

ADMISSIONS FORM

HEBER PRIMARY SCHOOL, HEBER ROAD, SE22 9LA
 TEL:0208 693 2075 FAX:0208 299 0239
adminoffice@heber.southwark.sch.uk

Please complete this form as fully as possible. It includes information that might be essential in the case of an emergency. The Information provided will also be used to assess pupils' eligibility for free school meals and the school's eligibility for additional finance.

PLEASE WRITE CLEARLY

Date of Application _____ Admission Stage _____

Child's Surname _____ Date of Birth _____

Forenames _____ Male/Female _____

Position in Family _____
 [i.e. 1st of 3 / only child / 2nd of 2]

Child's National Health Number (NHS) _____

Collection of Pupil NHS / NASS Numbers

Pupil NHS Numbers are now being collected by schools. They may be used in the event of a medical emergency as the NHS will then be able to access the pupils' records more quickly. This information will also be shared with the Local Authority. This will enable services to work more effectively in supporting children in schools.

Address _____

_____ Home Tel. No. _____

Borough of Residence _____

Nationality _____ Religion _____

Parent/Carer Name _____

Occupation _____

National Insurance No. _____ DOB _____

National Asylum Support Service Number (NASS) _____

Work Telephone No: _____ Mobile No: _____

Country of Birth _____ Date Entered UK _____

Parent/Carer Name _____

National Insurance No. _____ **DOB** _____

National Asylum Support Service Number (NASS) _____

Occupation _____

Work Telephone No: _____ **Mobile No:** _____

Country of Birth _____ **Date Entered UK** _____

Legal Guardian(s) of Child _____
(Must complete please)

Previous School/s _____

Names of siblings attending Heber School

Names and dates of birth of other children in the family:

- 1. _____ 3. _____
- 2. _____ 4. _____

Does your child suffer from any specific medical condition or allergy? If yes, please specify: _____

Does your child require a special diet? If yes, please specify: _____

Does your child have a statement of special educational needs? _____

If yes, please specify: _____

Name and Address of Child's Doctor: _____

_____ **Tel.No:** _____

Please give details of a relative or friend who can be contacted in an emergency:

Name _____ **Tel.No:** _____

Relationship to child: _____

Important information

Please bring your child's birth certificate or your child's passport with you when registering your child at this school. Also bring a council tax and child benefit letter no more than six months old for proof of address. If you do not have a child benefit letter, you will be required to bring in your child's full birth certificate and another proof of address i.e. bank statement/utilities bill.

Email Address:
Write clearly please

Mode of transport to school:

Information related to your child's learning

A child progresses most quickly when home and school are working together. It is important, therefore, that the school has relevant information about each child.

It is important that you get to know your child's teacher, early in the school year. The following information will be of great value to us:

Language Spoken at Home	
If not English please comment on your child's level of English speaking	
Does your child understand any languages other than English?	

Child's ethnic origin

Please tick or comment if 'other'

- | | | | |
|-------------|--------------------------|----------------------|--------------------------|
| Black | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| African | <input type="checkbox"/> | White | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | English/ Scot/ Welsh | <input type="checkbox"/> |
| Arab | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| SE Asia | <input type="checkbox"/> | Greek | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Turkish | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Other European | |
| Other | | | |

Responsibility for your child

I understand that the school is not responsible for my child before 8.45am or after 3.30pm *(other than those attending After School Club Activities and School Trips)*

Signed _____ Parent / guardian Date _____

MEDICAL

Are there any restrictions on any particular food?		Yes / No
If YES, please give details		
Has your child been vaccinated against Tetanus?		Yes / No
If YES, date of vaccination	Date ___ / ___ / _____	

School Journey (older children) Will you be giving your child travel sickness pills?		Yes / No
If YES, which brand?		

Please note: The authority recommends that medicines should be taken at home, wherever possible. If this is not possible, all medicine must be brought to the school office, clearly labelled with your child's name and class together with instructions for administering it. If your child is unwell, please do not send them to school. A note should be sent to school on your child's return, giving a detailed explanation for absence.

Permission for local visits	
I give permission for my child _____ to be taken out of school on local visits, which do not involve public or private transport.	
Signed _____	Date _____
Please print parent/carer name _____	

Permission for photographs and filming	
From time to time children may be involved in photography or filming. Images may be used in school and may be uploaded on to the school's website. We would be grateful if you could give written permission in advance.	
I do/do not give permission for my child to be photographed	
I do/do not give permission for my child to be filmed	
Signed _____	Date _____
Please print parent/carer name _____	

Please inform us of any changes. Thank you.

ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE

Privacy Notice - Data Protection Act 1998

Heber Primary School is a 'data controller' for the purposes of the Data Protection Act. We collect information from you and may receive information about you and your child from previous school/s and the Learning Records Service. We hold this personal data and use it to:

- Support your child's teaching and learning;
- Monitor and report on your child's progress;
- Provide appropriate pastoral care;
- Assess how well the school is doing.

This information includes your contact details, your child's national curriculum assessment results and attendance data. We also hold information on your child's ethnicity and any special educational needs and/or medical needs that they may have.

We will not give information about you to anyone outside the school without your consent unless the law and our rules allow us to.

We are required by law to pass some information about you and your child to the Local Authority and the Department for Education (DfE)



Nursery Session Application Form

At Heber Nursery we offer a number of different session times to suit the needs of parents/carers.

Part time places using 15 hours of child care:

We are offering 4 part time options;

1. 2.5 days Mon/Tues 9.00am-3.30pm and Weds 9.00am-12.00pm
2. 2.5 days Weds 12.30pm-3.30pm and Thurs/Fri 9.00am-3.30pm
3. Morning Session Mon/Fri 9.00am-12.00pm
4. Afternoon Session Mon/Fri 12.30pm-3.30pm

Full time options:

1. Monday-Friday, using 15 hours of funded care and paying a fee for an additional 15 hours per week. This would be a cost of £87.50 per week, which would be paid in a monthly instalment of £350. This would be payable for the months from October-July. This fee includes a school lunch every day.
2. Monday-Friday using 30 hours of government funded child care. Parents/Carers will need to check that they are eligible by using the link below. Please see attached letter outlining the arrangements for eligibility.

Parents/carers are asked to apply for their preferred option from the above. Using the standard admissions criteria as applied by London Borough of Southwark for school admissions, the school will allocate places to meet the preferences of as many families as possible. Parents/carers will be informed of their offer as soon as possible.

We also ask parents/carers to indicate a 'second preference' in case we are unable to meet your first preference. Places will be allocated based on demand. If the Nursery is over-subscribed we may not be able to offer places to all applicants. We will operate a waiting list for applicants to whom we have not been able to offer a place. Please return this form to the school office by **1st April** at the latest for your application to be considered for the following September.

Please tick your session time preference below. Please be aware that we cannot guarantee preferences if we are over or under subscribed.

Child Care Preference

Name of Child for whom you are applying for a place:

Name: _____

Date of Birth: _____

Please select your preferred option from the choices below:

I would like to apply for a place for my child at Heber Nursery and my preferred attendance option is:

Morning Session = 5 x morning sessions 9am - 12pm	
Afternoon Session = 5 x afternoon sessions 12.30pm - 3.30 pm	
Monday- Wednesday = 2.5 days	
Wednesday- Friday = 2.5 days	
Full time- 30 hours Government Funded	
Full time- Fee Paying	

My second choice attendance option is:

Morning Session = 5 x morning sessions 9am - 12pm	
Afternoon Session = 5 x afternoon sessions 12.30pm - 3.30 pm	
Monday- Wednesday = 2.5 days	
Wednesday- Friday = 2.5 days	
Full time- 30 hours Government Funded	
Full time- Fee Paying	

Additional comments:

Please return this form by 1st April at the latest, for your application to be considered for the following September.