media, e.g. Local newspaper press release, School social media	
Image to be included in the School's annual formal class/whole school photographs	
Image to be included in the School's annual formal individual photographs	
Image of my child to be taken during school plays/concerts.	
Image to be used in communication with international pen pals	
Image to be used in Early Years Learning Journals (Only applicable to Nursery & Reception Children)	
Named work to be displayed around the school on wall displays	
Named work e.g. Worker of the week, Mathematician/Writer of the month awards, Sports fixtures, news and awards to be displayed around the school, on the school newsletter and website.	

Please note that although we aim to control the data we process, photographs uploaded online will be accessible by the public. Photographs will be stored in line with our record retention schedule which can be found on the school website.

NB There may be other circumstances, falling outside the normal day to day activities of the school, in which pictures of children are requested. Moseley recognises that in such circumstances specific consent from parent or guardian will be required before photography or filming of children can be permitted.

If you wish to withdraw or change your consent at any time please contact the school.

ETHNIC AND CULTURAL DATA COLLECTION

We collect this data in order to share this with the Department of Education as part of their census. Please note this is provided on a consensual basis and you can choose not to provide this information, or withdraw this information at a later date by contacting the school. More information can be found here https://www.qov.uk/quidance/data-protection-how-we-collect-and-share-research-data

Ethnic Background

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick <u>one box only</u> to indicate the ethnic background of your child.

		TICK one box only (√)
White	British	
	Irish	
	Traveller of Irish Heritage	
	Gypsy/Roma	
	Any other White background	
Mixed	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	
	African	
	Any other Black background	
	Chinese	
	Any other ethnic background	
	I do not wish an ethnic background category to be recorded	

What is your child's First Language? - Many families are multilingual. For the purpose of this form, please indicate the main family language. Please only tick one box.

ALBANIAN	
ARABIC	
BENGALI	
CANTONESE	
CARRIBEAN/CREOLE/ENGLISH	
ENGLISH	
FARSI (PERSIAN)	
FRENCH	
GERMAN	
	ARABIC BENGALI CANTONESE CARRIBEAN/CREOLE/ENGLISH ENGLISH FARSI (PERSIAN) FRENCH

GRE	GREEK		POR	PORTUGESE	
GUJ	GUJRATI		RUS	RUSSIAN	
HEB	HEBREW		SOM	SOMALI	
HIN	HINDI		SPA	SPANISH	
ITA	ITALIAN		SWA	SWAHILI	
KUR	KURDISH		TAM	TAMIL	
PNJ	PUNJABI		TUR	TURKISH	
POL	POLISH		URD	URDU	
ОТН	OTHER LANGUAGE PLEASE SPECIFY	·			

READING BOOK CONSENT FORM

ACTIVITY	TICK (√)
Reading at home is essential for children to improve and develop their reading skills. We like children to take a reading book home from school so that your child can share their book with you. However, many books get lost or damaged whilst at home and need replacing; this is a cost that the school can no longer afford. I wish my child to bring a reading book home and accept responsibility for its care. I understand that if the book is lost or damaged I will need to make a contribution of £5.00 towards the cost of replacing the book.	

COMMUNICATION

I give my permission for the school to contact me via PHONE, EMAIL OR TEXT MESSAGE for the following:

ACTIVITY	TICK (√)
Fundraising and marketing events e.g. school disco, non-uniform days, charity events	

I confirm that I consent to all of the information above that I have ticked and understand if I change my mind I can let you know by emailing admin@moseley.coventry.sch.uk

The information in this form will be used throughout your child's time at school and I confirm I will notify school immediately if any of the details change.

Date:	Parent/Carer Signature:
	Name:
	Relationship to child: