



STUDENT APPLICATION FORM

CHILD'S INFORMATION

All information will be treated as confidential to the school – **PLEASE PRINT CLEARLY**

Child's Legal Surname	Legal Forename(s): Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Middle Name:	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Address:	Position in Family 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
	Home Telephone Number:
Postcode:	

We are required by law to record the names and addresses of every person who has parental responsibility for the child under the Children Act	
Parent(s) Legal Guardian(s) with whom the child lives	
Name: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	Name: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>	Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>
Address	Address
Home:	Home:
Mobile:	Mobile:
Work:	Work:
Email:	Email:
Does this individual have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this individual have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>

In case of illness or accident, please provide additional emergency contact numbers	
Contact 1 Name:	Contact 2 Name:
Relationship	Relationship
Preferred Number	Preferred Number
Work/Mobile:	Work/Mobile:

Is the child legally 'in care'? If YES please provide the following information	
Carer's name:	Social Worker's Name:
Address:	Address:
Telephone Number:	Telephone Number:

Please write any further information you may wish to give about your child or family circumstances (including court orders, access and contact).

<i>Do either of the parental guardians have a court order? If Yes, please provide details.</i>	
Signature (parent/carer):	Date: □□ / □□ / □□□□

Medical Information	
Child's Doctor's Name:	
Surgery Address:	
Telephone Number:	
Is your child on any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please specify:	
Is your child undergoing any medical treatment at present? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details:	
Does your child have any allergies that we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details:	

Does your child have a brother or sister in the school? If so please state			
Name:	Class:	Year:	
Child's previous school or playgroup:		Telephone Number:	
Travel to School			
Please advise us of the main way your child will regularly travel to school: Bus <input type="checkbox"/> Walk <input type="checkbox"/> Car <input type="checkbox"/> Train <input type="checkbox"/> (please tick as appropriate)			
Special Needs			
Does your child have any Special Educational Needs? YES/NO. If yes, please state which Special Educational Need/s your child has:			
Ethnicity	Home Language Spoken	First Language Spoken	Religion
Is English an additional language?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
If English is an additional language what level do you consider your child to be at?			
Fluent <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> No English Spoken <input type="checkbox"/> (please tick as appropriate)			

Please sign this form in the spaces indicated using your usual signature. Where Father and Mother both have parental Responsibility, the form must be signed by both parents	
Signature of Mother/Guardian:	Date: □□ / □□ / □□□□
Signature of Father/Guardian:	Date: □□ / □□ / □□□□

FOR SCHOOL USE ONLY		
Birth Certificate Copied <input type="checkbox"/>	Parent ID Copied <input type="checkbox"/>	School Records Requested <input type="checkbox"/> Date:
New Class:	Start Date: □□ / □□ / □□□□	
Initials:	Date: □□ / □□ / □□□□	

PARENTAL APPROVAL

Child's Name:	Class:
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Routine Health Checks
I agree to my child undergoing any routine health checks e.g. dental, carried out at school. Understand that I will be notified immediately if any follow up action is felt to be necessary after such a check.
Signed _____ <div style="text-align: right;">Parent/Guardian</div>

Head Lice
I agree to a member of the school staff checking my child's hair should it be suspected that there may be a possibility of the presence of head lice.
Signed _____ <div style="text-align: right;">Parent/Guardian</div>

Library Books
I am willing for my child to bring a book home from the school library and public libraries and am prepared to make a contribution towards a replacement book should the one brought home become lost or damaged while in my child's care.
Signed _____ <div style="text-align: right;">Parent/Guardian</div>

Parent Helpers
We welcome help from parents in school and would be pleased if you could indicate .below if you are available and would like to come in.
I am able to come and help in school regularly <input type="checkbox"/> Occasionally <input type="checkbox"/>
I would like to help with: Hearing <input type="checkbox"/> Reading <input type="checkbox"/> Cooking <input type="checkbox"/> Sporting activities <input type="checkbox"/> Anything <input type="checkbox"/>
Signed _____ <div style="text-align: right;">Date: <input type="text"/> / <input type="text"/> / <input type="text"/><input type="text"/><input type="text"/></div>

PUPIL CONSENT FORM FOR USE OF IMAGES

Occasionally members of staff may use images of children in their classroom or elsewhere in the school. The school will not seek parental consent to use images of children solely on school premises; however, if parents do not wish their child's picture to be taken or shown on school premises, they should put this request in writing to the head teacher.

Child's Name:	Class:
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Occasionally, we may take photographs of the children at our school. We may use these images in our school prospectus or in other printed publications that we produce, as well as on our website. We may also make video or webcam recordings for school-to-school conferences or other external use.

From time to time, our school may be visited by the media who will take photographs or film footage of a visiting dignitary or other high profile event. Pupils will often appear in these images, which may appear in local or national newspapers or on televised news programmes.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child. Please answer the questions below, then sign and date the form where shown and return the completed form to the school

May we use your child's photograph in the school prospectus and other printed publications that we produce for promotional purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we use your child's image on our website?	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we use your child's image on video or webcam?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you happy for your child to appear in the media?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies. Please note that the conditions for use of these photographs are below.

I have read and understood the conditions of use below.

Parent or Guardian
Signed Date: <input type="text"/> / <input type="text"/> / <input type="text"/><input type="text"/>
Name (capitals):

Conditions of use

The school will not seek parental consent to use images of children solely on school premises; however, if parents do not wish their child's picture to ever be displayed or shown on school premises, they should put this request in writing to the Headteacher.

Parents will be allowed to take photographs of their own child after a production or class assembly, but this will be for their own use only.

We will not use the personal details or the full names of any child or adult in a photographic image in our school, on video, on our website, in our school prospectus or in any of our other external printed publications.

We will not include personal e-mail or postal addresses, or telephone or fax numbers in school, on video, on our website, in our school prospectus or in other printed publications. We may include pictures of pupils and teachers that have been drawn by the pupils. We may use group or class photographs or footage with very general labels, such as "a science lesson" or "making decorations".

Harrow Primary School

80/82 Gayton Road, Harrow, Middlesex HA1 2LS, United Kingdom
 T +44 (0) 203 397 7997 • E info@harrowprimary.org.uk • www.harrowprimary.org.uk

CONSENT FORM FOR OFF-SITE ACTIVITIES

If you are happy for your child to take part in activities that take place off school premises and to be given first aid or any necessary medical treatment that may arise during that time, please sign and date the form below.

Please note the following information before signing this form:

If you are happy for your child to take part in activities that take place off school premises and to be given first aid or any necessary medical treatment that may arise during that time, please sign and date the form below.

Please note the following information before signing this form:

- All off-site sporting fixtures, whether during or outside of the school day.
- All events where the students have been chosen to represent the school, that take place at other local schools or venues, whether during or outside of the school day.
- Visits to places of interest e.g. post office, library, during normal school office hours which are 8:40am – 3:30pm.
- You will be informed when these are taking place but you will not be expected to complete a permission slip each time. You will however be required to inform us in writing if you do not want your child to participate in a particular activity.

Please note: It will still be necessary to get your consent each time if a trip involves adventurous activities or travel to venues that are further afield.

Consent form for school trips and other off- site activities	
Child's Name:	Class:

PARENT: I give permission for my child to go on sport events/fixture and other visits arranged by Harrow Primary School as above. I acknowledge that I will be informed of such visits and if I wish to withdraw my child from that visit then I must inform the school in writing in advance of the specified visit date.

PARENT/STUDENT: I have read the "Behaviour Expected on Visits" below and agree to follow them. We understand that if these guidelines are not followed then the privilege of going on any further visits may be taken away.

Parent/Carers Name:	Signature:
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Student Signature	Date: □□ / □□ / □□□□
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BEHAVIOUR EXPECTED ON SCHOOL VISITS

Taking other people's children on excursions is a considerable responsibility. A visit may take many weeks, even months of planning, with much correspondence and involves teachers/ organisers in a great deal of work.

We would like the students and the parents to be aware of the work that takes place on their behalf and resolve to minimise difficulties by requesting your cooperation at all times.

During a visit students must obey the following rules:

- Follow instruction given by the visit organisers at all times.
- Follow the activities that have been planned for the party and not to attempt to opt out or do something different.
- Avoid noisy, over-excited or attention seeking behaviour.
- Show consideration and courtesy toward members of the public, officials or other guests.
- NEVER go off alone.

Staff will supervise at all times and students are expected to be on their best behaviour so that no problems occur which would spoil the enjoyment of their visit. If a student behaves inappropriately on a school visit he/she may jeopardise his/her place on all other school visits.

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