

Newlands Girls' School

Farm Road, Maidenhead, Berks. SL6 5JB - Tel: 01628 625068

E-mail: office@newlandsgirls.co.uk Website: www.newlandsgirlsschool.co.uk

Headteacher: Dr L.V. Ceska



All information given on this form is regarded as confidential. Please complete **ALL** sections of the form. **If you have any queries please contact: Mrs Liz Bateson, Headteacher's P.A. on 01628 625068.**

Details of pupil

Legal Forename:		Legal Surname:	
Preferred Forename:		Preferred Surname:	
Middle name(s):		Sister currently attending Newlands? YES / NO (Please circle) If Yes, please print full name of sister below:	
Date of Birth:	Day:..... Month:..... Year:.....		
<i>If a different surname appears on the birth certificate, the name on the birth certificate will be used as the Legal Surname for Public Examination purposes.</i>			
Property Type (Please circle one) Bungalow Flat House Maisonette Other	Pupil Address:		Home Telephone: Post Code:

Details of parent(s)

We are required by law to keep a register of all parents at the school. This includes natural, adoptive parents and carers, all of whom are entitled to vote in elections for the school governors, etc., **even if they do not have custody of the child.** Please put a tick in the column marked 'Parental Responsibility' if appropriate to your circumstances.

Box A - When completing details of parents/other adults, please indicate in the Priority Contact box, the numerical order in which the school can contact adults in the case of an emergency. **Box B** - Please provide an additional local emergency contact.

Box A

Priority Contact	Title	Initials	Surname	Address if not as above	Relationship to Child	Contact Details Home/Work/ Mobile/Email
1						Home: Work: Mobile:

Email: **(Please print clearly)**

Parental Responsibility for Child? YES NO

Is this student a Looked After Child? NO YES (Please discuss this with the school)

Is there a Private Fostering Arrangement in Place? NO YES (Please discuss this with the school)

Priority Contact	Title	Initials	Surname	Address if not as above	Relationship to Child	Contact Details Home/Work/ Mobile/Email
2						Home: Work: Mobile:

Email: **(Please print clearly)**

Parental Responsibility for Child? YES NO

Box B

Priority Contact	Title	Initials	Surname	Address if not as above	Relationship to Child	Contact Details Home/Work/ Mobile/Email
3						Home:
						Work:
						Mobile:
Email: (Please print clearly)						
Parental Responsibility for Child? <input type="checkbox"/> NO <input type="checkbox"/> YES						

Priority Contact	Title	Initials	Surname	Address if not as above	Relationship to Child	Contact Details Home/Work/ Mobile/Email
4						Home:
						Work:
						Mobile:
Email: (Please print clearly)						
Parental Responsibility for Child? YES <input type="checkbox"/> NO <input type="checkbox"/>						

Meal Arrangements

Please tick the type of meal your daughter is likely to have for **each day** of the week below.

Type of Meal	Monday	Tuesday	Wednesday	Thursday	Friday
School Meal					
Packed Lunch					

If you believe your daughter is entitled to Free School Lunches, please apply online by visiting <https://www.cloudforedu.org.uk/ofsm/rbwm> and completing the short online form.

Are you receiving any agency support? For example, Youth Worker, Early Help, CAMHS or Social Care support. Yes/No (please circle)	Name of agency worker: (If applicable)
The DfE now allocate schools with Pupil Premium funding for children who have been adopted. If you have any questions about this, please contact the Headteacher's P.A., Mrs Liz Bateson, on: 01628 625068. (Please see information sheet in the starter pack).	
If you are in receipt of State Benefits , the DfE provide schools with Pupil Premium funding which may entitle your daughter to additional educational support and Free School Meals. (Please see attached Free School Meals information letter in the starter pack).	

Previous School Information

We will contact your daughter's previous school(s) to request academic records.

	Start Date	End Date
1. (Nursery)		
2.		
3.		
4.		

Daughter's Medical Information (Strictly Confidential)

Medical Practice:		
Address:		Post Code:
Telephone:		

Please indicate below any medical condition that might affect your daughter during the school day and the action to be taken by our staff. Any medication will be stored and administered by the Front Office staff. You will need to complete a POM (Prescribed Only Medicine) or OTC (Over The Counter) form. These can be found on our website under the 'About Us' section/School Information/School Policies & Agreements/Supporting Pupils With Medical Needs. The necessary forms are in the Appendices at the back of the policy. Alternatively, a copy can be obtained from Reception.

Medical Condition/Allergy	List any medication to be taken during the school day
Details of last Tetanus injection:	Date: Or has had one in the last 10 years Yes/No (please circle)

If your daughter has an allergy to any of the following please circle:

Peanut	Milk	Crustacean	Soybean	Fish	Eggs
Celery	Nuts	Sesame Seed	Mustard	Lupin	Molluscs
Gluten	Sulphites	Other please specify:			
Please indicate below if your daughter has any dietary intolerances not listed above:					

IF YOUR DAUGHTER REQUIRES AN INHALER OR AUTO INJECTOR, IT IS ESSENTIAL THAT WE KEEP A SPARE IN SCHOOL FOR USE IN EMERGENCIES. Please bring this into Reception for us to administer as necessary. Please also make a note of the expiry date on any medication and replace as necessary. YOUR DAUGHTER WILL ALSO NEED TO CARRY HER OWN NAMED INHALER/AUTO INJECTOR. *If your daughter goes on a school trip she will need two auto injectors and/or an inhaler.*

In the unlikely event of a medical emergency and Parents/Carers being unavailable, we require your permission to act and make decisions as appropriate.

It is the responsibility of Parents/Carers to inform school immediately of any changes to the above medical information.

Ethnicity

The Local Authority (LA) and schools are now required by the Department for Education (DfE) to gather statistics on the ethnic origin, language and religion of pupils. The purpose of gathering the information is to assist the DfE, LA and schools to make properly informed decisions about education provision and resourcing in order to benefit all pupils. In order to get this information we ask you to complete the questionnaire overleaf. This information will be treated confidentially and is covered by the Data Protection Act and the LA's Code of Practice.

*Our Ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.***

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents/Carers or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

To indicate the **ethnic background** of the pupil, please study the list and **TICK ONLY ONE BOX.**

WHITE	MIXED OR DUAL BACKGROUND	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	ANY OTHER ETHNIC GROUP
<input type="checkbox"/> British	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Arab
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Somali	<input type="checkbox"/> Iranian
<input type="checkbox"/> Traveller or Irish Heritage	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Mirpuri Pakistani	<input type="checkbox"/> Other Black African	<input type="checkbox"/> Iraqi
<input type="checkbox"/> Croatian	<input type="checkbox"/> White & Any Other Ethnic Group	<input type="checkbox"/> Other Pakistani	<input type="checkbox"/> Any Other Black Background	<input type="checkbox"/> Latin/South/Central American
<input type="checkbox"/> Greek or Greek Cypriot	<input type="checkbox"/> Other Mixed Background	<input type="checkbox"/> Bangladeshi		<input type="checkbox"/> Japanese
<input type="checkbox"/> Eastern European		<input type="checkbox"/> African Asian		<input type="checkbox"/> Chinese
<input type="checkbox"/> Western European		<input type="checkbox"/> Kashmiri Other		<input type="checkbox"/> Kurdish
<input type="checkbox"/> White Other		<input type="checkbox"/> Nepali		<input type="checkbox"/> Polynesian
<input type="checkbox"/> Gypsy or Roma		<input type="checkbox"/> Sri Lankan Sinhalese		<input type="checkbox"/> Thai
		<input type="checkbox"/> Sri Lankan Tamil		<input type="checkbox"/> Kosovan
				<input type="checkbox"/> Turkish/Turkish Cypriot
				<input type="checkbox"/> Any Other Ethnic Group
				<input type="checkbox"/> Refused

PLEASE TICK IF A PARENT OR THE PUPIL HAS COMPLETED THIS INFORMATION: PARENT/CARER PUPIL

Youth Support Service

For a young person aged 13 years or over, we are required, by law, to pass on pupil information to the Royal Borough of Windsor and Maidenhead Youth Support Service, to enable them to provide appropriate support. We provide the pupil's name, current address, date of birth and any further information relevant to the service.

More details on how your information is used can be found in our Privacy Notice, which is available to view on our website: [download.asp \(newlandsgirlsschool.co.uk\)](http://download.asp(newlandsgirlsschool.co.uk))

Pupil Religion/Denomination

Please select the religion code most appropriate to your daughter. Please tick **ONE** box only.

Anglican		Church of Ireland		Jewish		Roman Catholic	
Baptist		Greek Orthodox		Methodist		Russian Orthodox	
Buddhist		Hindu		None		Sikh	
Christian		Muslim		Other		United Reform Church	
Church of England		Jehovah's Witness		Presbyterian		Refused	

Language Codes

Please tick **one** box against the “**First Language**” your daughter spoke and **one** box for the “**Home Language**” spoken today.

“**First Language**” is the language to which a pupil was first exposed to in their early childhood. “**Home Language**” is the language which they continue to use/be exposed to at home or in the community. It is not a question of how well they speak English.

Language spoken as	First	Home	Language spoken as	First	Home	Language spoken as	First	Home
Afrikaans			Gujarati			Portuguese		
Arabic			Hebrew			Punjabi		
Bengali			Hindi			Romanian		
Bengali (Sylheti)			Hungarian			Russian		
British Sign Language			Icelandic			Serbian/Croatian/Bosnian		
Bulgarian			Italian			Shona		
Caribbean Creole English			Japanese			Sinhala		
Caribbean Creole French			Kashmiri			Slovak		
Chinese			Konkani			Somali		
Chinese (Cantonese)			Kurdish			Spanish		
Chinese (Mandarin/Putonghua)			Lithuanian			Swahili		
Czech			Malayalam			Swedish		
Danish			Marathi			Tagalog/Filipino		
Dutch/Flemish			Norwegian			Tamil		
English			Other Language			Telugu		
Esan/Ishan			Panjabi			Thai		
Finnish			Panjabi (Gurmukhi)			Turkish		
French			Panjabi (Mirpuri)			Urdu		
Gaelic (Irish)			Panjabi (Pothwari)			Vietnamese		
Gaelic (Scottish)			Pashto/Pakhto			Welsh/Cymraeg		
German			Persian/Farsi			Yoruba		
Greek			Polish			Refused		

Mode of Travel

Please tick **ONE** box for the type of transport your daughter usually uses to school. Please note, if your daughter uses more than one type of transport, i.e. walks from home to the station and takes the train, **the longest part of the journey should be recorded.**

<input type="checkbox"/> Bicycle	<input type="checkbox"/> Car/Van	<input type="checkbox"/> Car share	<input type="checkbox"/> Public Service Bus
<input type="checkbox"/> Taxi	<input type="checkbox"/> Train	<input type="checkbox"/> Walk	<input type="checkbox"/>

Service Children

This section should only be completed if a parent is a member of the Armed Forces.

Parent a member of H.M. Armed Forces? Yes <input type="checkbox"/>	Parent name: (Please print name) -----
Please indicate the name of the regiment if your daughter is living at the same address as the parent who is currently serving in H.M. Forces.	Name of regiment: -----

Collection and Recording of Pupils’ Disability Data

Schools are now required by the Department for Education (DfE) to collect pupil disability information. The information you provide will be held confidentially under the Data Protection Act. It will be used to compile statistics on the school careers and experiences of children, to help ensure that all children have the opportunity to fulfil their potential. These statistics will not be published in a way that allows individual children to be identified and the information will not be used for any other purpose. From time to time this information will be passed to the Local Authority and the DfE to contribute to local and national statistics.

Please indicate whether your daughter has any long-standing illnesses, health problems or disabilities, which mean that she has substantial difficulties with any of the areas of her life shown below?

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

Please tick relevant box:

Does your child have a disability ?	Yes	No
Do they have a diagnosis of Autism or Asperger’s Syndrome		
Do they have behavioural issues – very active, has short attention span, behaves unacceptably		
Do they have communication difficulties– speaking with others or understanding them		
Do they need help with eating & drinking		
Do they have motor coordination difficulties – touching or holding		
Are they hearing impaired		
Are they incontinent – wetting or soiling		
Do they have learning difficulties – problems with numbers, letters, words		
Do they have any allergies to medication		
Do they have mobility issues – moving around inside or outside		
Do they have any other disability/health problem – including depression, anxiety - please indicate:		
Do they have palliative care needs - life limiting condition or requiring care		
Do they need help with personal care, going to the toilet, dressing		
Do they have a visual impairment - not corrected by glasses		
Problems with consciousness		

All information held within the school is confidential and kept in accordance with the Data Protection Act 2018. More details on the Data Protection Act 2018 can be found at <http://www.legislation.gov.uk/ukpga/2018/12/contents>. Please see our Privacy Notice [download.asp \(newlandsgirlsschool.co.uk\)](download.asp (newlandsgirlsschool.co.uk)) and Data Protection Policy [download.asp \(newlandsgirlsschool.co.uk\)](download.asp (newlandsgirlsschool.co.uk)) which can be found on our school website.

Having read the information regarding Data Protection, I confirm that I agree to the terms contained within this Admission Form.

Signed:Parent/Carer

Date:2021