



PUPIL APPLICATION FORM

Hanwell Fields Community School
Rotary Way
Banbury
OX16 1ER
Tel. 01295 709583
Headteacher: Mr Pearson

If you have any questions concerning the completion of this form, please contact the school secretary.

Please complete each side of this form for your child. The information will be used for administrative purposes within this school. It may also be sent on to your child's next school or other educational institution. It is important that you tell us if there are any changes to the information you give and, from time to time, we may ask you to confirm that it is correct. The school is entitled to collect this information under the provisions of the Data Protection Act 1998. If you have any questions concerning the completion of this form, please contact the headteacher or the school Office.

Please be aware that completion of this form does not guarantee a place for your child if this has not been notified in writing.

SECTION 1: PUPIL'S DETAILS:

Legal Surname: _____ Forename: _____

Preferred Surname: _____

Gender: Male / Female

Date of Birth __ / __ / ____

Middle Name: _____

Chosen Name: _____

Pupil Address Details:

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____ Home Tel: _____

Is this the pupil's home address ☐ or term time only address ☐ (tick one box only)

If your child has siblings already at our school please provide their name(s):

SECTION 2: CONTACT DETAILS:

To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent of a pupil. Please note that this includes: mother; married father- even if separated or divorced from the mother; unmarried father- provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child.

If any parents do not live with the pupil but require copies of school correspondence e.g. newsletters, pupil report, please notify the school.

Contact 1 Surname: _____ Forename: _____

Gender: Male / Female

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Pupil: e.g. Mother, Father etc _____

Does this contact have Parental Responsibility? Yes/No

1. Daytime Telephone Number: _____ is this a home ☐ work ☐ mobile number ☐

2. Alternative telephone number: _____ is this a home ☐ work ☐ mobile number ☐

3. Alternative telephone number: _____ is this a home ☐ work ☐ mobile number ☐

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

E-mail address: _____ home / work (*delete one*)

First Language: _____ Is a Translator Required? Yes/No

Contact 2 Surname: _____ Forename: _____

Gender: Male / Female

Title: Mr / Mrs / Miss / Ms / Dr / Rev Other: _____

Postcode: _____ House Number/Name: _____

Street: _____ Town/City: _____

County: _____

Relationship to Pupil: e.g. Mother, Father etc _____

Does this contact have Parental Responsibility? Yes/No

1. Daytime Telephone Number: _____ is this a home ☐ work ☐ mobile number ☐

2. Alternative telephone number: _____ is this a home ☐ work ☐ mobile number ☐

3. Alternative telephone number: _____ is this a home ☐ work ☐ mobile number ☐

Please add any details that will help us contact you e.g. the name of your work place, extension number: _____

E-mail address: _____ home / work (*delete one*)

First Language: _____ Is a Translator Required? Yes/No

If you have any further contacts (to include adults who have your permission to pick up your child from school) please provide their information on a separate piece of paper and attach it to this form.

SECTION 3: MEDICAL INFORMATION

Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information will be available to school staff and to the School Health Nurse Service and any other National Health Service professionals, as required.

GP's name: _____ Telephone number: _____

Address of practice: _____

Post Code: _____

In the event of an emergency do we have your consent to contact your child's doctor directly?

Yes ☐ No ☐

Has your child had his/ her pre-school booster? Yes ☐ No ☐ Don't know ☐

Do you give consent to your child's vision being screened by the School Health Nursing Service? Yes ☐ No ☐

Does your child suffer from:

Does your child have any problems with:

Asthma ☐
Epilepsy ☐
Diabetes ☐
Bowel or bladder conditions ☐
Serious allergies ☐
Any other medical conditions ☐

Mobility ☐
Behaviour ☐
Hearing ☐
Speech ☐
Vision ☐
Wears glasses ☐

If you have ticked any of the boxes, please give details:

Does your child need regular medication on prescription? Yes ☐ No ☐

Will your child need medication during school hours? Yes ☐ No ☐

If you have answered 'Yes' please contact the school to make an appointment to discuss your child's needs with school staff.

Does your child suffer from any condition which may affect his/ her participation in PE/ sport/ swimming? Yes ☐ No ☐

If you have answered YES to any of the above please give details...

SECTION 4: ETHNIC MONITORING:

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the school's and the LA's equal opportunities policies and practices in maximising your child's progress and achievement. White British should include any pupils from England, Scotland, Wales and Northern Ireland. White Irish should include any pupils from the republic of Ireland.

White British	<input type="checkbox"/>	Asian or Asian British - Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British - any other Asian background*	<input type="checkbox"/>
White Traveller of Irish heritage	<input type="checkbox"/>	Asian or Asian-British- Pakistani	<input type="checkbox"/>
Any other white background*	<input type="checkbox"/>	Black or Black-British - African	<input type="checkbox"/>
White Gypsy/ Roma	<input type="checkbox"/>	Black or Black-British - Caribbean	<input type="checkbox"/>
Mixed – any other mixed background*	<input type="checkbox"/>	Black or Black-British - any other black background*	<input type="checkbox"/>
Mixed - White and Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed - White and Black African	<input type="checkbox"/>	Any other ethnic group*	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
Asian or Asian British -Bangladeshi	<input type="checkbox"/>	*(please specify)_____	<input type="checkbox"/>

Please tick the main language spoken by your child at home. Please tick one box only.

English	<input type="checkbox"/>	Gujerati	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>	Chinese (Mandarin/Cantonese)	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	Albanian	<input type="checkbox"/>
Bengali/ Bangla/ Sylheti	<input type="checkbox"/>	Caribbean Creole	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	Other_____	

Please tick your child's religion, if you wish. Please tick one box only.

Christian	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	No religion	<input type="checkbox"/>

SECTION 5: ADDITIONAL INFORMATION:

Would you like an opportunity to discuss your child's health with the school? Yes ☐ No ☐
-the School Health Nurse? Yes ☐ No ☐

Does your child receive Free School Meals (FSM)? Yes ☐ No ☐ Don't know ☐

Please indicate which type of meal your child will usually be taking at school:

Free school meal	<input type="checkbox"/>	Packed Lunch	<input type="checkbox"/>
Paid school meal	<input type="checkbox"/>	Other	<input type="checkbox"/>

Does your child have any **dietary allergies/special** requirements – If so please note below

How will your child travel to school generally? Please tick **one** box only.

Walks	<input type="checkbox"/>	Car	<input type="checkbox"/>	School coach	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	Bus	<input type="checkbox"/>	Train	<input type="checkbox"/>	Other	_____

Do you have/Require uniform allowance?

Yes/No (If yes please ask for form)

Is this child in care? Yes / No If yes please give details:

Start of placement: __ / __ / ____

Care Authority: _____

By law, children in families claiming Income Support or Income Based Jobseeker's Allowance are entitled to free school meals (provided evidence of these benefits has been made available to the school). Even if your child will not be taking free school meals it is important that we have this information since it affects our funding and the way in which the school's performance in tests and examinations is compared with that in other schools. We will ask this question again from time to time to ensure that our records are accurate, and on occasion may need to see relevant proof.

SECTION 6: UNDER 5's (please only fill this in if your child is under 5 year's of age)

Name of Health Visitor: _____

Health Visitor's Surgery: _____

Has your child had their 2 year-check completed by their Health Visitor? YES/NO

Were there any follow-ups or concerns raised by the Health Visiting team following your child's 2 year-check?
If yes, please provide further details: _____

Has your family/child had any involvement with Social Care? YES/NO

If yes, name of Social Worker: _____

Early Years Funding:

Parent 1 National Insurance Number: _____

Parent 2 National Insurance Number: _____

30 hours eligibility code (if applicable): _____

For Staff Only

Birth certificate seen: YES/NO

Member of staff signature: _____

Red Book seen: YES/NO

Member of staff signature: _____

SECTION 7: SCHOOL HISTORY:

*Please give details of all previous settings attended by your child- if any.
Continue on a separate page if there is insufficient space.*

School 1: Name of school or pre-school setting: _____

Address of school or pre-school setting: _____

Post Code: _____

Date of arrival at this school: __/__/____ Date of leaving this school __/__/____

Reason for leaving this school: _____

School 2: Name of school or pre-school setting: _____

Address of school or pre-school setting: _____

Post Code: _____

Date of arrival at this school: __/__/____ Date of leaving this school __/__/____

Reason for leaving this school: _____

SECTION 8: YOUR SIGNATURE:

DECLARATION

The information I have given in this form is complete and accurate. I understand that my personal information is held securely and will be used only for school purposes. I agree to Hanwell Fields Community School using this information to process my application.

Please sign and date this form below:

Signature _____ Date _____

Name (in block capitals please) _____

Relationship to child _____

For school use only

UPN: _____ **Admission date:** __/__/____

Birth Certificate seen ☐ **School Health Nurse signature** _____ **Date** _____

Address verified ☐ **(e.g. council tax bill, proof of exchange of contract)**