

ST.MARY'S CATHOLIC PRIMARY SCHOOL

BARN LANE
BODMIN CORNWALL PL31 1LW
Telephone No. (01208) 73218
Fax No. (01208) 73383
Email: head@st-marys-bod.cornwall.sch.uk

ENROLMENT FORM

(Please note: This application form does not constitute an offer of admission)

Please complete all sections except Section B which is for Office Use Only.

CONFIDENTIALITY: The information given below will be maintained on the school's data base to which no unauthorised person shall have access and will be subject to strict control under the Data Protection Act.

Name of Parent/s
(Full individual details to be included in the contact area of Section D)

PLEASE STATE WHY YOU HAVE CHOSEN TO APPLY TO OUR CATHOLIC SCHOOL

Section A - Basic Pupil Details

Legal Forename: Legal Surname

Middle Name(s): Preferred Surname:

Preferred Forename: Date of Birth:

Age at Admission: Gender: *Male/Female*

Previous Surname:

Brothers/Sisters (including half/step brothers and sisters)
Please list in age order any siblings who are currently at this school.

Surname	Forenames	Gender	Date of Birth	Same Address
		Female/Male	/ /	✓ / x
		Female/Male	/ /	✓ / x
		Female/Male	/ /	✓ / x
		Female/Male	/ /	✓ / x

Section B - Registration (Office Use Only)

Reg Group: House:

Year Group: Year Taught In:

Enrolment Status: Admission Date:

Admission Number: Attendance Mode: *AM / PM / ALL DAY*

UPN: Part Time Dates:/...../..... to/...../.....

Birth Certificate Seen: ☐ Name Change Documents Seen: ☐

Quick Note Information (e.g. SEN, or any other pertinent note)

Section C - Pupil Address

Postcode: House Number/Name:
Street: Town/City:
Tel: Home/Mobile:..... E-mail:.....

Section D – Family/Home

Contact 1

Title: Forename: Surname:

Postcode: House Number/Name:

Street: Town/City:

Relationship: ☐ Parental Responsibility ☐ Court Order
☐ Mother ☐ Father ☐ Step Parent ☐ Foster Parent ☐ Grandparent
☐ Other Relative ☐ Neighbour ☐ Other Contact ☐ Guardian ☐ Social Worker

*Tick **one** telephone number as the **Main Day Time number** for use in emergency*

Telephone: Home:Main.☐ Work:Main.☐

Mobile:Main.☐ Other:Main.☐

Contact 2

Title: Forename: Surname:

Postcode: House Number/Name:

Street: Town/City:

Relationship: ☐ Parental Responsibility ☐ Court Order
☐ Mother ☐ Father ☐ Step Parent ☐ Foster Parent ☐ Grandparent
☐ Other Relative ☐ Neighbour ☐ Other Contact ☐ Guardian ☐ Social Worker

*Tick **one** telephone number as the **Main Day Time number** for use in emergency*

Telephone: Home:Main.☐ Work:Main.☐

Mobile:Main.☐ Other:Main.☐

Contact 3

Title: Forename: Surname:

Postcode: House Number/Name:

Street: Town/City:

Relationship: ☐ Parental Responsibility ☐ Court Order
☐ Mother ☐ Father ☐ Step Parent ☐ Foster Parent ☐ Grandparent
☐ Other Relative ☐ Neighbour ☐ Other Contact ☐ Guardian ☐ Social Worker

*Tick **one** telephone number as the **Main Day Time number** for use in emergency*

Telephone: Home:Main.☐ Work:Main.☐

Mobile:Main.☐ Other:Main.☐

Section D (continued)**Contact 4**

Title: Forename: Surname:

Postcode: House Number/Name:

Street: Town/City:

Relationship: ☐ Parental Responsibility ☐ Court Order
☐ Mother ☐ Father ☐ Step Parent ☐ Foster Parent ☐ Grandparent
☐ Other Relative ☐ Neighbour ☐ Other Contact ☐ Guardian ☐ Social Worker

Tick **one** telephone number as the **Main Day Time number** for use in emergencyTelephone: Home: Main. ☐ Work: Main. ☐Mobile: Main. ☐ Other: Main. ☐**Section E - Pupil Medical Information:**

Medical Practice:

Practice Address:

Telephone:

Doctor's Name:

Dietary Needs: ☐ Artificial colouring allergy
 (if applicable) ☐ Gluten Free
☐ Kosher foods only
☐ No dairy produce
☐ No nuts of any type/quantity
☐ No pork
☐ Ramadan
☐ Seafood allergy
☐ Vegetarian

Medical Conditions/Information: Please include details of any allergies/medical conditions e.g. asthma, and medications regularly taken. (If you require more space please give full details on a separate sheet).
If none, please state NONE.

.....

Emergency Medical Consent:

(this confirms your agreement for the school to initiate appropriate medical treatment in the event of an emergency)

YES / NO (please delete)**Section F - Pupil Ethnic/Cultural Information:**

The school is required by law to provide the information you give in this section to the DfES. The school will not use this information for any other purposes.

Ethnicity: (Data Source: ☐ Parent ☐ Pupil ☐ Other)

<input type="checkbox"/> White – Cornish	<input type="checkbox"/> Other White British	<input type="checkbox"/> White – Irish
<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Any Other White background
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian
<input type="checkbox"/> Any Other Mixed Background	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any Other Asian Background	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> Black – African	<input type="checkbox"/> Any Other Black Background	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any Other Ethnic Group	<input type="checkbox"/> Refused	<input type="checkbox"/> Information Not Yet Obtained

First Language: ENGLISH ☐ or OTHER (please specify).....National Identity: ☐ British ☐ English ☐ Scottish ☐ Welsh ☐ Irish ☐ OtherAsylum Seeker: ☐ Refugee Status: ☐ Traveller Status: ☐

Religion: (Please tick one of the boxes)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> No Religion | <input type="checkbox"/> Other Religion |
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Sikh | |

Baptised: YES / NO *Please provide evidence (copy of certificate) with this form.*

Section G - Pupil Additional Information:

Meals:

- | | | |
|--------------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Free Meal | <input type="checkbox"/> Home | <input type="checkbox"/> Sandwiches |
| <input type="checkbox"/> School Meal | | |

Child of Service Personnel (Parent serving in Royal Navy, Army or RAF)

- ☐ Yes ☐ No

Mode of Transport:

- | | | | |
|----------------------------------|--------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Car | <input type="checkbox"/> Public Transport | <input type="checkbox"/> School Coach |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Train | <input type="checkbox"/> Walks | |

Section H - Pupil School History:

Name & Address of Previous School:

Telephone: Dates Attended:

Section I – Court Orders

If the pupil is subject to any Court Orders please specify the Court Order terms below. This information is CONFIDENTIAL but will help the school under the pupil's position. A copy of any Court Orders will need to be provided.

.....
.....

Dates from:..... to

Section J – Declaration

I confirm that the above information is true and accurate. I undertake to inform the school if any of the above details change. I understand that this form does not constitute an offer of admission by the school.

Signed: Date:

Print: Parent / Carer

NURSERY APPLICATIONS

Please note: An offer of a place at St Mary's Catholic Nursery does NOT automatically secure a place into mainstream school the following year. Applications for the Reception class **must** be made separately to Cornwall Council.

I have read and understood the above Admission criteria. Signed:

Section K Use of Images Consent

Occasionally we may take photographs of the children in our School. *In order to comply with the Data Protection Act 1998, the School needs your consent before taking photographs or making video recordings of your child for purposes which are **not** part of its core activities.*

Please answer the questions below.

CHILD'S NAME _____ D.O.B. _____ Class _____

- ☐ May we take your child's photograph to use in School Literature (e.g. the School Newsletters and other promotional material etc.). These may be held in School archives for future interest. Yes / No
- ☐ May we use images of your child on our School website? The child's full name will never be displayed. Yes / No
- ☐ May we use images of your child in video recordings to promote the School, which may be sold to parents now and in the future to raise funds for the School? Yes / No
- ☐ Are you happy for your child to appear in the media? The School may give the press the first name of your child for publishing with the child's photograph in a newspaper or for captioning on television. Yes / No