

Stadhampton Primary School



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Headteacher: Miss Emma Charnock, BA (Hons) QTS, MA, PGCE, NPQH

PUPIL ENROLMENT FORM

Stadhampton Primary School is committed to promoting equality of opportunity for all pupils, staff, parents, carers and users of the school.

Please complete each side of this form for your child. The information will be used for administrative purposes within this school. It will be sent on to your child's next school or other educational institution and also the Local Education Authority.

It is important that you inform us of any changes to the information that you give and from time to time, we may ask you to confirm that it is correct.

If you have any questions concerning the completion of this form, please contact the Headteacher, Emma Charnock or the Office Manager, Renata Geller, on 01865 890370 or by email office.2455@stadhampton.oxon.sch.uk.

SECTION 1: PUPIL'S DETAILS:

Legal Surname:			
Forenames:			
Preferred Name:			
Gender:	Male / Female	Date of Birth:	/ /

Pupil Address Details:

House No./Name:			
Street:			
Town/City:			
County:		Postcode:	

Is this the pupil's home address or term time only address? (Tick one box only)

Additional Pupil Address

House No./Name:			
Street:			
Town/City:			
County:		Postcode:	

If your child has siblings already at our school, please provide their name(s):

Continue to next page

Does this contact have Parental Responsibility? Yes No

Should this contact receive: Correspondence? Yes No

A pupil report? Yes No

Primary telephone no.:		home		Work		Mobile	
Alternative telephone no.:		home		Work		Mobile	
Please add any details below that will help us contact you e.g. the name of your work place, extension number:							
Email address:	home/work (<i>delete one</i>)						
First language:		Is a Translator Required?		Yes/No			

Contact 3

Title:	Mr / Mrs / Miss / Ms / Dr / Rev Other:						
Forenames:							
Surname:							
House No./Name:							
Street:							
Town/City:							
County:		Postcode:					
Relationship to Pupil: e.g. Mother, Father etc.:							

Does this contact have Parental Responsibility? Yes No

Should this contact receive: Correspondence? Yes No

A pupil report? Yes No

Primary telephone no.:		home		Work		Mobile	
Alternative telephone no.:		home		Work		Mobile	
Please add any details below that will help us contact you e.g. the name of your work place, extension number:							
Email address:	home/work (<i>delete one</i>)						
First language:		Is a Translator Required?		Yes/No			

SECTION 3: MEDICAL INFORMATION

Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you, therefore, please supply the following information about your child. This information will be available to relevant officers at the LEA, school staff and to the School Health Nurse Service and any other National Health Service professionals, as required.

GP' name:			
Telephone no.:			
Street:			
Town/City:			
County:		Postcode:	

In the event of an emergency do we have your consent to contact your child's doctor directly?
 Yes No

Has your child had his/ her pre-school booster? Yes Don't know

Do you give consent to your child's vision being screened by the School Health Nursing Service?
 Yes No

Does your child suffer from:

- Asthma
- Epilepsy
- Diabetes
- Bowel or bladder conditions
- Serious allergies
- Food Allergies

Does your child have any problems with:

- Mobility
- Behaviour
- Hearing
- Speech
- Vision
- Wears glasses

Any other medical conditions (please specify below)
 If you have ticked any of the boxes, please give details:

Does your child need regular medication on prescription? Yes No

Will your child need medication during school hours? Yes No

If you have answered 'Yes' please contact the school to make an appointment to discuss your child's needs with school staff.

Does your child suffer from any condition which may affect his/her participation in PE/ sport/ swimming? Yes No

If you have answered 'YES' to any of the above, please give details:

Would you like an opportunity to discuss your child's health?

-with the school?

Yes No

-the School Health Nurse?

Yes No

Please give details below of any further medical information you may wish us to know:

SECTION 4: ETHNIC MONITORING:

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the school's and the LEA's equal opportunities policies and practices in maximising your child's progress and achievement. White British should include any pupils from England, Scotland, Wales and Northern Ireland. White Irish should include any pupils from the republic of Ireland.

- | | | | |
|-------------------------------------|--------------------------|--|--------------------------|
| White British | <input type="checkbox"/> | Asian or Asian British - Indian | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Asian or Asian British - any other Asian background | <input type="checkbox"/> |
| White Traveller of Irish heritage | <input type="checkbox"/> | Asian or Asian-British- Pakistani | <input type="checkbox"/> |
| Any other white background* | <input type="checkbox"/> | Black or Black-British - African | <input type="checkbox"/> |
| White Gypsy/ Roma | <input type="checkbox"/> | Black or Black-British - Caribbean | <input type="checkbox"/> |
| Mixed - any other mixed background* | <input type="checkbox"/> | Black or Black-British - any other black background* | <input type="checkbox"/> |
| Mixed - White and Asian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Mixed - White and Black African | <input type="checkbox"/> | Any other ethnic group* | <input type="checkbox"/> |
| Mixed - White and Black Caribbean | <input type="checkbox"/> | Prefer not to answer | <input type="checkbox"/> |
| Asian or Asian British -Bangladeshi | <input type="checkbox"/> | | |

*(please specify) _____

Please tick the main language spoken by your child at home. *(Please tick one box only).*

- | | | | |
|--------------------------|--------------------------|------------------------------|--------------------------|
| English | <input type="checkbox"/> | Gujarati | <input type="checkbox"/> |
| Punjabi | <input type="checkbox"/> | Chinese (Mandarin/Cantonese) | <input type="checkbox"/> |
| Urdu | <input type="checkbox"/> | Albanian | <input type="checkbox"/> |
| Bengali/ Bangla/ Sylheti | <input type="checkbox"/> | Caribbean Creole | <input type="checkbox"/> |
| Hindi | <input type="checkbox"/> | Other _____ | |

Please tick your child's religion, if you wish. Please tick one box only.

- | | | | |
|-----------|--------------------------|-------------|--------------------------|
| Christian | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | Buddhist | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | No religion | <input type="checkbox"/> |

SECTION 5: ADDITIONAL INFORMATION:

Please indicate which type of meal your child will usually be taking at school:

- Free school meal Lunch provided from home Paid school meal

How will your child travel to school generally? *(Please tick one box only).*

- Walks Car Taxi Bicycle Bus

Is this child in care? Yes No

If yes please give details:

Start of placement:	
Care authority:	

By law, children in families claiming Income Support or Income Based Jobseeker's Allowance are entitled to free school meals (provided evidence of these benefits has been made available to the school). Even if your child will not be taking free school meals it is important that we have this information since it affects our funding and the way in which the school's performance in tests and examinations is compared with that in other schools. We will ask this question again from time to time to ensure that our records are accurate, and on occasion may need to see relevant proof.

Please indicate if you are receiving Income Support/Job Seekers' Allowance

SECTION 6: PRE-SCHOOL/SCHOOL HISTORY:

Please give details of all previous settings attended by your child- if any. Continue on a separate page if there is insufficient space.

Pre-school/School 1:

School/Pre-school name:			
Address:			
Town/City:			
County:		Postcode:	
Start date:		Leaving date:	
Reason for leaving:			

Pre-school/School 2:

School/Pre-school name:			
Address:			
Town/City:			
County:		Postcode:	
Start date:		Leaving date:	
Reason for leaving:			

Pre-school/School 3:

School/Pre-school name:			
Address:			
Town/City:			
County:		Postcode:	
Start date:		Leaving date:	
Reason for leaving:			

SECTION 7: YOUR SIGNATURE:

Please sign and date this form below:

Signature:	
(Block capitals) Print name:	
Relationship to child:	
Date:	