

Date received

St Joseph's RC Primary School

Category

Class

ADMISSION FORM

ARTICLE 28 (UN Convention of the Rights of the Child)
“You have the right to a good quality education. You should be encouraged to go to school to the highest level you can”

Child's Surname: _____	First Name: _____
Middle Name(s): _____	Chosen Name: _____
Date of Birth: _____	Gender:(M or F) _____
Address: _____	

Post Code: _____	Home Tel. No.: _____

Parental Contacts:

Mother's Surname: _____	First Name: _____
Title: _____	Parental Responsibility (Y/N) _____
Priority: (1,2, 3 or 4) _____	
Address: _____	

Post Code: _____	
Home Tel. No.: _____	Mobile Number: _____
Email Address: _____	Date of Birth: _____

Father's Surname: _____	First Name: _____
Title: _____	Parental Responsibility (Y/N) _____
Priority: (1,2,3 or 4) _____	
Address: _____	

Post Code: _____	
Home Tel. No.: _____	Mobile Number: _____
Email Address: _____	Date of Birth : _____

CONTACT EMAIL ADDRESS _____

RELIGION – Please tick only one box in this section.

Anglican	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Methodist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	No religion	<input type="checkbox"/>	Other – please state			

BAPTISM INFORMATION

BAPTISMAL INFORMATION WILL BE REQUIRED - PLEASE ATTACHED BAPTISMAL CERTIFICATE WITH THIS APPLICATION

Has your child been Baptised?	Yes		No	
Parish	Parish priest			
If Yes, please give the place and date.	Place:	Date:		

PUPIL INFORMATION - Please include **all** children in the family of school age

Names of Children	Male/Female	Date of Birth	Present/Previous school	Dates attended

MEDICAL INFORMATION

Doctor's Name: _____ Telephone Number: _____

Doctor's Address: _____

Does your child have any medical conditions that we should know about, including allergies: **If yes, please complete**

Does your child have any dietary needs for medical or religious reasons? **If so, please list**

	Yes/No
Is the child looked after by the Local Authority? (Please attached details of the Social Worker, Local Authority and contact details)	
Does the child have additional learning needs?	
If so, does the child have an Individual Development Plan?	
Is the child subject to a permanent exclusion from the present school?	
Has the child recently arrived from outside the United Kingdom?	
If yes EU <input type="checkbox"/> Non EU <input type="checkbox"/> Country _____ Date of arrival in UK _____	

Previous School Details

Name of School/Playgroup: _____
 Address: _____
 Telephone Number: _____ Date of Leaving; _____

Other Emergency Contacts:

Surname: _____ First Name: _____
 Title: _____ Relationship to child: _____ Priority: (1,2,3 or 4) _____
 Address: _____
 Postcode: _____
 Home Tel. No.: _____ Mobile Number: _____
 Day Place: _____ Day Telephone : _____

Surname: _____ First Name: _____
 Title: _____ Relationship to child: _____ Priority: (1,2,3 or 4) _____
 Address: _____
 Postcode: _____

Home Tel. No.: ~~Mobile~~ _____
 Day Place: Day _____ Telephone: _____

HOME LANGUAGE – Please tick only one box in this section.

Bengali	<input type="checkbox"/>	Cantonese	<input type="checkbox"/>	English	<input type="checkbox"/>	Greek	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Malayalam	<input type="checkbox"/>	Tagalog/Filipino	<input type="checkbox"/>	Polish	<input type="checkbox"/>		

NATIONAL IDENTITY – Please tick only one box in this section.

Welsh	<input type="checkbox"/>	British	<input type="checkbox"/>	English	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Other (Please Specify)					

I do not wish National Identity to be recorded

ETHNICITY – Please tick only one box in this section.

WHITE					
British		Kosovan		Traveller of Irish Heritage	
Serbian		Roma/Roma Gypsy		Turkish/Turkish Cypriot	
Albanian		Greek/Greek Cypriot		White Western European	
Bosnian-Herzegovinian		White European		Other White	
Croatian		White Eastern European			

MIXED BACKGROUND					
White and Black Caribbean		White and Chinese		Asian and Black	
White and Black African		Asian and Chinese		Other Mixed Background	
White and Asian		Black and Chinese		Black and Any Other Ethnic Group	
White and Any Other Ethnic Group		Asian and Any Other Ethnic Group		Chinese and Any Other Ethnic Group	

ASIAN OR ASIAN BRITISH					
Indian		African Asian		Sinhalese	
Mirpuri Pakistani		Kashmiri		Sri Lankan Tamil	
Other Pakistani		Nepali		Other Asian	
Bangladeshi					

BLACK OR BLACK BRITISH					
Caribbean		Ghanaian		Nigerian	
Sierra Leonian		Somali		Sudanese	
Other Black African		Black European		Black North American	
Other Black					

CHINESE OR CHINESE BRITISH					
Hong Kong Chinese		Malaysian Chinese		Singaporean Chinese	
Taiwanese		Other Chinese			

ANY OTHER ETHNIC GROUP					
Afghanistani		Japanese		Moroccan	
Arab		Korean		Polynesian	
Egyptian		Kurdish		Thai	
Filipino		Latin American		Vietnamese	
Irani		Lebanese		Yemeni	
Iraqi		Malay		Other Ethnic Group	

I do not wish any ethnic background to be recorded	
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YOUR CHILD'S USE OF THE WELSH LANGUAGE

Can your child speak Welsh?	Yes		No	
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If 'yes' please answer the following questions

Which of the following best describes your child's fluency in Welsh?			
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	Speaks Welsh fluently		Speaks Welsh but not fluently	
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Does your child speak Welsh at home?	Yes		No	
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If 'yes' please tick one of the following boxes

Speaks Welsh with one parent or uardian only g	
Speaks Welsh with both parents or guardians	
Does not speak Welsh at home with parents or guardians	

Does your child speak Welsh at home with their siblings?	Yes		No	
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I do not wish information regarding Welsh Language to be recorded.	
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DECLARATION: (Parent or Guardian)

I confirm that the information held on this form is correct.

Signed: **Date:**

Relationship to child:

Do you identify as a disabled person?	Yes		No	
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Where parents knowingly give false information in order to obtain the advantage of a particular school for their child to which they would not normally be entitled they may render themselves guilty of an offence under Section 5(b) of the Perjury Act 1911.

Data Protection Act 1988

The information you give on this form will be used for the purpose of processing your application. The information you have provided may be used to detect and prevent fraud. The information may be shared for the same purposes with other organisations.

This form when completed should be returned to:-

The Headteacher, St Joseph's RC Primary School, 204 North Road, Cardiff. CF14 3BL.

FOR SCHOOL USE ONLY:

Date of Admission:

Class/Reg. Group:

- Birth Certificate copied and attached? Yes/No
- Baptism Certificate copied and attached? Yes/No
- Supporting Letter (any other faiths) copied and attached?
- Proof Of Residency copied and attached? Yes/No
- Proof of Residency copied and attached? Yes/No
- Eligible for Free Meals? Yes/No
- EAL? Yes/No

Educational Background

What age did your child start school? _____

Was this full-time or part-time? _____

Any long gaps in your child's education? Yes/No

If Yes, Please Give Reason

Other activities/interests:

Does your child have any medical needs? Yes/No

If yes, please give details -

When was your child's hearing last tested? _____

When was your child's vision last tested? _____

Does your child wear hearing aids? Yes/No

Does your child wear glasses? Yes/No

Has your child had a Health screening check? Yes/No When? _____

Does your child have any additional learning? Yes/No

If yes, please give details

Additional information:

PUPIL..... CLASS..... PARENT SIGNATURE

PLEASE COMPLETE AND RETURN

Do you consent to St. Joseph's Primary School using your email address to contact you with school related information?

Yes

No

Do you consent to St. Joseph's Primary School using your mobile phone number to contact you with reminders and notifications?

Yes

No

First Aid

Do you agree that in an emergency or during external activities, your child can receive first aid, medication or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present?

Yes

No

HOME SCHOOL AGREEMENT

- I acknowledge and understand the aims and values the Home School Agreement has as a Catholic School and the educational opportunities it will provide for my child with the Christian context.
- I acknowledge the type of support outlined in the "Parental Responsibilities" Statement within the Home School Agreement that will be necessary to ensure my child is helped towards reaching their full potential.
- I acknowledge what the school expects from all pupils.
- I acknowledge that as a parent, I am the primary educator of my child and have an irreplaceable role to play in supporting my child's learning at school.

Do you agree to the above statements?

Yes

No

PHOTOGRAPH/VIDEO PERMISSION

Do you give permission to take photographs or video recordings of your child when involved in events and activities? These images may be used in the school's prospectus, in other publications, the school's website (social media) and project display boards.

Yes

No

CONSENT FOR REGULAR EXTERNAL ACTIVITIES

Do you consent to your child participating in regular off-site activities from St Joseph's RC Primary School, but within the County or neighbouring areas. These may include environmental studies, swimming and sporting fixtures, joint activities with other schools/organisations, visits to local places of interest etc.

Yes No I understand that:

These activities will normally take place within the school day, but if they extend beyond this, adequate advance notice will be given so that I may make appropriate arrangements for my child's return home.

- All reasonable care will be taken of my child in respect of the activity/visit.

My child will be under an obligation to follow all directions given and observe all rules and regulations governing

the visit/activity and will be subject to all normal school/organisation discipline procedures during the visit/activity.

- I must inform the school of any changes to the medical and emergency contact details supplied.

All young people are covered by the Cardiff County Council's third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attributable to negligence by the Council or one of their employees. These arrangements do not provide personal accident cover.

HWB AGREEMENT

All pupils in maintained schools in Wales must be provided with a secure log-in to the Hwb platform. This is because mandatory reading and numeracy tests, currently on paper, will be moving online and must be completed by each pupil via the platform. The log-in will allow your child to take the mandatory online assessments, known as 'personalised assessments'.

Do you consent to your child's basic information being sent to the Welsh Government in order to provide your child with secure log-in details?

Yes No

The log-in will allow your child to take the mandatory online assessments, known as 'personalised assessments'.

For more information about the Hwb platform and how information about your child is used, please see <https://hwb.gov.wales/support-centre/trust-centre/data-protection/privacy-notice>

SEESAW AGREEMENT **NURSERY & RECEPTION CHILDREN ONLY TO COMPLETE THIS SECTION**

During the year, pupils will be using Seesaw (<http://seesaw.me>), a secure online journal where students can document and reflect on what they are learning in class. Your child will be able to add the things we work on (including photos, videos, worksheets, drawings and voice recordings) to their Seesaw journal and we can share them privately with you and other family members to view and comment on throughout the school year. In order for your child to use Seesaw, the app needs your child's name in order to be able to associate work like their photos, videos or voice recordings with their account. Seesaw only uses this information to provide the service and doesn't advertise in Seesaw, create profiles of students, or share or sell your child's personal information or journal content.

Do you agree to your child's name to be linked to their Seesaw Account?

Yes No

You can read more about their strong privacy promises here: <https://web.seesaw.me/privacy>. Under an EU law called the General Data Protection Regulation (GDPR), in order for your child to use Seesaw, the school must get your consent. For more information on GDPR, please visit <https://ec.europa.eu/info/law/law-topic/data-protection/reform/rights-citizens>.