



Office Use B/Cert Seen

WOODTHORNE PRIMARY SCHOOL ADMISSIONS FORM

FIRST NAME _____ MIDDLE NAME _____

SURNAME _____

DATE OF BIRTH _____ GENDER _____

PREFERRED FORENAME _____ PREFERRED SURNAME _____

ADDRESS _____

POSTCODE _____

ETHNICITY _____ NATIONALITY _____

COUNTRY OF BIRTH _____

WHAT LANGUAGE IS SPOKEN AT HOME _____

IS ENGLISH FIRST LANGUAGE YES / NO

IF NO, HOW WELL DOES YOUR CHILD SPEAK ENGLISH - FLUENT BASIC NEW TO ENGLISH

IF NURSERY – HOURS AT SETTING - 15 OR 30 (*please circle one*)

IF NURSERY – 30 HOUR CODE

WHICH NI NUMBER WAS USED TO APPLY _____

HAS ATTENDED ANOTHER SCHOOL PREVIOUSLY YES / NO

NAME OF PREVIOUS SCHOOL _____

RELIGION _____

ELIGIBLE FOR FREE SCHOOL MEALS YES / NO

ARE EITHER PARENT IN THE ARMED FORCES YES / NO

ANY SPECIAL EDUCATION NEEDS (*please give details*) _____



PARENT/CARER 1 NAME AND RELATIONSHIP _____

NI NUMBER _____ **DATE OF BIRTH** _____

MOBILE NUMBER _____ **WORK NUMBER** _____

HOME NUMBER _____ **ADDRESS SAME AS PUPIL YES/NO**

EMAIL _____

I GIVE PERMISSION TO THE SCHOOL TO CONTACT ME ON ALL ABOVE NUMBERS / EMAILS

PARENT/CARER 2 NAME AND RELATIONSHIP _____

NI NUMBER _____ **DATE OF BIRTH** _____

MOBILE NUMBER _____ **WORK NUMBER** _____

HOME NUMBER _____ **ADDRESS SAME AS PUPIL YES/NO**

EMAIL _____

I GIVE PERMISSION TO THE SCHOOL TO CONTACT ME ON ALL ABOVE NUMBERS / EMAILS

ADDITIONAL EMERGENCY CONTACT

CONTACT 3 NAME _____

MOBILE NUMBER _____ **WORK NUMBER** _____

HOME NUMBER _____

PLEASE PROVIDE A SECURE PASSWORD FOR US TO USE AS A SAFEGUARDING MEASURE FOR YOUR CHILD:

DOCTOR DETAILS

SURGERY _____ **DOCTOR PHONE NUMBER** _____

DOES YOUR CHILD HAVE ANY ALLERGIES (please give details) _____

DOES YOUR CHILD HAVE ANY DIETARY NEEDS (please give details) _____

DOES YOUR CHILD HAVE ANY OTHER HEALTH ISSUES (please give details) _____



I GIVE PERMISSION FOR THE FOLLOWING *(please tick)*

- MY CHILD'S PHOTO TO BE USED IN A LEARNING JOURNEY WHICH MAY BE SHARED WITH OTHER PARENTS
- MY CHILD'S PHOTO TO BE USED ON THE SCHOOL WEBSITE
- PHOTOS TO BE RETAINED FOR SCHOOL USE FOR THE DURATION OF YOUR CHILD'S EDUCATION AT WOODTHORNE
- TO ALLOW MY CHILD TO GO ON LOCAL SCHOOL VISITS WITHIN 2 MILES OF SCHOOL ON FOOT
- FOR MY CHILD'S PICTURE TO BE USED ON FACEBOOK / OTHER MEDIA
- MY PERSONAL DETAILS TO BE SHARED WITH WOODTHORNE PTA

DECLARATION

I, being the parent/guardian/personal having actual custody of the aforementioned child, hereby apply for his/her admission to Woodthorne Primary School.

I declare that, to the best of my knowledge and belief, the foregoing and other particulars, provided for the purpose of applying and for registering my child are correct.

I permit Woodthorne Primary School to use my data to share with Wolverhampton Council, as and when needed, for Educational Welfare Funding and FSM eligibility checks.

I confirm that I have read and agree to the Home School Agreement provided.

N.B. The information given on this form may be held on computer. If so, it will be subject to the provisions of the General Data Protection Regulations 2018.

SIGNED _____ PRINT NAME _____

RELATIONSHIP TO CHILD _____

DATE _____

GDPR STATEMENT

The GDPR sets out new guidelines for how personal data is processed. Woodthorne Primary School takes your data seriously and we are committed to high standards of information security, privacy and transparency. We place a high priority on protecting and managing data and we are working hard to ensure compliance with GDPR. We will never share your data unless we have a legal obligation to do so, or unless it is necessary to carry out our public task. We will only process the personal data that we need to in order to maintain the high levels of education and safeguard our pupils.