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| **Child’s Details** | |
| First Name |  |
| Middle Name |  |
| Family Name/Surname |  |
| Date of Birth |  |
| Gender (please circle) | Male/Female |
| NHS Number |  |
| Name(s) if any of siblings at Shenley Primary School.  Please include full names and date of birth. |  |
| Child’s full address including postcode at the time of application |  |
| Home telephone number |  |
| Country of Birth |  |
| Nationality |  |



**Shenley Primary School**

**APPLICATION** **FORM**

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| **Special Educational Needs**  *Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?* | **Yes/No** |
| **At risk**  *Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)* | **Yes/No** |
| **Children in Public Care**  *Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?* | **Yes/No** |
| **Social or medical reasons**  *Do you or your child have a particular medical or social need to go to this school? (Please provide supporting evidence with this form****)*** | **Yes/No** |

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| **Nursery Session Selection** – **For Nursery Applicants Only.** Please tick as applicable | |
| **15 Hours Place**  My child will attend Shenley Nursery every morning (Monday to Friday) 8:45am until 11:45am (You will still have the option to book lunch club or afternoon sessions on a flexible bases if there is space) |  |
| **30 Hours Place**  My child will attend Shenley Nursery everyday (Monday to Friday) 8:45am until 3:15pm. I am entitled to 30 hours funding |  |
| **Flexible Nursery Sessions**  My child will attend afternoon sessions which I will pay for. (£16.80 per session) Please tick which afternoons they will attend. | Monday  Tuesday  Wednesday  Thursday  Friday |
| IF ELIGIBLE PLEASE PROVIDE HMRC CODE FOR 30 HOURS FUNDING: |  |

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| **Parent/Carer Details** | | |
|  | **Parent Carer One** | **Parent Carer Two** |
| Relationship to Child |  |  |
| Parental Reasonability | Yes/No | Yes/No |
| Title (Mr/Mrs/Ms/Miss/Rev/Dr) |  |  |
| Full Name |  |  |
| Date of Birth |  |  |
| Contact Numbers | Home:  Work:  Mobile: | Home:  Work:  Mobile: |
| Email Address |  |  |
| Address (if different from child’s) |  |  |
| National Insurance Number |  |  |
| National Asylum Support Service (NASS) Number  (if applicable) |  |  |

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| **Details of Individuals with Parental Responsibility** | | |
| If there are any other Court Orders or private arrangements in place concerning the child which you feel it would be helpful for us to be aware of, or in any way affect the child's education or time in school, please give details. | | |
| **Free School Meals/Pupil Premium** | |
| In addition to school funding received from Hertfordshire County Council, Shenley Primary School is able to claim a Pupil Premium Grant from the Government each year for every child who is eligible. This is made available to schools for children whose parents or carers receive any of the benefits below. If you are in receipt of qualifying benefits your information will be renewed each year meaning that unless your circumstances change entitlement to free school meals from Year 3 (After Universal Infant Free School Meals ends) and other educational benefits will be automatically registered.  **If either Parent/Carer is in receipt of any of the following benefits, you may be entitled to additional support.**  **Please tick any benefits that you receive:** | |
| Income Support | Income Based Jobseeker’s Allowance |
| Pension Credit (Guarantee Credit element) | Employment Support Allowance (Income Related) |
| Child Tax Credit with income below £28,200 | Working Tax Credit |
| I give permission for Shenley Primary School to register my details: (please sign)  Parent/Carer One: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Carer Two: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Additional Emergency Contacts Details**  **I give permission for the people below to collect my child in an emergency** | | |
| Priority | 1 | 2 |
| Relationship to the child |  |  |
| Full Name |  |  |
| Address |  |  |
| Telephone Numbers | Home:  Work:  Mobile: | Home:  Work:  Mobile: |

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| **Medical Details** | |
| Doctor’s Name |  |
| Address |  |
| Telephone Number |  |

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| **Medical Conditions** | | | |
| Does your child suffer from any of the following health conditions? Please circle/delete as appropriate. | | | |
| Epilepsy | **Yes/No** | Diabetes | **Yes/No** |
| Convulsions | **Yes/No** | Migraines/Dizziness | **Yes/No** |
| Asthma | **Yes/No** | Allergies | **Yes/No** |
| If your child’s medical condition is not listed above, please provide details here. | | | |
| If your child has allergies, please provide details here. Please included details of any medication used e.g. EpiPen. | | | |
| Please list any dietary requirements your child has whether they are medical, religious, or cultural. (e.g. vegan/vegetarian, Kosher etc.) | | | |
| **If your child requires prescribed medication for the Medical Condition(s) listed above, to be administered during the school day, please provide a detailed care plan from your GP or Consultant or speak to the School Office.** | | | |

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| **Permission for Emergency Treatment** | |
| I give permission for staff at Shenley Primary School to obtain any medical treatment or assistance that may be necessary in the case of an emergency, for my son/daughter. | |
| Signed by Parent/Carer | Date |

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| **Permission for Identification of Medical Needs** | |
| If your child has medical needs, it may be necessary to display a photograph of him/her along with a description of their need, to need to enable identification.  I give my permission for my child's photograph and medical needs to be displayed in school. | |
| Signed by Parent/Carer | Date |

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| **Permission for School Visits** | |
| Occasionally, the children are given the opportunity to participate in local visits of which parents/carers will be advised of in advance.  I give permission for my child to take part in short outings accompanied by the staff of Shenley Primary School. | |
| Signed by Parent/Carer | Date |

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| **Pupil ICT Agreement** | |
| ICT including the internet, e-mail, laptops etc. has become an important part of learning in our school.  We expect all children to be safe and responsible when using ICT. Please discuss these online safety rules with your child. If you have any concerns, or would like some explanation, please contact your child's class teacher.     1. I will ask permission before using any ICT equipment (e.g. computers, digital cameras, iPads etc.), and only use it when a teacher or another adult is with me. 2. I will only use the usernames and passwords provided by the school to access the school network, and only use the e-mail account provided for me by the school. 3. I will only visit websites that I am asked to by school staff, or that have been saved in a shared internet link folder for pupils to use. 4. The messages I send, or information I upload as part of my schoolwork, will always be polite. 5. I will not give my home address, phone number, send a photograph or video, or give any other personal information online that could be used to identify me, my family, or my friends, unless my teacher has given permission.      1. If I see anything that makes me uncomfortable, or receive a message I do not like, I will not respond to it and I will immediately tell a school staff member. 2. I understand that the school may check my computer files, e-mail and the internet sites I visit, to help keep me safe.     We have discussed this and …………………………………………………… (child's name) agrees to follow the online safety rules and to support the safe use of ICT at Shenley Primary School. | |
| Signed by Parent/Carer | Date |

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| **Consent for the use of children’s photographs and videos** | |
| Occasionally, the children are photographed participating in class/school activities/events. These are sometimes used as part of classroom displays, school website, school brochure and for the local newspapers. (Please circle/delete as appropriate) | |
| I agree for my child to be photographed for use in classroom displays | **Yes/No** |
| I agree for my child to be photographed for use on the school's screen located in the reception area | **Yes/No** |
| I agree for my child's photograph to be used in the school Newsletter, website and social media e.g. Twitter & Instagram | **Yes/No** |
| I agree for my child's photo to be used in promotional material | **Yes/No** |
| I agree for my child's photo to be used in PTA communications | **Yes/No** |
| I agree for my child's photo to be used in local Newspapers | **Yes/No** |
| Signed by Parent/Carer | Date |

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| **Consent for the viewing of PG Rated Material** | |
| To support children’s learning in school, staff may occasionally show programmes/films that are rated as PG (Parental Guidance). | |
| I agree for my child to be allowed to view PG rated content whilst at school | **Yes/No** |
| Signed by Parent/Carer | Date |

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| **Previous School or Early Years Setting (if applicable)** | |
| Name of establishment |  |
| Address |  |
| Telephone Number |  |
| Dates Attended | From: To: |
| Were you entitled to 2-Year-Old Funding? | **Yes/No** |
| **Hertfordshire County Education Service** | |
| The Education Service supports equality of opportunity for all pupils in Hertfordshire schools. Each year, usually when a pupil first joins a school, parents are asked for a range of information which both the school and the education service need to ensure that they are meeting their responsibilities | |
| First language spoken at home with parents |  |
| Religion |  |

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| **Ethnic Group - Please tick the ONE box which best describes your child's ethnic group.** | |
| Any other Asian background |  |
| Any other Black background |  |
| Any other ethnic group |  |
| Any other mixed background |  |
| Bangladeshi |  |
| Black African |  |
| Back Caribbean |  |
| Chinese |  |
| Gypsy Roma |  |
| Indian |  |
| Italian |  |
| Pakistani |  |
| Traveller of Irish heritage |  |
| Turkish |  |
| White |  |
| White - British |  |
| White - Irish |  |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| If you cannot find the right heading in the table above, please tell us here what your child's ethnic group is |  |
| Prefer not to say |  |

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| **SHENLEY PRIMARY SCHOOL - HOME-SCHOOL- AGREEMENT** | |
| **Children will:**   * Be kind * Be safe * Be respectful (towards one another and resources) * Be quiet when others are talking * Be engaged in learning | |
| **Child’s Signature** | **Date:** |
| **Parents and carers will:**   1. Treat each other with respect at all times. 2. Ensure that your child is well behaved and is encouraged to take responsibility for their own behaviour in line with our behaviour for learning policy. 3. Ensure that your child is wearing the correct school uniform at all times (labelled). 4. Ensure that your child is provided with a full school PE kit (labelled). 5. Make sure that your child arrives at school on time - 8.50am and is collected at 3.15pm. 6. Make sure your child attends school regularly and an explanation is provided for any absence. 7. Attend Parent Teacher Consultations to discuss your children’s progress. 8. Ensure that homework is completed on time and encourage the children to read daily. 9. Support the school approach to online safety and not deliberately upload images, videos, sounds or text that could upset or offend any member of the school community. 10. Support the efforts of the School Parents and Teacher Association. | |
| **Parent’s Signature** | **Date:** |
| **All school staff will:**   1. Treat each other with respect at all times and lead by example. 2. Encourage the children to do their best at all times and to strive for improvement. 3. Encourage the children to take care of their surroundings and others around them. 4. Inform the parents of the children’s progress at regular meetings and on the Annual Report. 5. Inform the parents about what the teachers aim to teach the children each term. 6. Identify any special needs and provide appropriate support for improvement. 7. Encourage the children to keep the school charter, discuss regularly the consequences of not keeping the school charter and how to put things right. 8. Support children’s learning to help them achieve their best and to strive for improvement in an inclusive environment. | |
| **Head teacher’s Signature** | **Date:** |

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| **Pupil Mode of Transport** | | | |
| This data source assists schools by providing.   * Baseline data for schools wishing to start a travel plan. * A means to monitor and update existing travel plans. * Information to help Hertfordshire County Council better support walking and cycling to school through travel plans, road safety education and Safer Routes to Schools highway engineering measures. | | | |
| Please record the pupil's usual mode of travel to school by ticking one box below. Where a pupil uses more than one mode of travel for each journey to school, the longest element of the journey by distance should be recorded. | | | |
| Walk |  | Car Share (with child/children of a different household) |  |
| Cycle |  | Bus |  |
| Car or Van |  | Local authority transport |  |
| Taxi |  | Other |  |
| Signed by Parent/Carer | | Date | |

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| **DECLARATION**  The information I have given on this form is complete and accurate. I understand that my personal information will be held securely and will be used only for local authority purposes. (See Privacy Notice in Information Pack for more details)  I agree to Shenley Primary School using this information to consider my application for a place and sharing information appropriately with staff in order to support my child’s learning, health and safety.  **For parents starting Nursery only:** I understand that the completion of an application form does not guarantee a place in the Nursery class. I understand that, if offered a place in the Nursery class, I will have to apply separately for a place in Reception. | |
| Signed by Parent/Carer | Date |
| **Please complete this application form and return it to the school office or scan a signed copy and email to** [admin@shenley.herts.sch.uk](mailto:admin@shenley.herts.sch.uk) | |

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| **Any Additional Information or Concerns** | |
| If you have any additional information or concerns about your child which you feel you would like the school to know about or if you did not have enough space in the above boxes to write out all of your child’s needs please use the box below and continue onto a separate sheet if necessary. If you have, any copies of medical or learning reports which you would like the school to have copies of please email them to [admin@shenley.herts.sch.uk](mailto:admin@shenley.herts.sch.uk) or attach photocopies to this form. | |
|  | |
| Signed by Parent/Carer | Date |