**PUPIL ADMISSION FORM**

 St. Michael’s Junior School 

 **By God’s Love, we all flourish together**

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| **Student Details** |
| Surname:  |
| First Name:  |
| Date of birth:  | Gender:  |
| Child’s home address: |
| Postcode:  |
| Current school:  |
| Other schools attended:  |
| Ethnicity:  |
| First Language: |   | Home Language: |  |
| Does the child have a parent currently serving in the UK Military? |  |
| Is your child entitled to Free School Meals? |  |
| Siblings – If your child has any siblings who attend this school, please provide their names. |
|  |
| **Social Care** |
| Please detail any **court orders** applying to the child (e.g.Ward of Court, Legal rights of access) |  |
| If your child has an allocated Social Worker or is known to Social Care, please give name and contact details: |

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| **Medical Details** |
| GP Surgery |  |
| Medical condition |  |
| Diagnosis date |  |
| Is regular medication required?  |  |
| If yes; Please give details |  |
| Please tell us if your child has any food allergies: |
| Please tell us if your child cannot eat certain foods for religious reasons: |
| **Important information regarding Medicines:** All inhalers are kept in the medical room and the parent should complete an “**Administration of Medication**” form. If a child needs medication during the school day and is able to self-administer it, the parents should sign an “**Administration of Medication**” form, bring the medication to the office and the child should take the dosage in the **School Medical Room** as needed. If a child is not able to self-administer medication the school will administer on the parent’s behalf as long as an “**Administration of Medication**” form has been completed with clear instruction on how to administer. |
|  **I Agree with above statement.**  **(Please Sign)** |  |
|  **Non-Prescription medication** For the duration that your child is at St Michael’s we would like to seek your consent in case your child requires Calpol sachets (paracetamol) if they are feeling unwell. We are trying to put in place reasonable procedures to ensure we are covered for any eventuality.  The procedure is clear: • The school will only keep Calpol sachets (each sachet is 5ml)• The school will contact you beforehand to verify if other doses have been given previously and at what time• We will accept an email, text or phone conversation to verify your consent• Your child will self-administer the medicine• School will record this in the medical book• If possible, two First aiders will oversee this If at any time you feel that you no longer want this in place for your child, you MUST inform the office in writing, as this consent will be valid until it is withdrawn. Information which you would like us to know so that we can support your child: |
|  **I give my permission for: (Please tick)** My son/daughter to be given first aid during any on-site or off-site activity:  |
|  My son/daughter to be given liquid paracetamol if required:  |
|  My son/daughter’s information to be shared with the NHS and other relevant health professionals:  |

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| **Emergency Contact Details** |
| Priority | Title | Name | Relationship to Child | Parental ****Responsibility? |
| **1** |  |  |  |  |
| **Address:** |
| Home Phone | Mobile | Work Phone |
|   |  |  |
| Priority | Title | Name | Relationship to Child | Parental ****Responsibility? |
| **2** |  |  |  |  |
| **Address:** |
| Home Phone | Mobile | Work Phone |
|  |  |  |
| Priority | Title | Name | Relationship to Child | Parental ****Responsibility? |
| **3** |  |  |  |  |
| **Address:** |
| Home Phone | Mobile | Work Phone |
|  |  |  |
| Priority | Title | Name | Relationship to Child | Parental ****Responsibility? |
| **4** |  |  |  |  |
| **Address:** |
| Home Phone | Mobile | Work Phone |
|  |
| **Agreement** |
| Please **** |
| I confirm that the information provided in this form is correct |  |
| I confirm that I have read and understood and will observe the contents of the **Pupil Handbook** |  |
| I confirm that myself and my child will observe the contents of the **Home School Agreement** |  |
|  |
| Parent/ Carer signature |   | Date |  |
| Parent/Carer Date of Birth dd/mm/yy |  |  |  |
| **Privacy Statement**St. Michael’s Junior School fully complies with information legislation. For the full details on how we use your personal information please see our privacy notice at [www.st-michaels-jun.essex.sch.uk/privacy-policy/](http://www.st-michaels-jun.essex.sch.uk/privacy-policy/%20) or call 01245 472682 if you are unable to access the internet. |
|  |
| **Are you entitled to Free School Meals? Let us apply and do the hard work for you!** |
| If you are in receipt of any of the following you can apply for free school meals:* Income Support
* income-based Jobseeker’s Allowance
* income-related Employment and Support Allowance
* support under Part VI of the Immigration and Asylum Act 1999
* the guaranteed element of Pension Credit
* Child Tax Credit (provided you are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
* Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
* Universal Credit - if you apply on or after 1 April 2018 your household income must be less than

£7,400 a year (after tax and not including any benefits you get)Applying for Free School Meals has an additional benefit that the School receives extra funding for each eligible pupil as the Pupil Premium grant. We would ask, therefore that, even if your child does not wish to have school dinners, you still apply if you think that you would be eligible. |
| **To apply, please provide us with the following information:** |
| Parent’s full name:  | Date of birth:  |
| Parent’s National Insurance number:  |
| Type of benefit you are in receipt of:  |
| I consent to the school applying on my behalf | Signed:  |
| ***If your application is successful, you will be contacted directly by Essex County Council*** |

**CONSENT FORM**

St. Michael’s Junior School

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**PRIVACY STATEMENT**

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Please tick the boxes against the activities below if you are happy for your child to be included in those activities.

|  |  |  |
| --- | --- | --- |
| Child’s Name:  | Class: |   |
|  | Have photographs taken and for these photographs to be used in displays on school premises. |
|  | Have photographs taken and for those photographs to be used in local and national press and on the school website/social media accounts |
|  | Have photographs taken by other parents at special events organised by school. |
|  | Have face-paints applied for assemblies, celebrations, school productions, etc. |
|  | Take part in food tasting in class in lessons and celebrations. |
|  | Take part in food technology lessons which will involve handling ingredients and eating the finished product. |
|  | Take part in activities where animals may be involved. |
|  | Be transported to and from sporting events in another parent’s car |
|  | To show PG rated films/documentaries. We always show material that is suitable for your child’s age range and approach this matter with great care and attention to the possible sensitivities of individual children. |

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| I Consent to my child participating in the above-ticked activities. I understand that if at any point I wish to change my consent for any of these activities, I must inform the School Office in writing. |
| Parent/carer signature |  | Date: |   |

Home School Agreement

# Pupils

*To help me do well at school, I will do my best to:*

* + work hard and listen carefully to instructions
	+ talk at home about what I learn at school
	+ ask the teacher or someone at home if I find my work hard
	+ read my books to someone at home
	+ do all my homework and catch up with any work that I might miss
	+ not miss school and be on time
	+ wear the school colours
	+ keep the school rules, behave well and be polite and helpful to other pupils and grown ups
	+ If I am unhappy I will see Mrs Cullen

# Parents/Carers

*To help my child at school, I will do my best to:*

* + Make sure my child attends school regularly and is on time for school
	+ encourage my child to work hard, do all the homework tasks and listen to my child read
	+ see that my child wears the school colours
	+ collect my child on time after school
	+ contact the school as soon as possible, by phone or in writing, if my child is absent
	+ work with the school to try and make sure that my child behaves well and get in touch if there are any problems at home that may affect my child’s work or behaviour
	+ attend open evening for parents
	+ reply to any school correspondence

# The School

*The school will do its best to:*

* + provide a safe and welcoming environment
	+ make sure your child works hard and is encouraged to do their best
	+ contact you as soon as possible, if we are concerned about your child’s work or behaviour
	+ get back to you as soon as possible if you write to us or phone us
	+ welcome parents/carers into the life of the school and keep you informed about general school matters
	+ let you know regularly how your child is progressing
	+ set your child regular homework tasks including reading, maths tasks and project work
	+ offer a broad and balanced curriculum which meets the needs of your child
	+ provide a range of extracurricular activities designed to enrich the children’s school experience

# Everyone at St. Michael’s has:

 the right to feel and be SAFE  the right to LEARN

Acceptable IT use agreement

