



Godolphin Junior Academy
Oatlands Drive, Slough, Berkshire, SL1 3HS
Tel: (01753) 521481



Admission Form (Confidential)

All schools are required by law to keep on record details of children admitted. Please complete this form in BLOCK CAPITALS and hand it into the school office before your child can be admitted. Your child's birth certificate should be presented for copying and placing on file at the time of your child's admission to primary education.

PUPIL DETAILS

Legal Surname:

Legal Forename:

Gender: **Male/Female** (delete as applicable)

Date of Birth:

Middle Name(s):

Preferred Surname:

Preferred Forename:

ADDRESS DETAILS

Number/Street: _____

Town/City: _____

Postcode: _____

DETAILS OF PARENTS

Details of Parents: We are required, by law, to keep a register of all parents of pupils at the school. This includes natural and adoptive parents and guardians, all of whom are entitled to vote in elections for school governors, etc., even if they do not have custody of the child. **Please TICK (✓) the custody box** for those parents who have custody.

Mother's Surname:		Father's Surname:	
Title:	Forename:	Title:	Forename:
Address (if not the same as pupil's address):		Address (if not the same as pupil's address):	
Postcode:		Postcode:	
Tel No:	Home:	Tel No:	Home:
	Mobile:		Mobile:
e-mail:		e-mail:	
Work/Company Name (for emergency use):		Work/Company Name (for emergency use):	
Tel No:		Tel No:	
Custody: <input type="checkbox"/>	Parental Responsibility: Yes/No	Custody: <input type="checkbox"/>	Parental Responsibility: Yes/No
With whom does the child live?:			

FOR SCHOOL USE ONLY

Registration Group: _____ **UPN:** _____
NC Year: _____ **Admission Date:** _____
Year Taught in: _____ **Admission No:** _____
Enrolment Status: _____ **Attendance Mode:** _____

Birth Certificate Seen/Copied
 Previous School Records Received

CTF File from Previous School Received
 CTF File Imported into SIMS

Please attach a copy of any court orders relating to your child. Please tick if attached:

LIVED ABROAD

Country of Child's birth: _____ Date of Arrival to the UK _____

Are you seeking asylum in this country? Yes No

Are you a refugee? Yes No

Is the child resident with Foster Parents?: Yes No

If 'yes', which Authority is financially responsible for maintenance? _____

Is the child a Looked After Child?: Yes No

If 'yes', which Authority is financially responsible for maintenance? _____

EMERGENCY CONTACTS

From time to time it may be necessary to contact someone during the school day, e.g. in case of a child's sickness. Please list below the contact details of whom to call on such occasions. Details should be listed in the order of contact preference and address details included, if contact address is different from the child's address or parents/guardians.

o	Name & relationship to the child	Parental responsibility	Daytime address and telephone number (if same as home address please write home)
1		Yes/No (delete as applicable)	Address with post code: Phone:
2		Yes/No (delete as applicable)	Address with post code: Phone
3		Yes/No (delete as applicable)	Address with post code: Phone

MEDICAL INFORMATION

All fields to be completed

Doctor's Name:			
Surgery Name & Address:		Tel No:	

DIETARY NEEDS

<input type="checkbox"/> Artificial colour allergy	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Kosher food only	<input type="checkbox"/> Lactose Intolerant
<input type="checkbox"/> No nuts of any type/quantity	<input type="checkbox"/> No Pork	<input type="checkbox"/> Coeliac disease	<input type="checkbox"/> Seafood allergy
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Halal	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> None

MEDICAL INFORMATION – Does your child suffer from any of the following:

<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Problems with vision
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Problems with hearing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Allergies	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Eczema	<input type="checkbox"/> None
<input type="checkbox"/> Takes regular medication	<input type="checkbox"/> Asthma	<input type="checkbox"/> A.D.H.D.	

ETHNIC/CULTURAL INFORMATION

The Department for Children, Schools and Families (DCFS) has asked for the collection of information on ethnicity, first language and religion of all pupils.

ETHNICITY

White

- English/British
 Traveller of Irish Heritage
 Gypsy/Roma
 Any other white background

(please specify)

- White Eastern European
 White European
 (please specify)

Mixed

- White & Black Caribbean
 White & Black African
 White & Asian
 Any other mixed background

(please specify)

Asian or Asian British

- Indian
 Bangladeshi
 Any other Asian background

(please specify)

- Kashmiri Pakistani
 Mirpuri Pakistani
 Other Pakistani
 Sri Lankan Tamil

Black or Black British

- Caribbean Black European
 African - Somali
 Other Black African

(please specify)

COUNTRY OF BIRTH:

NATIONALITY:

RELIGION

- Buddhist
 Christian
 Church of England
 Hindu

- Jehovah's Witness
 Jewish
 Mormon
 Muslim

- Quaker
 Roman Catholic
 Sikh
 No Religion

Other (Please Specify)

FIRST LANGUAGE – The language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community (regardless of child's proficiency in English) **TICK ONE BOX ONLY**
 If language is not listed below, please write it down next to 'Other'

- Albanian/Shqip
 Arabic
 Bengali
 Chinese
 Czech
 English

- French
 German
 Gujarati
 Hindi
 Malay
 Marathi

- Panjabi (Mirpuri)
 Pashto/Pakhto
 Persian/Farsi
 Polish
 Portuguese
 Romany/English Romanes

- Russian
 Shona
 Somali
 Swahili/Kiswahili
 Tamil
 Urdu

Other (Please Specify)

ADDITIONAL INFORMATION

MEALS

- Entitled to Free Meals Packed Lunch Paid School Meals

TRAVEL TO SCHOOL – Please tick your child's usual mode of travel. If the journey to school involves more than one mode of travel tick the mode used for the greatest part, by distance, of the journey.

- Walk Cycle Car/Van Car Share (with a child/children from a different household)
 Public Bus Service Taxi Train Other

FOR SCHOOL USE ONLY

LA provided transport

Route: _____

SPECIAL EDUCATIONAL NEED

Does your child have an SEN Requirement?

Yes No

Need Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> Behavioural and Social | <input type="checkbox"/> Deaf | <input type="checkbox"/> Epileptic |
| <input type="checkbox"/> Language Difficulties | <input type="checkbox"/> Speech | <input type="checkbox"/> Partially Hearing |
| <input type="checkbox"/> Specific Learning Diff. | <input type="checkbox"/> Moderate Learning Diff. | <input type="checkbox"/> Severe Learning Diff. |
| <input type="checkbox"/> Profound & Multiple Learning Diff. | <input type="checkbox"/> Autistic Spectrum Disorder | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Behaviour, Emotional and Social Diff. | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Multi-Sensory Impairment |
| <input type="checkbox"/> Speech, Language and Communication | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Other: _____ |

HOME-SCHOOL AGREEMENT

At Godolphin Junior Academy, we continue to build a strong partnership between staff, parents and carers as we know this is crucial to helping children succeed in their learning. We are determined to create an inclusive culture of learning where all children will be challenged in their thinking, will believe that they can and will demonstrate 'Godolphin grows success'.

CHILD'S AGREEMENT

I will do my best to:

- Never give up and always try my best.
- Come to school regularly and on time.
- Take responsibility for myself and my actions.
- Complete my homework regularly and return it on time.
- Bring the equipment I need every day, including my reading book and reading record.
- Take responsibility for myself and my actions.
- Wear the correct school uniform and PE kit and look smart.
- Respect each other's culture and religion.
- Make healthy choices about the food I eat and exercise.
- If I am unhappy or need help, I will speak to an adult at school or my parents at home.
- Help look after the school and keep it free from litter and vandalism.
- Follow the school rules:

Care for everyone and everything.

Follow instructions with thought and care.

Show respect and good manners at all times.

SCHOOL AGREEMENT

The academy will do its best to:

- Provide a safe, secure and caring learning environment.
- Ensure that your child is well taught, enabling them to achieve their best.
- Provide a balanced, ambitious curriculum and meet the individual needs of every child.
- Set regular homework and mark it if appropriate.
- Be welcoming and offer opportunities for parents/carers to be involved in the daily life of school.
- Treat children fairly, care for them well and ensure their happiness.
- Help your child to develop a sense of responsibility, be considerate of others and support them to make the right choices.
- Keep you fully informed about your child's progress.
- Promote high standards of behaviour to ensure a safe and caring environment.
- Encourage good attendance and punctuality and recognise this with praise and rewards.
- Emphasise the importance of living a healthy life style and encourage children to make healthy choices.
- Contact you as soon as possible if we have worries about your child's work or behaviour.

PARENT AGREEMENT

I/We will do my/our best to:

- Ensure that my child attends school regularly and arrives on time.
- Encourage my child to always try their best.
- Support all school policies including uniform, e-safety and behaviour.
- Support the school to ensure my child maintains good behaviour.
- Ensure that my child wears the correct school uniform and correct PE kit.
- Attend parent consultation evenings to discuss my child's progress.
- Encourage my child to make healthy choices relating to food and exercise.
- Encourage my child to complete their homework tasks and listen to my child read.
- Contact the Academy as soon as possible by phone or email if my child is absent.
- Take an interest in the daily life of the school and become involved when possible.
- Treat all members of the school community with respect and politeness.
- Work in partnership with the school.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I agree to the above.

Signed: _____ Date: _____

PARENT PERMISSIONS

During the time my child is attending Godolphin Junior Academy; I give permission for my child to:

Have supervised access to the Internet? Pupils will only be able to access appropriate sites and material	YES	NO
Have my child's image published in printed promotional material e.g. the academy prospectus?	YES	NO
Have my child's image published in photographs and videos for the academy website and social media pages?	YES	NO
Have my child's image used for internal purposes such as classroom displays and projects?	YES	NO
Copyright Permission – To use the pupils work on school premises and website	YES	NO
School Visit – Permission to take the pupil off premises for local school trips/visits.	YES	NO

Signed: _____ (Parent/Guardian) Date: _____

RULES FOR RESPONSIBLE INTERNET USE

The school has installed computers and internet access to help learning. These rules will keep everyone safe and help us to be fair to others

- I will use only my own login and password, which will be kept secret
- I will not access other people's files
- I will use the computers only for school work and homework
- I will ask permission from a member of staff before using the internet
- I will only email people I know or those my teacher has approved
- The messages I send will be polite and sensible
- I will not give my home address or phone number or arrange to meet someone unless my parent, guardian or teacher has given permission
- To help protect other pupils and myself, I will tell a teacher if I see anything I am unhappy with or receive a message I do not like
- I understand that the school can check my computer files and the internet sites I visit.

We use the school computers and Internet connection for learning. These rules will help us to be fair to others and keep everyone safe.

- I will use only my own login and password, which will be kept secret.
- I will only use the computers or access the internet with permission from an adult.
- I will ask permission before entering any website, unless my teacher has already approved that site.
- I will not look at or delete other people's files.
- I will not give out my home address or phone number, email address or arrange to meet someone.
- If I see anything I am unhappy with or I receive messages I do not like, I will tell a teacher immediately.
- I understand the school may check my computer files and will monitor the Internet sites I visit.
- I will respect the computer equipment.
- I will be responsible for my behaviour when using the internet, including games and apps. This includes the resources I access and the language I use.
- I will not deliberately browse, download or upload material that could be considered offensive or illegal. If I accidentally come across any such material I will report it immediately to the teacher.
- I will not send anyone material that could be considered threatening, bullying, offensive or illegal.
- I understand that if I deliberately break these rules, I could be stopped from using the Internet or computers.

Pupils Agreement

I agree to follow the rules for responsible internet use.

Signed: _____ (Pupil) Date: _____

SCHOOL HISTORY
ALL FIELDS TO BE COMPLETED

PREVIOUS EDUCATION DETAILS	Contact Details	Date of Arrival (dd/mm/yy)	Date of Leaving (dd/mm/yy)	Reason for Leaving
School Name	Address: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion
School Name	Address: Telephone:			<input type="checkbox"/> Normal completion <input type="checkbox"/> Family Move <input type="checkbox"/> Voluntary Transfer <input type="checkbox"/> Exclusion

What is the child's position within Family (1st Child, 2nd Child, etc)?:

Has your child had an extended holiday/time, in or outside the UK, in the last 3 years? If yes, when?:
How long?: _____

Does your child wear glasses? (Delete as applicable): _____ Yes/No
If yes, when do they need them?: _____

It would be helpful to have available the names and dates of birth of any older or younger siblings who are currently attending or have attended this school, or are likely to join this school at a later date:

NAME	DATE OF BIRTH	CURRENT SCHOOL

Is there any further detail that your wish to ask/tell us about?

Is your first language English? Yes/No (Please delete as appropriate)
If No, do you have anyone that can interpret for you?

PARENTAL DECLARATION

DATA PROTECTION STATEMENT:
The purpose of this form is to collect data for further processing within the school/Local Authority systems. Your signature on this form implies your consent for the school/Local Authority to process the data. The data will be processed in accordance with the purposes notified by the school/Local Authority to the Data Protection Commissioner's office and are subject to the Data Protection Act. The information given will be entered onto a computer and will form part of the school's database.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:
I declare the above information to be correct to the best of my knowledge at the time of completion.
I agree to notify the school of any change to my child's circumstances.

Signed: _____ Date: _____

