



## ADMISSION FORM

Please complete all sections of this form **CLEARLY AND FULLY IN BLOCK CAPITALS**. If you move address or there are any changes to your details please inform the school immediately.

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### 1. Child's Details:

Legal Surname: ..... Legal First Name: .....

Legal Middle Name: .....

Gender: Male/Female

Date of Birth:.....

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### 2. Registration Details: (To be completed by the school)

UPN NO:..... Admission Date: .....

Unique Pupil Number (UPN) is a thirteen digit number given to all pupils who have attended a state school/nursery in the UK. This is given by the first state school they attended and can be obtained directly from the school. This is not required for pupils who attended a private school/nursery.

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### 3. Home Address for your Child

Current Home Address: .....

.....

Postcode: .....

**4. Please complete sections 4a, 4b, 4c, and 4d ensuring that you prioritise them accordingly.** The person with priority level 1 will be the first person the School will contact during School hours including in the event of an emergency. **We must have contact details of four individuals for your child's safety. It is really important that you inform us if either of the parents are in a legally binding arrangement over parental responsibility.**

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#### 4a. Emergency Contact Details 1

Priority Level (please circle one)

1 2 3 4

Title: Mr/Mrs/Ms ..... Full Name .....

Relationship: ..... Parental Responsibility: Yes / No

Daytime Contact Telephone Numbers: Home: .....

Work: ..... Mobile: .....

E-mail Address: .....

Occupation: ..... Place of Work .....

Home Address: .....

.....

Postcode: .....NI.No:.....

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**4b. Emergency Contact Details 2**

Priority Level (please circle one) 1 2 3 4

Title: Mr/Mrs/Ms ..... Full Name .....

Relationship: ..... Parental Responsibility: Yes / No

Daytime Contact Telephone Numbers: ..... Home: .....

Work: ..... Mobile: .....

E-mail Address: .....

Occupation: ..... Place of Work .....

Home Address: .....

.....

Postcode: .....NI.No:.....

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**4c. Emergency Contact Details 3**

Priority Level (please circle one) 1 2 3 4

Title: Mr/Mrs/Ms ..... Full Name .....

Relationship: ..... Parental Responsibility: Yes / No

Daytime Contact Telephone Numbers: ..... Home: .....

Work: ..... Mobile: .....

E-mail Address: .....

Occupation: ..... Place of Work .....

Home Address: .....

.....

Postcode: .....

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**4d. Emergency Contact Details 4**

Priority Level (please circle one) 1 2 3 4

**If one parent lives at a separate address to that of the above please give this address.** **Please tick if all correspondence should be sent to both address**

Title: Mr/Mrs/Ms ..... Full Name .....

Relationship: ..... Parental Responsibility: Yes / No

Daytime Contact Telephone Numbers: ..... Home: .....

Work: ..... Mobile: .....

E-mail Address: .....

Occupation: ..... Place of Work .....

Home Address: .....

.....

Postcode: .....NI.No:.....

**4e. Sibling's Details** – please indicate if your child has any siblings in this school. If yes please give name, year group and date of birth below.

Brother's and Sister's Full Name/s:	Date of Birth:	Year group / class
.....	.....	.....
.....	.....	.....
.....	.....	.....

**5. School Lunches (Prasad)**

All pupils are expected to have school lunch (Prasad). Avanti schools DO NOT allow packed lunches. A core part of our ethos is around the provision of low cost nutritious vegetarian meals. Sharing tasty, healthy school lunches is an integral part of the educational experience at an Avanti school. It's also an opportunity to enhance social skills, ensuring lunchtimes are a positive experience for all. School staff often enjoy taking lunch with pupils, creating a family atmosphere.

Meals are also designed to meet the needs of children with specific allergies. Packed lunches are only allowed if there is a specific medical requirement, supported by a letter from an appropriate medical doctor stating that the child cannot have school lunches. Please speak to the school office if you require further information.

We strongly encourage parents who have financial constraints to apply for Free School Meals. An application form can be obtained from the school office. Any forms received by the school will be kept confidential.

From 1<sup>st</sup> September 2014, The Government introduced Universal Infant Free School Meals (UIFSM) for children in Reception to Year 2 (4-7yrs). This means that you will not need to pay for your child's school meal. However, if you are eligible for Pupil Premium we would like to encourage you to complete our Pupil Premium form.

If your child/children are Years 3 to 6 (7yrs and above) you will be asked to pay for school meals and details of your payment options will be sent from the school office. The cost of school lunches is kept to a minimum £2.00 per day. You may be eligible for Pupil Premium and may not be aware of it. If you think that you are eligible for Free School meals please complete an application form for Pupil Premium.

Please refer to our website for the benefits of Pupil Premium. Please speak to school office if you require further information or a copy of the Pupil Premium form.

**6. Please tick below if your child been involved with any of the following agencies:**

- CAMHS Input     Counselling     Education Welfare Officer     Education Psychologist
- Social Services     Speech & Language support     Special needs – (if ticked please describe the needs and how we can best support this) .....

Is there anything else you would like to tell us about your child?                      Yes/No (if yes please complete the concerns form on child protection and safeguarding policy).

Do you have you any concerns? If Yes, please fill out the concerns form attached.                      Yes/No

If Yes, would you like to speak to a member of staff confidentially?                      Yes/No

**7. Medical Details** – information from this section may be shared with the inclusion officer and appropriate school staff. If further details are required a member of the staff will contact you.

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**GP Surgery Details**

Child's Name:..... Child's NHS Number: .....

NHS number can be found on your child's NHS card/hospital letters or by contacting your GP

Surgery Name:.....

GP's Name: .....

Surgery Address:

.....  
.....

Postcode: .....GP'S Daytime Telephone Number: .....

Website: ..... Email: .....

**Dental History**

Does your child have a dentist? Yes/No

Has your child attended a dental check-up in the last 12 months? Yes/No

Surgery Name:.....

Dentist's Name: .....

Surgery Address:

.....  
.....  
.....

Postcode: ..... Telephone Number: .....

Website: ..... Email: .....

**Medication:**

The School will not be able to administer medicine to your child unless we receive parental agreement for school to administer the medication (you must complete a medical form). Please note that the school can only administer medication if they have been prescribed by GP/Hospital with Pharmacy Label. Please ensure that you supply the school with a valid medication and replenish medications before its expiry date.

Please tick below if:

your child takes any medication? For example: Asthma inhalers, cream for eczema, Epi-pen for severe allergies, Hayfever. Please do not include home remedies.

If yes, please state name of the medication: ..... and purpose of the medication: .....

your child allergic to any medications?

your child allergic to plasters?

your child requires the medication during school hours?

\*If your child takes any medication the school will require the medication on the first day of your child's school day. You must complete a consent form for the school to administer the medication.

**Medical History** – (please tick **one** or more of the below):

**Does your child have any difficulties with:**

- Communication     Eyesight     Hearing     Movement     Manipulative Skills     Speaking  
 Understanding Instructions

**Have you ever been told by a health care professional that your child has:**

- ADD/ADHD     Asthma     Bleeding disorder     Bone/muscle disease     Coeliac     Diabetes  
 Eczema     Epilepsy /Seizure disorder     Febrile Convulsion     Gluten Intolerant  
 Heart Condition     High Blood Pressure     Mental Health Condition     Skin condition  
 Other .....

**Does your child experience any of the following?**

- Emotional concerns     Fainting spells     Frequent ear aches     Frequent stomach aches  
 Frequent headaches     Heatstroke     Nose bleeds     Physical disability  
 Other .....

**Life Threatening Conditions**

Does your child have a life threatening health condition? \*Yes/No

If yes please describe the condition details further and the treatment required i.e. Medication.

.....  
.....

**Medical Procedures (operations):** Please give below details and dates of any operations your child has undergone.

Dates:                      Operation Details:

.....  
.....

**Allergies**

Does your child have any allergies? Yes/No (if yes please state details): .....

- Animals .....     Bees.....     Food.....  
 Hay fever .....     Medication.....     Plants .....  
 Other.....

Please describe the allergic reaction and the treatment for each allergy ticked or described:

.....  
.....  
.....

**Disability:**

Does your child or any other member of your family have a disability or health concern that we can help you with?  
If yes, please state below who is affected and give brief details of their disability.

Full Name: .....

Relationship to the child: .....

.....

**8. Communication/Religion/Ethnicity - Details of Your Child**

**Communication**

Please indicate your child's Home Language (main language your child speaks at home)? Please tick **one** of the below:

- |                                     |                                  |                                    |   |                                  |
|-------------------------------------|----------------------------------|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Arabic     | <input type="checkbox"/> Bengali | <input type="checkbox"/> Cantonese | <input type="checkbox"/> English              | <input type="checkbox"/> Farsi   |
| <input type="checkbox"/> French     | <input type="checkbox"/> German  | <input type="checkbox"/> Greek     | <input type="checkbox"/> Gujarati             | <input type="checkbox"/> Hindi   |
| <input type="checkbox"/> Italian    | <input type="checkbox"/> Korean  | <input type="checkbox"/> Kutch     | <input type="checkbox"/> Other (please state) | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Somali  | <input type="checkbox"/> Spanish   | <input type="checkbox"/> Sylheti              | <input type="checkbox"/> Tamil   |
| <input type="checkbox"/> Turkish    | <input type="checkbox"/> Urdu    |                                    |   |                                  |

Your child's First Language (what is the first language your child spoke) .....

What is your home language: (what language do you speak at home): .....

Is English an Additional Language? (select 'yes' if the language in which your child is usually spoken to at home is **not** English): Yes/No

Can your child speak English? Yes/No

Can your child understand instructions in English? Yes/No

Are there any languages other than English spoken at home by any family member residing at the same address as the child? If yes, please state which languages are spoken and by whom:

.....

**Religion of your child** (please tick **one** or more of the below):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Buddhist          | <input type="checkbox"/> Christian Brethren | <input type="checkbox"/> Christian Other/unspecified | <input type="checkbox"/> Church of England |
| <input type="checkbox"/> Greek Orthodox    | <input type="checkbox"/> Hindu              | <input type="checkbox"/> Humanism                    | <input type="checkbox"/> Jain              |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Jewish             | <input type="checkbox"/> Muslim                      | <input type="checkbox"/> No Religion       |
| <input type="checkbox"/> Roman Catholic    | <input type="checkbox"/> Sikh               | <input type="checkbox"/> Other (please state).....   |  |

**Ethnic Origin of Your Child** (please tick **one** of the below):

<p>Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background	<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Any other White background
<p>Black or Black British Caribbean</p> <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	<p>Mixed</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background
<input type="checkbox"/> Any other ethnic background	<input type="checkbox"/> I do not wish an ethnic background category to be recorded

Is your child an asylum seeker?	Yes/No	Is your child a refugee?	Yes/No
Are you receiving any benefits for this child?	Yes/No		
Does your child have a British Passport?	Yes/No	If yes, how long has your child had it? .....	
If no, are you hoping to get one soon?	Yes/No		
Child's Nationality: .....		Child's Passport Number: .....	
Ethnicity information provided by: Parent/Guardian (please circle one)			

**9. Additional Information**

**Please tick if the following information is applicable as you may be entitled to Pupil Premium Grant.**

- I/we have adopted our child ?
- My/our child is considered to be looked after by the local authority?
- Are either parent/carer in the army/forces/ services?

**Mode of travel**

Please indicate your child's **main** mode of travel to and from School (please tick **one** of the below):

- Walking
- Car
- Car-Share
- Bus
- Tube
- Other (please specify): .....

**Collection Consent**

**Please note children will not be allowed to go home with anyone under the age of 18.**

Please state below details of persons (other than parents) whom you consent to collect your child from School:

Full Name Including Title:	Relationship to Child:
.....	.....
.....	.....
.....	.....
.....	.....

**10. School History for Your Child**

Please list any previous school (including nursery or playgroup) your child has attended:

Name of School: ..... Is this a private school? Yes/No

Telephone Number:.....

Address Including Postcode: .....

.....

How long was your child at the above school for? .....

Date of Leaving: .....

If your child has recently arrived in the UK, what date did your child arrive in this country? .....

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**11. I the Parent/Guardian of (child's full name) .....**

**HEREBY CONSENT to:**

**Administering Medications** at school as stated in the medical condition section.

**Copyright permission** will be requested from the School if I would like to obtain or use any images or data created by the School.

**Communications (emails and mobile numbers)** will be used by ParentMail for communication purposes. All parents with parental responsibility will have access to ParentMail a system used for school communication purpose to send e-mails and/or text message (for example letters, newsletters, events, workshops, school trips etc.) unless we have been informed there are court orders in place.

**Data exchange** with the Borough to update records regularly.

**Emergency consent** in the event of an emergency my child can be taken to hospital for treatment without delay.

**Internet access in school** (including the use of internet at School by my child and recording of my child's progress on the School database).

**Images** such as, but not limited to, videos and photos taken in School and in events the School takes part in. Images of my child may be used for the following purposes:

- To record the progress my child makes.
- To support learning
- To support training of staff, occasionally shared with other schools.
- To use as evidence for students when they come to work with Krishna Avanti School.
- For Local Education Authority Publications, Newspapers and Media when there are topics of interest.
- For use on the School website, Newsletters, Educational Purposes and School Database including Avanti School's Trust.

**Medical:** I understand the information given above is correct and may be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorised emergency contact person cannot be reached at the time of medical emergency, I authorise and direct the school staff to send my child to the most easily accessible hospital, physician or call the ambulance. I also understand that staff at Krishna Avanti School may need to medically attend to my child, whilst he/she is at school, during the school years. I note that Krishna Avanti school and its employees are not liable for any claims of whatsoever nature arising during the period of education in the academic year by virtue of the attendance of the pupil except incidents arising from the negligence of Krishna Avanti school or its servants and I warrant that the information given above is correct to the best of my knowledge. I agree that the teacher in charge of the class /first aid administering may act on my behalf on all matters affecting or concerning my child. I understand that all reasonable efforts will be made to contact me before taking any action, but accept that in particular cases this may not be possible. I agree to Krishna Avanti school making any further enquires that it considers necessary to establish whether my child is medically fit to participate in activities provided by the school in the light of the information given above.

**Medication:** In line with the medication policy we do not administer any medication unless prescribed by a doctor. In this circumstance we would kindly request that you communicate with us with regards to holding /administering medication on your child behalf. Pupils should not carry medication around with them under any circumstances (including home remedies/non prescribed medication).

**Payments (through ParentPay)** are made regularly to ensure my child's account is in credit. This may be related to meals, trips, clubs and other items.

**School visits and excursions by** my child

**Sex education and relationships,** according to faith teachings taught at School, for my child.

**Signed Parent/Guardian:** .....

**Date:** .....

**Relationship to the pupil** .....





# KRISHNA AVANTI

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## Appendix 6.3: Parent/Carer Acknowledgement Form (Child Protection and Safeguarding Policy)

Krishna Avanti Primary School has a Child Protection and Safeguarding Policy which means that staff will do everything they can to make sure that all the children in the school are free from harm, either in school or when the children are away from school.

To help staff keep your child safe, every member of staff must have training in child protection on a yearly basis, and the school has a Designated Child Protection Officer (DCPO) and a Deputy DCPO who looks into any worries about children in school, and who looks out for children who are thought to be at risk.

The school will inform the local authority if there are any significant reasons to be worried about your child's wellbeing. The school may become worried about a child if they notice behaviour and mood changes, physical marks, worrying play or social behaviours, or if a family member of a child says something that makes the school think the child might be at risk of harm.

The school will usually inform you that they are making a child protection referral, but they are not required to tell you, nor do they need your consent to make a referral.

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Name of Child:..... Year: .....

Child's Date of Birth:.....

Name of Parent/Carer (1) .....

Relationship to Child .....

I have read the Krishna Avanti Primary School Child Protection Policy and I understand the actions that might be taken if there are any causes for concerns about my child.

Signature:..... Date:.....

Name of Parent/Carer (2) .....

Relationship to Child .....

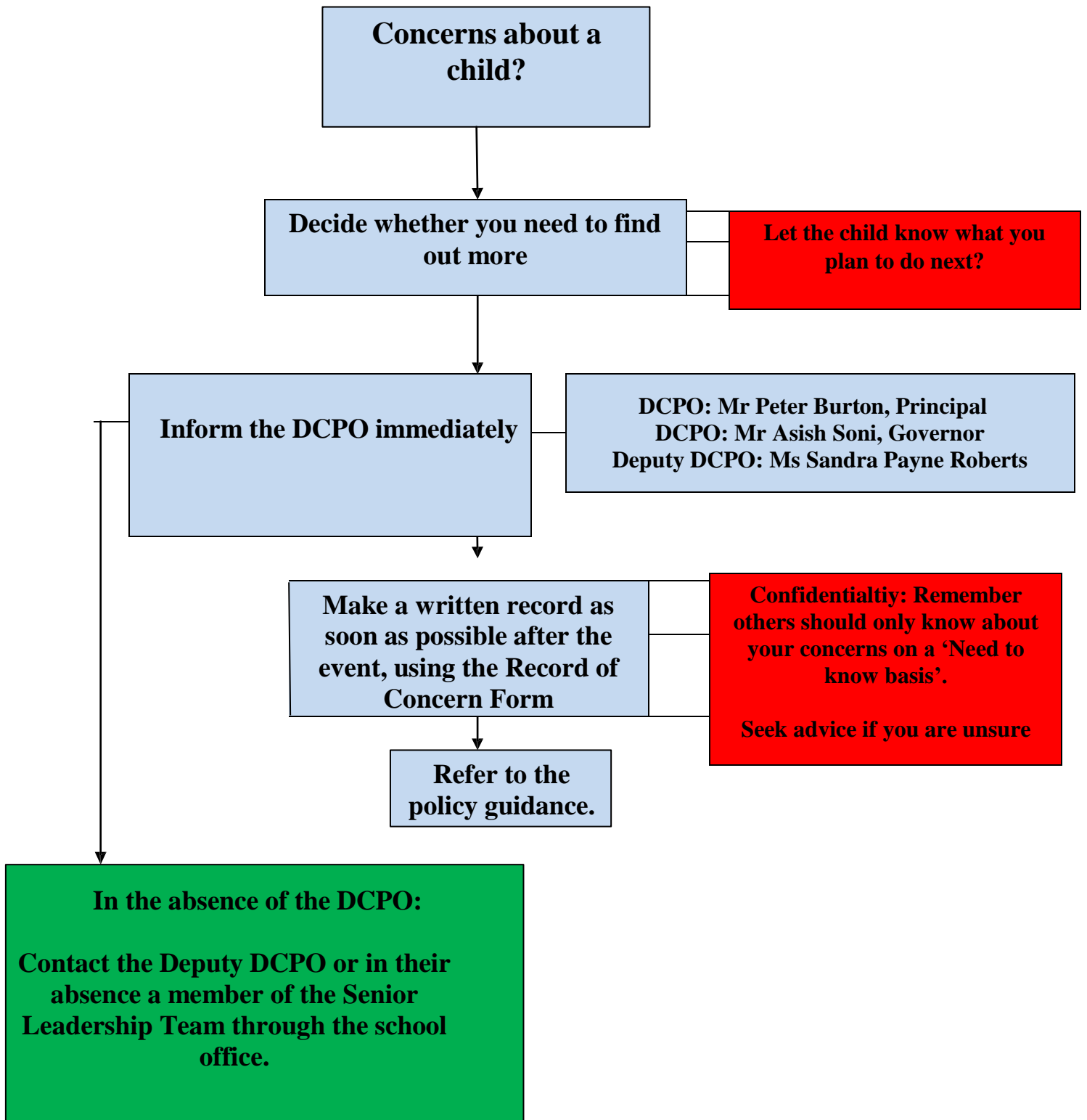
I have read the Krishna Avanti Primary School Child Protection Policy and I understand the actions that might be taken if there are any causes for concerns about my child.

Signature:..... Date:.....



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DCPO- Designated Child Protection Officer (Principal / Governor)  
DDCPO- Deputy Designated Child Protection Officer (Deputy Principal)

## Appendix 6.5 Record of Concern Form

### RECORD OF CONCERN

Child's Name :			
Child's DOB :			
Male/Female :	Ethnic Origin :	Disability Y/N :	Religion :
Date and time of concern :			
Your account of the concern : (what was said, observed, reported and by whom)			
Additional information : (your opinion, context of concern/disclosure)			
Your response : (what did you do/say following the concern)			
Your name :			
Your signature :			
Your position in school :			
Date and time of this recording :			
Action and response of DCPO/Deputy or other: Please specify:			
Name: .....			
Date:.....			