All Saints CEVA Primary School and Nursery

Castle Street, Wellingborough, Northants, NN8 1LS

Telephone: 01933 225888

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On Admission – Data Collection Form

SECTION 1- CHILD'S DETAILS					
Legal Forename:	SEGIIO	Legal Surname:			
Legal i Olellaille.		Legal Sumame.			
Gender:	MALE / FEMALE	Date of Birth:			
Home Address: (Main residence)					
Post Code:		Nationality:			
	F	Ethnic Information			
Plea	se refer to the table on t	he back page for how to	complete this section.		
Religion:		Ethnicity:			
Country of Birth: i.e. UK, Poland, India:					
First Language:	What was the first language your child was exposed to and used with your child?				
Home Language:	What is the language mostly spoken with your child at home?				
EAL: (English Additional Language)	Would you say that English is a second language for your child?		YES / NO		
Please provide details	of the previous school.	pre-school, playgroup o	r nursery attended:		
Name:		p. 0 0000., p. u.) g. 0 u.p 0			
Address:					
Telephone Number					
Doctors Name & Surgery:		Telephone Number:			
Medical Conditions: Please detail any medical condi	tions. Including allergies such as	reactions to stings, certain foods,	medicines etc)		
Position of child in family: 1 2 3 4 5 Has a Statement of Special Education Need or an EHC P been issued? YES/NO					
Other Children in the fa	amilv:	1 1111111 1 = 2/110			
Name:	DOB:	School:			
Name:	DOB:	School:			
Name:	DOB:	School:			

SECTION 2- PARENT AND OTHER CONTACT INFORMATION

Please provide details for ALL parents and/or guardians with PARENTAL RESPONSIBILITY and record them in the order you wish to be contacted in an emergency. Email addresses and mobile telephone numbers are used to send correspondence from school. Priority 1 contacts will receive the communications from school.

THIS INFORMATION IS VERY IMPORTANT TO US – IF YOUR CHILD BECOMES ILL OR HAS AN ACCIDENT WE MUST BE ABLE TO CONTACT YOU, OR SOMEONE YOU HAVE AUTHORISED TO ACT FOR YOU, TO COLLECT YOUR CHILD.

Please try to list three contacts so that we are able to make contact if you are unavailable.

	Priority Con	tact 1 (Must be a parent/guard	lian)
Title:		Forename:	
Surname:		Relationship to child: eg, Mother/Father/Guardian	
Home Address:			
Email Address:			
Mobile Telephone:			
Does this contact have parental responsibility?	YES / NO	If parents are separated or divorced has a court order been issued?	YES / NO / N.A
		D: '. C	
T'11		Priority Contact 2	
Title:		Forename:	
Surname:		Relationship to child: eg, Mother/Father/Guardian	
Home Address:			
Email Address:			
Mobile Telephone:			
Does this contact have parental responsibility?	YES / NO	If parents are separated or divorced has a court order been issued?	YES / NO / N.A
	Other Emerg	gency Contact (Priority Conta	ct 3)
Title:		Forename:	
Surname:		Relationship to child: eg, Grandparent/ Auntie/Family Friend/ Childminder	
Home Address:			
Email Address:			
Mobile Telephone:			

SECTION 3- PERMISSIONS

"We regularly take photographs of the children attending our school as part of our public duty. We may use these images in our school prospectus and in other printed publications that we produce. Photographs of children are used for their learning experience and to show educational activities and achievements. Photographs will be displayed in the school, in newsletters, on the school website and on social media. We may also make video or webcam recordings for educational use.

Occasionally the media will take photographs or film footage of a school profile event. Pupils will often appear in these images.

As a school we are aware that it is essential that photographs are taken and stored appropriately to safeguard the children in our care. We take our duty of care towards our school community very seriously. It is of our utmost importance. If you have any Safeguarding concerns regarding personal images and information being displayed, please do contact the school so that we can respond appropriately."

As of September 2024

For more information regarding our Data Protection Procedures, please visit our website.

General Permissions		

Food Tasting

Please note that my child has the following allergies:

I give permission for my child to take part in food tasting activities Yes / No

General Permission to take children out of school

From time to time we like to take the children out of school for short parts of the school day to support the work they are doing in class. This may involve a visit to a local church, park or a walk around the local area. This permission does not cover school trips organised and you will receive a separate letter with information about this.

I give permission for my child to go out on short walks in the local area. Yes / No

Helping your child to change clothes

We understand young children may have toilet accidents whilst at school. We are happy to change your child, however we need your consent to do so. Please keep spare clothes at school.

I give permission for a member of staff to help my child change. Yes / No / Not Applicable

I confirm that, to the best of my knowledge, all of the information on this form is correct.

If, during the time my child is at the school, any information changes I confirm that I will contact the school office.

I agree to complete a Data Form each Academic Year to ensure that the school has the most up to date information for my child.

Signature:	Date:
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The following table outlines the categories used by the Department of Education for the School Census returns. Please indicate your selection in the appropriate section on the attached form.

Religion

Buddhist	Christian	Hindu	Jewish	Muslim
No Religion	Other Religion	Refused	Sikh	

Ethnicity

Any other Asian Background	Any other Black Background	Any other Mixed Background	Any other White Background	Bangladeshi
Black- Somali	Black-Caribbean	Chinese	Gypsy	Gypsy/Roma
Indian	Other Black Afriacn	Other Ethnic Group	Other Gypsy/Roma	Pakisatani
Refused	Roma	Traveller of Irish Heritage	Vietnamese	White-British
White-Irish	White-Northern Irish	White and Asian	White and Black African	White and Black Caribbean

First Language

Afrikaans	Akan/Twi-Fante	Albanian/Shqip	Arabic	Belarusian
Bengali/Bangla/Sylheti	British Sign Language	Bulgarian	Burmese/Myanma	Chinese (Any Other)
Chinese (Cantonese)	Chinese (Hakka)	Chinese (Hokkien/Fujianese)	Chinese (Mandarin/Putonghua)	Creole English
Creole French	Czech	Danish	Dutch/Flemish	Edo/Bini
English	Esan/Ishan	Estonian	Fijian	Finnish
French	Gaelic (Scotland)	German	Greek	Gujarati
Hebrew	Hindi	Hungarian	Icelandic	Igbo
Irish	Irish Sign Language	Italian	Japanese	Kannada
Kashmiri	Kikuyu/Gikuyu	Korean	Kurdish	Latvian
Lingala	Lithuanian	Luganda/Ganda	Macedonian	Malay/Indonesian
Malayalam	Maltese	Marathi	Matebele	Ndebele
Nepali	Norwegian	Oriya	Other Language	Pahari/Himachali (India)
Panjabi	Pashto/Pakhto	Persian/Farsi	Polish	Portuguese
Rajasthani/Marwari	Romanian	Romany	Russian	Serbian/Croatian/Bosni an
Shona	Sindhi	Sinhala/Sinhalese	Slovak	Slovenian
Somali	Sotho/Sesotho	Spanish	Swahili/Kiswahili	Swedish
Tagalog/Filipino	Tamil	Telugu	Tetum	Thai
Tibetan	Tsonga	Tswana/Setswana	Turkish	Ukrainian
Ulster Scots	Urdu	Venda	Vietnamese	Welsh/Cymraeg
Xhosa	Yiddish	Yoruba	Zulu	