

PARENTAL CONSENT

I UNDERSTAND AND GIVE MY CONSENT TO ALL THE POINTS DETAILED BELOW:

| | |
|--|--|
| I agree to reinforce and support my child in following the school's code of behaviour and the school rules and I/we and my child have read and understood the included school's acceptable computer, Internet and WiFi use policy. A copy of the acceptable computer, Internet and WiFi use policy can be found on the Ferndown Upper School website. | |
| I agree to my son/daughter taking part in school journeys, educational visits and sporting fixtures. I accept that out of school activities may pose additional risks to those that students might be expected to encounter during a normal school day and that risk assessments are carried out for each individual trip. | |
| I understand and agree that arrangements for care, supervision and discipline on school trips will be in accordance with normal school rules and policies. | |
| I agree to my child travelling by any form of public transport and/or in a motor vehicle driven by a suitably qualified and approved person for school trips or visits. | |
| I understand and agree that if my child behaves in a particularly unsafe or unacceptable manner, purchases, possesses or consumes alcohol, tobacco or illegal/banned substances on school trips, they may be banned from taking part in future school trips and I may be contacted to bring them home, if appropriate, and will be asked to pay associated costs. | |
| I understand and accept that neither the school, County Council, or their representatives, can be held liable for any loss of or damage to any personal property, money or valuables either on the school site or whilst on school trips. | |
| I agree to my child receiving emergency medical, dental and surgical treatment if necessary, which might involve the use of <i>anaesthetics and/or blood transfusions</i> *. I understand that the school, or trip leaders if out of school, will do their best to contact me prior to any such treatment. <i>*Please delete if consent for anaesthetics and/or blood transfusions is not given</i> | |
| I agree to my child carrying and administering their own medication. | |
| I agree to advise School immediately of any changes to my child's health, of any medical conditions and/or changes in contact information – temporary or permanent. | |
| I agree to images of my child being used by school and for school promotional material and/or in the local media. | |
| Schools hold and process a variety of information on their pupils which is necessary to support their learning. From time to time, schools are required by law to pass on some of this information to other educational and healthcare organisations. This is in order to run the education and healthcare services. | |

If you have **not** ticked a box above, please give further details of any points you do not consent to here

PRIVACY NOTICES and the DATA PROTECTION ACT 1998

Under the Data Protection Act 1998, the information held about pupils must only be used for specific purposes. Under the Act, the school is required to write to parents/pupils to tell them about the types of data held, why it is held and to whom it may be passed. This is referred to as a 'Privacy Notice' and a copy is sent out to all students when they join the school.

A copy of our Privacy Notice can be obtained from the school or is available on the school website.

WE NEED TO BE ABLE TO CONTACT YOU QUICKLY SHOULD THERE BE AN EMERGENCY SO PLEASE NOTIFY THE SCHOOL IMMEDIATELY IF THERE ARE ANY CHANGES TO THE CONTACT INFORMATION SUPPLIED ON THIS FORM

PARENT/GUARDIAN DECLARATION THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE

| | |
|--|--|
| Signature of Parent/Guardian: | |
| Parent /Guardian Name (please print clearly) | |
| Date: | |



STUDENT ADMISSION FORM

School Office: 01202 871243 (8am–4pm Mon-Thurs, 8am-3.30pm Fri)

Email: school@fernup.dorset.sch.uk / transfer@fernup.dorset.sch.uk

Website: www.fernup.dorset.sch.uk

YR/TUTOR
GROUP

Please find below information we have been given. Please change and complete the rest of this form **AS FULLY AS POSSIBLE** as we rely on the information provided here in case of emergency. Please print all information **CLEARLY** and ensure that you have signed and dated the form at the foot of the last page.

STUDENT DETAILS

| | | | |
|---|---------------------|---------------------------------|-----|
| Legal Surname: | Legal Forename(s): | | |
| Preferred Surname: | Preferred Forename: | | |
| Country of Birth | Date of Birth | NHS No: | |
| Home Telephone: | Gender: | Child of Armed Services Family: | Yes |
| Parents' Mobile No(s): | | | No |
| NB Please ensure you provide a telephone number that will accept incoming "Caller Withheld" calls as the school's Caller ID is not given out and we MUST be able to contact you on in case of an emergency <u>Primary Contact Email:</u> | | | |
| Parental salutation to be used for any school correspondence: (e.g. Mr and Mrs, Miss, Ms, Dr etc): | | | |
| Main Home Address (including postcode): | | | |
| Previous School Address & Telephone Number : | | | |
| Is your son/daughter a 'Young Carer' (i.e. has significant responsibility for the care of another family member – parent, sibling, grandparent etc) | Yes | No | |
| Is your child adopted from care, or been in care and left under a Special Guardianship Order (SGO). <i>This is optional information to provide, however it can provide the school with the ability to claim additional support for your child.</i> | Yes | No | |

MEDICAL DETAILS

| | | | |
|---|---|--|--|
| Doctor's Name: | Doctor's Telephone: | | |
| Medical Practice Address: | Approximate date of last Tetanus injection: | | |
| Does your child have a history of, or have problems with, any of the following - if so please tick & supply further details: | | | |
| Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Travel Sickness <input type="checkbox"/> Vertigo <input type="checkbox"/> Previous Injuries <input type="checkbox"/> | | | |
| Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Muscular <input type="checkbox"/> Neurological <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Please provide full details of any Medical Condition(s) your child has (use additional sheet if necessary): | | | |

PARENTS/GUARDIANS/CARERS

Please ensure that you complete **ALL** fields in this section

The school will contact parents/guardians/carers in the **priority order** you supply here

You may include additional contacts if you wish – please supply on a separate sheet securely attached to this form

ParentMail sends school information direct to your Inbox so you will never miss out on important school information

Priority Contact 1 – WILL BE FIRST CONTACT

| | | | | | | |
|--|--------|----------------|-----------------|---|----------|------------------------|
| Title: | | First Name(s): | | | Surname: | |
| Relationship to student: (please circle) | Mother | Father | Step-mother | Step-father | Guardian | Other (please specify) |
| Home Address: (if different to student's) | | | | Parental Responsibility? (please circle) | Yes | No |
| Occupation: | | | Place of work: | | | |
| Home telephone: | | | Work telephone: | | | |
| Mobile: | | | Email: | | | |
| Please indicate clearly which of these should be used as the MAIN contact number (NB: Must accept incoming "Caller Withheld" calls as the school's Caller ID is not given out and we MUST be able to contact you quickly in an emergency) | | | Home | Work | Mobile | |

Priority Contact 2

| | | | | | | |
|---|--------|----------------|-----------------|---|----------|------------------------|
| Title: | | First Name(s): | | | Surname: | |
| Relationship to student: (please circle) | Mother | Father | Step-mother | Step-father | Guardian | Other (please specify) |
| Home Address: (if different to student's) | | | | Parental Responsibility? (please circle) | Yes | No |
| Occupation: | | | Place of work: | | | |
| Home telephone: | | | Work telephone: | | | |
| Mobile: | | | Email: | | | |
| Please indicate which of these contact numbers should be used as the MAIN contact number | | | Home | Work | Mobile | |

Priority Contact 3

| | | | | | | |
|---|--------|----------------|-----------------|---|----------|------------------------|
| Title: | | First Name(s): | | | Surname: | |
| Relationship to student: (please circle) | Mother | Father | Step-mother | Step-father | Guardian | Other (please specify) |
| Home Address: (if different to student's) | | | | Parental Responsibility? (please circle) | Yes | No |
| Occupation: | | | Place of work: | | | |
| Home telephone: | | | Work telephone: | | | |
| Mobile: | | | Email: | | | |
| Please indicate which of these contact numbers should be used as the MAIN contact number | | | Home | Work | Mobile | |

OTHER CHILDREN IN YOUR FAMILY ATTENDING THIS SCHOOL

Relationship to your child
(e.g. sibling, cousin, step-sibling etc)

| | | |
|---------------------|--|--|
| Name & Tutor Group: | | |
| Name & Tutor Group: | | |
| Name & Tutor Group: | | |
| Name & Tutor Group: | | |
| Name & Tutor Group: | | |

LUNCHTIME ARRANGEMENTS (please tick)

| | Mon – Fri | Mon | Tues | Weds | Thurs | Fri |
|-------------------------------------|-----------|-----|------|------|-------|-----|
| School Meal | | | | | | |
| Free School Meal | | | | | | |
| Sandwiches / packed lunch from home | | | | | | |

TRAVEL TO SCHOOL – usual method of travel to/from school (please tick)

| | | | |
|-----------------------------------|--|----------------------------|--|
| Car / Van | | Bus (dedicated school bus) | |
| Car Share (with other child(ren)) | | Bus (public service) | |
| Taxi | | Bus (type unknown) | |
| Cycle | | Walk | |

ETHNIC/CULTURAL (please tick)

A person's ethnic group describes how they see themselves and is not the same as nationality

| | | | | | |
|-------------------------|--|----------------------------|--|-----------------------------|--|
| White - British | | Any Other Black Background | | Gypsy/Roma | |
| White - Irish | | Any Other Ethnic Group | | Indian | |
| White & Asian | | Any Other Mixed Background | | Nepali | |
| White & Black African | | Bangladeshi | | Other Asian | |
| White & Black Caribbean | | Black African | | Pakistani | |
| White European | | Black Caribbean | | Refused | |
| White | | Chinese | | Traveller or Irish Heritage | |

NATIONALITY (please tick)

| | | | |
|----------|--|-----------------------|--|
| British | | Refused | |
| English | | Not supplied | |
| Irish | | Other – please state: | |
| Scottish | | | |
| Welsh | | | |

Religion (please tick)

| | | | |
|-----------|--|----------------|--|
| Budhist | | Sikh | |
| Christian | | No religion | |
| Hindu | | Refused | |
| Jewish | | Other religion | |
| Muslim | | | |

HOME LANGUAGE / ASYLUM STATUS

| | | |
|-----------------|-----|----|
| Home Language: | | |
| First Language: | | |
| Asylum Seeker: | Yes | No |
| Refugee: | Yes | No |

Traveller Status (please tick)

| | | | |
|----------------------------|--|--|--|
| Gypsy/Roma (Housed) | | | |
| Gypsy Roma (Travelling) | | | |

GIFTED & TALENTED – Please tick if your child has been identified as Gifted & Talented in any area and give details

| | | | | | | | |
|--|--|----------|--|----------|--|-------|--|
| Academic | | Sporting | | Creative | | Other | |
| Please give further details (e.g. subject, activity, creative area etc): | | | | | | | |

| | |
|--|--|
| | |
|--|--|