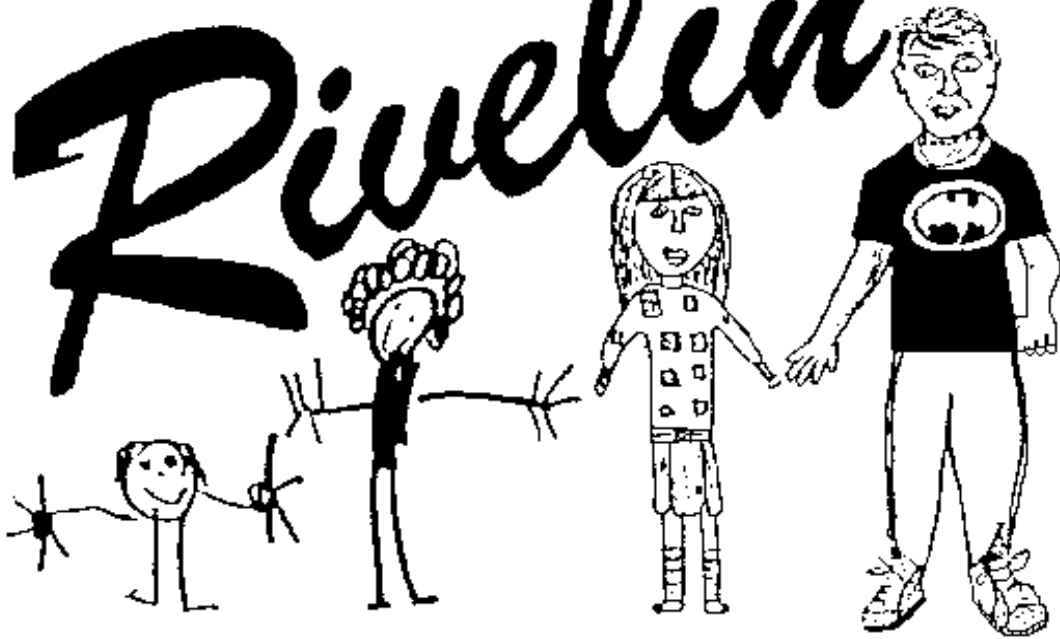


Rivelin



SCHOOL

WELCOME TO
RIVELIN PRIMARY
SCHOOL

Forename: _____

Surname: _____

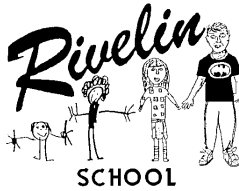
ADMISSION INFORMATION

OFFICE USE ONLY:			
Admission No:		UPN No:	
		Admission Date:	
Birth Cert. Seen? Yes/No		Reg. Group: Nursery Attendance:	
CHILD'S DETAILS:			
Surname:		Forename:	Middle Name:
Preferred Name:		Gender:	Date of Birth:
Position in Family:			
Present Address:		Previous Address:	Notes:
Post Code:		Post Code	
Name(s) and Address & Date of any previous Nursery or School:			
PARENT/CARER DETAILS:			
Name of Parent/Carer 1: Address same as child		Name of Parent/Carer 2: Address if different from Child:	
Home Tel:		Home Tel:	
Work Tel:		Work Tel:	
Mobile:		Mobile:	
Email:		Email:	
EMERGENCY CONTACTS: (in order of preferred contact in an emergency)			
Name:	Relationship:	Address	Tel No(s)
1. (Usually Parent/Carer 1)			
2. (Usually Parent/Carer 2)			
3.			
4.			
MEDICAL/DIETARY DETAILS:			
Doctor:		Surgery Address:	Tel:
Does your child have any health/special needs?			
Name of Social Worker (if applicable):			
Does your child have any dietary/cultural needs?		If yes – please state	
Is your child eligible for Free School Meals? Yes/No		Will your child want milk? Yes/No	
ETHNICITY:			
Ethnicity(See below for options):		Source of information (ie parent):	
First Language:			
Country of Birth:		Status in this country – i.e. Refugee/asylum seeker:	
Religion:			
How will your child come to school?		Car/Walk/Public Transport/Other (Please state)	
Any other Asian Background	Chinese	Traveller of Irish Heritage	Yemeni
Any other Black Background	Gypsy	White & Any Other Asian Background	Pakistani
Any other Mixed Background	Roma	White & Black Caribbean	Refused
Bangladeshi	Indian	White & Black African	Other Black African
Black Somali	White British	White & Pakistani	Other Ethnic Group
Black Caribbean	White Irish	White Eastern European	Information Not Yet Obtained
Any other Asian Background	Chinese	Traveller of Irish Heritage	Yemeni

Rivelin Primary School

Excellence For Every Child Every Day

Morley Street, Sheffield S6 2PL
Telephone: 0114 2341304
Fax : 0114 2314079
www.rivelinprimary.co.uk



Chair of Governors: Mr D Higgins
Headteacher: Mrs Powell
Assistant Headteachers:
Mrs Peacock; Mrs Middleton.

Permission to Visit the Local Area

On occasions we like to make use of our local area for school related activities, such as using the school field for sports, visiting a church or walking along Rivelin valley. Rather than obtain your consent each time, we would be grateful if you could give your permission for these visits, subject to the appropriate levels of supervision being provided, and proper safety considerations being taken. For trips further afield we will send home details of the trip and ask parents/carers to complete an individual permission slips.

I give permission for my child to attend local out-of-school activities, subject to appropriate levels of supervision being provided and proper safety considerations being taken.

Signed:

Date:

Photograph/Video Permission

Occasionally we may take photographs or video children in school. We may use these images in our school prospectus or in printed publications that we use. To comply with the Data Protection Act 1998, we need your permission. Please answer each question below and sign.

1. May we use your child's photograph as described above? Yes/No
2. May we record your child's image on video as described above? Yes/No

Also, on rare occasion's, a child's image may be used for out-of-school media projects:

3. May we use your child's image on our website? Yes/No
4. Are you happy for your child to appear in the media (eg if a newspaper, photographer or television crew attend an event)? Yes/No

Signed:

Date:

Home School Agreement - Pupil and Parent confirmation slip

To support my/my child's learning in school, I promise I will do my best to meet the terms of the Home School Agreement:

Signed (child): Date:

Signed (parent):..... Date:

School Trips 2015/2016 School Year

Parents/Carers Name

I give permission for my child to attend school trips during school hours for the duration of the 2014/2015 academic year.

I understand that I have the right to withdraw my child from any school trip that I do not wish to attend by informing the school prior to a trip taking place.

Signed:..... **Date:**.....