Zaytouna Primary School
Application for admission

Zaytouna Primary School, 500 London Road, Derby, DE24 8WH - Telephone: 01332 383 379 - Email: office@zaytounaprimary.co.uk

Please complete all of the form below for our records and return it to the school office as soon as possible. This data is essential for your child's welfare in school and will be kept confidential. We will send this form our once a year to all parents of children on roll to make we have the most up to date information.

Student Details

First Name
Note: *Full given name, not shortened or familiar versions.*

Surname
Note: *Full legal surname.*

Middle Name(s)
Note: *In full, not shortened or familiarversions*

Preferred First Name
Note: *Preferred first name of this child to be used in school*

Preferred Surname
Note:*Preferred surname of this child to be used in school*

Date of Birth
DD/MM/YYYY, example: 31/01/2006

Gender
Please mark the correct box with an X:
☐ Male ☐ Female

Ethnicity

Nationality

Country of Birth

Languages Spoken

- *A **first language** is the language that this child was exposed to during early development (before the ageof 5) and continues to be exposed to in your home or the community. This child must regularly be spoken to in this language and speak and understand it themselves. A **second language** is a language that this child has been exposed to later in their development and that they use in the home, community or at school.*
- *A **home language** is a language regularly spoken in the home, whether or not this child speaks or understands it.*
- *A **tuition language**is a language in which this child is proficient, or is gaining proficiency, through tuition.*

Please list the languages spoken by the child and whether they are a first, second, home or tuition language.

Student Address

Address
Please make sure you include a house name or number.

County

Post Code

Family Details and Living Situation

In Care Status
Is this child in care?
☐ Yes ☐ No

Family Situation
☐ Single Parent ☐ 2 adults
☐ Foster parents ☐ In residential care
☐ Unknown

Family in the School
Note: *The names of this child's family members in the school, if any.*

Traveller Status
Is this child a traveller?
☐ Yes ☐ No

Refugee Status
Is this child a refugee?
☐ Yes ☐ No

Uniform Allowance
Does this child receive a uniform allowance?
☐ Yes ☐ No

Armed Forces
Does this child have a parent in the armed forces?
☐ Yes ☐ No

Transport Arrangements

Usual Mode of Transport to School *Please only mark one box.*

☐ Walk ☐ Cycle ☐ Car/Van ☐ Car Share (with a different household) Public
☐ service bus ☐ Dedicated school bus ☐ Bus (type not known) ☐ Taxi
☐ Train ☐ London Underground ☐ Metro/Tram/Light Rail ☐ Boarder - not applicable
☐ Other (please specify)

Independent Traveller
Does this child make their own way to school?
☐ Yes ☐ No

Free Transport Eligibility
Is this child eligible for free transport?
☐ Yes ☐ No

Free Transport Eligibility Review Date

Religious Details

Religion

☐ Buddhist ☐ Christian ☐ Jewish ☐ Hindu ☐ Muslim ☐ Sikh ☐ Other religion ☐ No religion

Religious Faith

☐ Baptist ☐ Buddhist ☐ Church of England Free ☐ Christian
☐ Congregational ☐ Christian (Ecumenical) ☐ Church Jehovah's ☐ Greek Orthodox
☐ Hindu ☐ Jewish ☐ Witness Roman ☐ Methodist Russian
☐ Muslim ☐ Quaker ☐ Catholic Sikh ☐ Orthodox
☐ Army Other Faith ☐ Seventh Day Adventist ☐ United Reform Church

Religious Education
Withdraw this child from religious education?
☐ Yes ☐ No

Collective Worship
Withdraw this child from collective worship?
☐ Yes ☐ No

Contact Details

Communications *Please indicate if this is an emergency contact, and communication preferences for this contact.*

☐ Emergency Contact ☐ By Text ☐ By Phone ☐ By Email ☐ By Letter

Contact Name
Title, first name and surname

Gender ☐ Male ☐ Female

Relationship
Note: *Contact's relationship to this child.*

Responsibility
Note: *Contact's responsibility in regard to this child.*

Date of birth

Languages
If not an English speaker.

Translator For Child ☐ Yes ☐ No

Address

Does this contact have the same home address as this child?

☐ Yes ☐ No

County

Post Code

Primary Email

Secondary Email

Home Phone

Mobile Phone

Work Phone

Communications *Please indicate if this is an emergency contact, and communication preferences for this contact.*

☐ Emergency Contact ☐ By Text ☐ By Phone ☐ By Email ☐ By Letter

Contact Name
Title, first name and surname

Gender ☐ Male ☐ Female

Relationship
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Contact Name
Title, first name and surname

Gender ☐ Male ☐ Female

Relationship
Note: *Contact's relationship to this child.*

Responsibility
Note: *Contact's responsibility in regard to this child.*

Armed Forces
Is this contact in the armed forces? ☐ Yes ☐ No

Languages
If not an English speaker.

Translator For Child ☐ Yes ☐ No

Address
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☐ Yes ☐ No

County

Post Code

Primary Email

Secondary Email

Home Phone

Mobile Phone

Work Phone

Communications *Please indicate if this is an emergency contact, and communication preferences for this contact.*

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Translator For Child ☐ Yes ☐ No

Address
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County

Post Code

Primary Email

Secondary Email

Home Phone

Mobile Phone

Work Phone

Dietary Information

Dietary Information ***Note:*** *Any dietary information regarding this child, including allergies and practices.*

Free School Meal Eligibility
Is this child eligible for free school meals?
☐ Yes ☐ No

Free School Meal Claimant
If eligible, would you like to claim free school meals for this child?
☐ Yes ☐ No
See below on how we can check on your behalf

Medical Information

All Known Disabilities

Known Medical Conditions

Paramedical Needs

Vaccinations *Please put a mark next to the vaccinations this child has received.*

☐ BCG ☐ Diptheria ☐ Pertussis (Whooping Cough) ☐ Yellow Fever ☐ Hepatitis A ☐ Hepatitis B ☐ Pre-School Booster
☐ Typhoid ☐ Meningococcal C (Meningitis) ☐ Polio ☐ Tetanus ☐ Hib ☐ MMR

Doctor's Contact Details

Primary Doctor's Name
If applicable.

Surgery/Practice Name

Address

County

Post Code

Primary Email

Surgery Phone
Note: *In full including area code.*

Mobile Phone

Name of School/Nursery:			
Start Date:			
Finish Date:			
Address			
County			
Post Code			
Phone Number			

Permissions

See instructions for Scholarpack App.

Free School Meal Claimant:

All schools receive additional funding for children who are entitled to free school meals; this funding also includes any child who has been entitled to free school meals in the last 6 years. In order for the school to check your child's eligibility for free school meals, please complete the information in the box below – this information will be used for Free School Meal purposed only.

Parent or Guardian Name:	
National Insurance Number / Asylum Seeker Number:	
Date of Birth:	
Parent or Guardian Name:	
National Insurance Number / Asylum Seeker Number:	
Date of Birth:	

As a school we hold data for the purposes of education management and school improvement only, and only for those purposes necessary to provide the service explicitly offered by our school. We adhere strictly to the terms of the Data Protection Act 1998 and any future amendments or applicable legislation, such as General Data Protection Regulation (2018).

I have read and understand clearly all aspects of this form. The information I have given is accurate and up to date. I agree to the use of this data in the methods outlined in this document.

Name_____Signed_____Date _____