



May Park Primary School

"Nurturing Curiosity; Cultivating Creativity"

Coombe Road, Eastville, Bristol BS5 6LE
0117 9030075

enquiries@maypark.excalibur.org.uk

www.maypark.bristol.sch.uk



FORM B

NEW PRIMARY STUDENT ADMISSION FORM: MAY PARK PRIMARY SCHOOL

FORENAME		SURNAME	
YEAR		CLASS	

Welcome, we are delighted that you have accepted a place for your child at May Park Primary School which is part of Excalibur Academies Trust.

We need to keep accurate and up to date records so we can keep your child safe. Please complete all relevant fields on the application form, including postcode. The information provided are held on your child's student records will be used by the academy for educational purposes. Further information can be found in the May Park Privacy Notice which is available on our website.

Each medical condition is to be listed separately, with an additional space for you to add further information in the DETAILS/MEDICATION box where necessary, i.e.: "Carries Ventolin Inhaler". I would like to mention here that if your child has a health problem, particularly in the case of asthma, it is essential that you provide us with as much information as possible and indicate how severe or frequent the attacks are likely to be. Please indicate on the form if your child currently has a Care Plan.

In the event of an emergency, we will make every effort to contact you either at home or at work. Only if these attempts failed would we get in touch with an emergency contact that is not directly responsible for your child.

Please note that all generic correspondence (generic letters, notices, newsletters etc) will be sent home electronically. It is therefore essential that you include a primary email address and mobile phone number were indicated on the form. If you do not wish to receive correspondence in this way, please notify the Principal/Headteacher in writing.

It is Excalibur Academies Trust policy to direct all communications (reports, letters etc) to the person with whom the child normally lives. Please be aware that an absent parent/carer has the right to see this information if they ask. If the child is the subject of a Court Order of any kind, please notify us immediately. (Note: We will ask to see such Orders as are in force.)

I should be grateful if you could sign and date the Declaration at the end of this document, consents will be requested electronically.

Yours faithfully


Mrs Emma Tovey
Principal May Park Primary School





PLEASE NOTE THAT THE INFORMATION GIVEN ON THIS FORM WILL BE USED BY THE ACADEMY FOR EDUCATIONAL PURPOSES. PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.

PROPOSED DATE OF ADMISSION: - / /

BASIC DETAILS OF STUDENT:			
Please note the LEGAL SURNAME will be used on all examination certificates			
LEGAL FORENAME			
MIDDLE NAMES			
LEGAL SURNAME			
PREFERRED SURNAME			
PREFERRED FORENAME			
DATE OF BIRTH			
GENDER (PLEASE CIRCLE)	MALE	FEMALE	OTHER



ADDRESS OF STUDENT & PARENT WITH WHOM THE STUDENT LIVES	
HOUSE NAME	
HOUSE NUMBER	
STREET	
DISTRICT	
TOWN/CITY	
COUNTY	
POST CODE	
HOME TELEPHONE NUMBER	

SIBLINGS			
Please list below any siblings attending/ ever attended May Park Primary School			
NAME		YEAR & CLASS	
NAME		YEAR & CLASS	
NAME		YEAR & CLASS	
NAME		YEAR & CLASS	

CONTACT 1 - Please enter the contact details for Parent 1/ Responsible Adult with whom the student lives. Indicate whether the email address is a home or work address.			
TITLE & NAME		RELATIONSHIP	
MOBILE TELEPHONE NUMBER			
WORK TELEPHONE NUMBER			
EMAIL – PRIMARY (ESSENTIAL)		Home / Work	
EMPLOYER			





CONTACT 2 - Please enter the contact details for Parent 1/ Responsible Adult with whom the student lives. Indicate whether the email address is a home or work address.

TITLE & NAME		RELATIONSHIP	
MOBILE TELEPHONE NUMBER			
WORK TELEPHONE NUMBER			
EMAIL – PRIMARY (ESSENTIAL)			Home / Work
EMPLOYER			



EMERGENCY CONTACT

CONTACT 3 - In the event of a real emergency we would make every effort to contact the child's parents on the numbers provided. Only if these attempts fail would we get in touch with the emergency contact who **must be local enough** to be able to help in such an eventuality. Please therefore do **not** repeat the information already supplied when completing this section.

TITLE & NAME		RELATIONSHIP	
HOME TELEPHONE NUMBER			
MOBILE TELEPHONE NUMBER			
WORK TELEPHONE NUMBER			

LEGAL GUARDIAN/ABSENT PARENT

Does any other person have parental responsibility for, but does not live with the student? If this is the case, please enter the name and address of that person/persons here (note you are not legally obliged to give this information, but the school is required to ask).

TITLE & NAME		RELATIONSHIP	
HOUSE NUMBER /NAME			
STREET			
DISTRICT			
TOWN/CITY			
COUNTY & POST CODE			
HOME TELEPHONE NUMBER			
MOBILE TELEPHONE NUMBER			

ETHNICITY

The information below is a statutory requirement for the DfE please '✓' in appropriate box. (Only 1 tick required)

ANY OTHER BLACK BACKGROUND	JAPANESE	TURKISH/TURKISH CYPRIOT
ANY OTHER MIXED BACKGROUND	MOROCCAN	WHITE BRITISH
BANGLADESHI	NEPALI	WHITE IRISH
BLACK AFRICAN	OTHER ASIAN	WHITE AND ASIAN
BLACK CARIBBEAN	OTHER ETHNIC GROUP	WHITE AND BLACK AFRICAN
CHINESE	OTHER GYPSY/ROMA	WHITE AND BLACK CARIBBEAN
FILIPINO	PAKISTANI	WHITE EASTERN EUROPEAN
GYPSY	REFUSED	WHITE OTHER
GYPSY ROMA	THAI	WHITE WESTERN EUROPEAN
INDIAN	TRAVELLER OF IRISH HERITAGE	OTHER - please specify



FIRST LANGUAGE – "first language" is the language to which a pupil was first exposed in their early childhood.				
The information below is a statutory requirement for the DfE please '√' in appropriate box. (Only 1 tick required).				
ARABIC	ENGLISH	IGBO	PANJABI	SPANISH
BENGALI (ANY OTHER)	FINNISH	ITALIAN	PASHTO/PAKHTO	SWAHILI/ KISWAHILI
BENGALI (SYLHETI)	FRENCH	JAPANESE	PERSIAN/FARSI	SWEDISH
BRITISH SIGN LANGUAGE	GAELIC (SCOTLAND)	KOREAN	POLISH	TAGALOG/ FILIPINO
CARIBBEAN CREOLE ENGLISH	GAELIC/IRISH	KURDISH	PORTUGUESE	TAMIL
CARIBBEAN CREOLE FRENCH	GERMAN	LINGALA	ROMANY/ENGLISH ROMANES	TURKISH
CHINESE	GREEK	LUGANDA	RUSSIAN	URDU
CORNISH	GUJARATI	MANX GAELIC	SERBIAN/CROATIAN /BOSNIAN	VIETNAMESE
DANISH	HEBREW	NORWEGIAN	SINHALA	WELSH/ CYMRAEG
DUTCH/FLEMISH	HINDI	*OTHER	SOMALI	YORUBA
*OTHER – please specify				
HOME LANGUAGE – "first language" is the language to which a pupil was first exposed in their early childhood.				
The information below is a statutory requirement for the DfE please '√' in appropriate box. (Only 1 tick required).				
ARABIC	ENGLISH	IGBO	PANJABI	SPANISH
BENGALI (ANY OTHER)	FINNISH	ITALIAN	PASHTO/PAKHTO	SWAHILI/ KISWAHILI
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DANISH	HEBREW	NORWEGIAN	SINHALA	WELSH/ CYMRAEG
DUTCH/FLEMISH	HINDI	*OTHER	SOMALI	YORUBA
*OTHER – please specify				


RELIGION		
AGNOSTIC	HINDU	OTHER RELIGION
ANGLICAN	JEHOVAH'S WITNESS	ROMAN CATHOLIC
BAPTIST	JEWISH	SIKH
BUDDHIST	METHODIST	UNITED REFORM CHURCH
CHRISTIAN	MUSLIM	REFUSED
CHURCH OF ENGLAND	NO RELIGION	OTHER – please specify

NATIONAL IDENTITY		
BRITISH	IRISH	SCOTTISH
ENGLISH	WELSH	OTHER

ENGLISH AS AN ADDITIONAL LANGUAGE	
Please circle as appropriate	YES / NO

ADDITIONAL INFORMATION Please circle only one as appropriate	
MEAL TYPE	HOME LUNCH / SCHOOL MEALS / PACKED LUNCH
MODE OF TRAVEL	BUS (type unknown) / CAR SHARE / CAR or VAN / CYCLE DEDICATED SCHOOL BUS / WALK / PUBLIC BUS SERVICE / TAXI

SERVICE CHILDREN IN EDUCATION – a student is deemed to come from a service family if at least one parent (living with the student) is currently serving in the Armed Forces (i.e. Royal Navy, Army or Royal Air Force)	
Please circle as appropriate	YES / NO / REFUSED

MEDICAL INFORMATION		existing care plan: YES/NO (please circle)
DOCTOR'S SURGERY		
TELEPHONE NUMBER		
Please indicate any medical conditions, including medication, of which you feel we should be aware. Please state dose and time/s administered. In the case of allergies please state the severity and nature of the allergy.		
1 - MEDICAL CONDITION		
1 – DETAILS/MEDICATION (if any)		
2 - MEDICAL CONDITION		
2 – DETAILS/MEDICATION (if any)		

PASTORAL RECORD – Has your son/daughter received any pastoral support at his/her current school and/or been referred to any external agency e.g. CAMHS, Social Worker, Education Welfare Officer.

Please note: this information is to ensure we have all the relevant information to support your son/daughter in their transition from their previous school.

Please give details-

DISABILITIES

We are committed to making sure that May Park Primary School is a happy and successful experience for all of our students. Where a student has a particular difficulty or need, we will do our best to put measures in place to overcome this.

1 - Please indicate whether your child has any health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below? Please tick all that apply.

By long-standing we mean anything that has troubled them over a period of at least 12 months or that is likely to affect them for at least 12 months. Please exclude difficulties that you would expect for a child of that age.

If none apply, please go to **SCHOOL HISTORY** section on page 5.

MOBILITY – MOVING AROUND INDOORS OR OUTDOORS

HAND MOVEMENTS – TOUCHING OR HOLDING

PERSONAL CARE – GOING TO THE TOILET, DRESSING

EATING AND DRINKING WITHOUT HELP

INCONTINENCE – WETTING OR DIRTYING

TAKING MEDICATION (please provide details in **MEDICAL INFORMATION** section above)

COMMUNICATION - SPEAKING WITH OTHERS, OR UNDERSTANDING THEM

LEARNING – NUMBERS, LETTERS, WORDS

HEARING IMPAIRMENT

VISION IMPAIRMENT

BEHAVIOUR – VERY ACTIVE, HAS A SHORT ATTENTION SPAN, BEHAVES UNACCEPTABLY

HAS FITS OR SEIZURES

DIAGNOSED WITH AUTISM OR ASPERGER'S SYNDROME

HAS A LIFE-LIMITING CONDITION OR REQUIRES PALLIATIVE CARE

CAN BE DEPRESSED, OR ANXIOUS, OR HAS AN EATING DISORDER

OTHER (PLEASE DESCRIBE OTHER AREAS OF GREAT DIFFICULTY) please include here whether your child needs special Access Arrangements (including for example extra time, a scribe or reader in exams or internal assessments).

Please circle to indicate whether you can provide proof of Access Arrangements.

YES/NO



SPECIAL EDUCATIONAL NEEDS:

Please Circle if your child is considered to:

Require additional SEN support.

Please Indicate if your child has an EHC Plan:

YES / NO

DISABILITIES - CONTINUED

2 - Does your child take any medication, use any physical aids or require any special diet or supplements?

YES / NO

3 - If your child did not take this medication, use this physical aid or have a special diet or supplements, would he/she then has substantial difficulties with any of the areas of life listed previously?

YES / NO

4 - Has your child seen a professional, such as a paediatrician or a psychologist or a speech and language therapist because of the difficulty?

YES / NO

If YES, please provide further details:

Adopted from care and the pupil premium

We need to record students who were looked after immediately before adoption on or after 30 December 2005*, being placed on a special guardianship order (SGO) or residence order (RO). The primary reason for collecting this data item is because from April 2014 eligible pupils adopted from care or who left care under an SGO or RO will attract pupil premium funding.

Parents should provide supporting evidence, for example, a photocopy of the adoption order. Parents may conceal sensitive information (e.g., the name of the birth parents).

*30 December 2005 was the date when the Adoption and Children Act 2002, which reformed adoption and introduced Special Guardianship Orders, came into force.

please '✓' in appropriate box. (Only 1 tick).

Ceased to be looked after through Adoption on or after 30 December 2005

Ceased to be looked after through a Special Guardianship Order (SGO) on or after 30 December 2005

Ceased to be looked after through a Residence Order (RO)

Ceased to be looked after through a Child Arrangement Order (CAO)



SCHOOL HISTORY (IF RELEVANT)			
PREVIOUS SCHOOL			
DATE OF ADMISSION		DATE OF LEAVING	
REASON FOR LEAVING			
STREET			
TOWN/CITY			
COUNTY & POST CODE			

DECLARATION:

I certify that the information provided in this form is accurate and correct. I undertake to inform May Park Primary School of any changes in personal and medical circumstances of my child (e.g. change of address, emergency telephone contact number, etc) and any change in any aspect of parental responsibility.

Parent Signature: _____

Print Name: _____

Relationship to child: _____

Date: _____

CONSENT FOR LOCAL VISITS

During the school year, your son/daughter may be involved in several local visits and sports fixtures as a part of our curriculum offer. We also use off site provision in the local area for sports activities i.e. the local swimming pool. This provision helps us enhance the PE curriculum at May Park Primary School.

We must obtain parental/guardian permission for your child to participate and without this consent, your child will not be able to participate in any of these local off-site activities. We will always advise you of any trips/visits and you may also be asked to sign a separate consent form giving precise details of any future proposed visit or fixture.

I do consent to the above-named child being allowed to go on local visits i.e. library, park, city farm and attend local sporting fixtures.

CONSENT FOR USE OF PHOTOS AND IMAGES

At May Park Primary School, we sometimes take photographs or film videos of students. We hold photographic records in order to be able to identify a child and on occasion photographs or film videos are taken at sports days, special events, trips, school productions and sometimes for school publications.

May Park Primary School is only responsible for photographs taken by the school or an authorised agent of the school.

Why are we asking for your consent?

We are asking these detailed questions to ensure we are compliant with the data protection act 2018 and the general data protection rules (UK GDPR). We value using photos of children, to be able to showcase what students do in school and show what life at our school is like to others. Our children also enjoy their successes being celebrated.

Please tick the relevant box(es) below.

- I am happy for the school to take images of my child:
- I am happy for images of my child to be used in school and Trust newsletters (please note these are posted to the website)
- I am happy for images of my child to be used in school prospectuses and school marketing materials.
- I am happy for images of my child to be used in internal displays, Workbooks, Class Dojo.
- I am happy for images of my child to be used in the local or national media, both printed and online
- I am happy for images of my child to be used on social media (including Facebook and Twitter)
- I am happy for images of my child to be used on the school, Trust and recruitment websites
- I am happy for images of my child to appear in class/group photos that are visible to other parents
- I am happy for images of my child to be used for external marketing with educational partners e.g. UWE, Bristol University, Bristol Old Vic

If you change your mind at any time, you can let us know by emailing enquiries@maypark.excalibur.org.uk, calling the school on 01179030075 or just popping into the school office.

We will assume your consent is valid until your child reaches Year 6. We will remind you each year of your right to remove or amend your preferences.

Parent or guardian's signature: _____ **Date:** _____

EMERGENCY ACADEMY CLOSURE:

Should an emergency arise during the academy day, the Principal has the responsibility to decide what action to take and one outcome could be closure of the Academy. Guidelines are:

- All pupils/children would be sent home to a responsible adult;
- Arrangements would be made to take home all pupils/children who travel in organised transport with the normal providers.

CONSENT FOR MAY PARK TO APPLY FOR THE PUPIL PREMIUM

From April 2015 all early years' providers who deliver Government funded early education will be able to claim the early years' pupil premium for all primary school children whose parents are in receipt of one or more of the following benefits:

- Income Support
- Income-based Jobseekers Allowance
- Universal Credit
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- the guaranteed element of State Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)

We are committed to ensuring that the personal and sensitive information that we hold about you and your child is protected, kept safe and secure. We will use the information you provided about yourself to assess the entitlement to the early years pupil premium.

How the information in this form will be used?

The information you have provided in this form will be used by the school to confirm receipt of one of the listed welfare benefits. They will do this by checking out of work benefit data provided by HMRC and DWP. Once this is confirmed, the council will decide how much money your child's nursery or school will receive. Whether your child is eligible for pupil premium or not, it will not affect any of the benefits you may be entitled to.

Children who have been adopted from care or are subject to a special guardianship order or a child arrangements order.

Eligibility will be based on your declaration that your child was formally a looked after child and on the evidence of their status e.g. a copy of the relevant order. The local authority will decide whether your child's nursery or school is eligible for extra funds through the early years' pupil premium.

Pupil Premium Declaration

I have submitted the following information as I would like the school to apply for the pupil premium on my behalf:

Parent Name			
Parent Date of Birth		National Insurance No. or Asylum Seekers No.	

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes.

I agree to the local authority using this information to enable my child's school/ Nursery to claim the early years' pupil premium for my child



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Parent or guardian's signature: _____

Date: _____

