

**PHOTOGRAPHY AND FILMING**

I understand that images may be taken of my child as follows:

- By the school to celebrate events and achievements for publication on our website.
- By the local media in covering school activities that show the school and children in a positive light. These may include drama and musical performances, sports and prize-givings.
- By photographers acting on behalf of the school for use in displays and publicity material, and for purchase by parents.

Having read the statement above, do you give your consent for photographs or other images to be taken and used? (please tick the appropriate box)	<input type="checkbox"/>	YES, I give my consent for pictures to be taken and used.
	<input type="checkbox"/>	NO, I do not give my consent for pictures to be taken and used.
Signature of person responsible for the child		
Relationship to the child		
Date		

**EXTRA CURRICULAR & SPORTING ACTIVITIES AND LOCAL VISITS**

I give permission for my child to attend all extra curricular and sporting activities and events at the school and at other local venues, including visits to local places of interest, based on the curriculum. If for any reason you wish to withdraw your child, you are free to do so.

Signed	
Relationship	
Date	

**ONLINE ACCESS**

We will teach the children to use the internet and to be safe and responsible internet users. Our E-Safety Policy, which sets out our intentions, methods and sanctions, is available to parents via our website. A printed copy can be obtained from the school office. I agree that my child will comply with the E-Safety policy.

Signed	
Relationship	
Date	

**VIRTUAL LEARNING ENVIRONMENT (VLE)**

*On line access to 'anytime, anywhere' learning - for children, parents, staff and governors.*

We aim for all children to use VLE for aspects of homework, with the expectation for increasing usage. To help us with our planning of the management of the VLE, please indicate below:

My child will have access to the internet when homework needs to be done	<input type="checkbox"/>
My child's work can be published on the VLE/school website	<input type="checkbox"/>

Thank you. When completed, please return this form to the school.

Please complete this form, leaving any parts blank that are not relevant. If there are parts you cannot yet complete please tell the school about these when you hand in the form.

Details of the child to be admitted		
Surname (Legal not preferred)	Forename (as on Birth Certificate)	Other names (also known as)
If appropriate, underline the forename by which your child is known		Date of Birth
Current Home Address		
post code		Sex (please ✓)
home tel number		M <input type="checkbox"/> F <input type="checkbox"/>

**Details of the people who have legal parental responsibility for this child (evidence may be requested)**

The Education Act 1996 defines a parent to include the natural parents of the child as well as a person: (a) who is not a parent but who has parental responsibility, or (b) who has care of the child.

Relationship to your child	Mr, Ms, Mrs etc	Forename	Surname	Home address, if different from your child's
Parent				
	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Mobile	
				e-mail: <input type="text"/>
Parent				
	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Mobile	
				e-mail: <input type="text"/>
Parent				
	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Mobile	
				e-mail: <input type="text"/>

**Additional Emergency Contacts**

People other than the above who can be contacted in an emergency.

Relationship to the child	Mr, Ms etc	Forename	Surname	Home address, if different from the child's
<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Mobile		
<input type="checkbox"/> Daytime	<input type="checkbox"/> Evening	<input type="checkbox"/> Mobile		

**Preferred Method of Contact: Letter/Phone/Text/Email**

If you would like the child to be in the same team colour as older brothers or sisters already at Falcon Junior School, please state colour

Doctor, health care & other specific arrangements				
Name of doctor		Name and address of practice/health centre		
Has your child had a tetanus injection?	Yes	No	If yes, date	
INHALER Does your child use one?	Yes	No	If yes, frequency taken	
Any disability or other medical information relevant to your child's development and school life e.g. hearing, sight, allergies, diabetes, epilepsy.				

Other family details			
Please give details of any other children currently living at your child's home(s).			
Children's names	Date of birth	Sex: M or F	School attending

Ethnicity & faith			
Please tick the box that you believe best describes your child's ethnicity:			
<b>White</b>		<b>Chinese</b>	
British		Chinese	
Irish		<b>Black or Black British</b>	
Gypsy / Roma		Caribbean	
Traveller of Irish heritage		Angolan	
Albanian		Congolese	
Boznian-Herzogovenian		Ghanaian	
Croatian		Nigerian	
Greek/Greek Cypriot		Sierra Leonian	
Italian		Somali	
Kosovan		Sudanese	
Portuguese		Other Black African	
Serbian		Any other black background	
Turkish/Turkish Cypriot		<b>Other ethnic groups</b>	
Eastern European		Afghan	
Western European		Arab other	
White Other		Egyptian	
<b>Mixed</b>		Filipino	
White and Black Caribbean		Iranian	
White and Black African		Iraqi	
White and Pakistani		Japanese	
White and Indian		Korean	
White and any other Asian background		Kurdish	
Any other mixed background		Malay	
<b>Asian and Asian British</b>		Moroccan	
Indian		Thai	
Pakistani		Vietnamese	
Bangladeshi		<b>An ethnic group not listed here</b>	
Any other Asian background		I do not wish to have this recorded	

Religion:		What is the main language spoken at home?	
Nationality:		Country of Birth:	

Does your child have a statement of special education needs?			Yes	No	
If your child has other particular needs in relation to his/her education please describe them here:					
Please give details of any special dietary requirements your child may have?	Lunch time arrangements (please ✓ one box)		Paid	Free	
	School meals				
How will your child normally get to and from school?					
			Is your child entitled to free transport?	Yes	No
Please note the administration of medicines in school should be arranged with the school office. Written information will be required in each case.					

Educational history		
Previous schools attended		
The new school will obtain earlier school records from the last school named below		
School name	Address	Telephone

The information you have given on this form will be held by the school and Norfolk County Council Children's Services. It will be shared with other departments within Norfolk County Council in order to provide and plan services e.g. School Transport. It will be used to administer health, social and welfare care and will be shared with healthcare advisors, practitioners and other relevant agencies. It will be forwarded to your child's new school if and when s/he changes school. It will also be used for statutory returns and for research purposes.	
All information given will be held in the strictest confidence under the requirements of the Data Protection Act 1998. For further details please see the Data Protection Act document included within the admission information given to you by the school.	
I note the above statement and believe the information provided in this form to be correct as of this date. I will inform the school of any changes that may occur whilst my child attends the school.	
Signed (parent):	Date: