

Forms for Parents/Carers to Sign and Return



Admissions 2022/23

Thank you in advance for completing this booklet. Please can we kindly request that it is returned it to the school office by **Friday 10th June**, using the envelope provided.













Headteacher: Mr Adam Lewis

Administrative Officer: Mrs Dawn Elliott

Sutton Veny CE Primary School High Street Sutton Veny Warminster Wiltshire BA12 7AP

Telephone: 01985 840428 Fax: 01985 840075 E-mail: admin@suttonveny.wilts.sch.uk

Website: www.suttonveny.wilts.sch.uk



Home and School Agreement

At Sutton Veny CofE Primary School we are proud of our reputation for high standards of behaviour. We are a caring community, whose values are built on mutual trust and respect for all. At Sutton Veny CofE Primary School we want the very best for every child and so we provide an environment where they will be safe, happy, thrive and succeed. Our strong team of staff and governors are driven by a common goal <u>— to value, care for, guide and support each child to help them realise their potential.</u> We have consistent systems in place to promote positive behaviour and emotional well-being. This creates the conditions for an orderly community in which effective learning can take place.

I/We will

- ✓ See that my child comes to School regularly, on time and properly equipped.
- ✓ Support the School's policies and guidelines for behaviour and uniform.
- ✓ Support my child in homework and other opportunities for home learning.
- ✓ Take an active and supportive interest in my child's progress, including attending meetings.
- ✓ Take an active interest in the School and its activities in order to encourage my child to take a full part in the School community.
- ✓ Make the School aware of any concerns or problems that may affect my child's work, behaviour or progress.

Signature/s	Date

The School will:

- ✓ Aim for high standards in work and behaviour.
- ✓ Provide a safe and happy environment in which your child can develop spiritual, academic, physical and social potential.
- ✓ Provide a broad and balanced curriculum through good quality teaching that will meet the individual needs of your child.
- ✓ Keep you informed of your child's progress and news about school life.
- ✓ Be open and welcoming at all times and offer opportunities for you to become involved in your child's learning and the daily life of the school.

CHAIR OF GOVERNORS: Dr Tom Finnie HEAD TEACHER: Mr Adam Lewis

DATE: May 2022



Admission Information

Child's Information

Child's surname / family name:	Child's first and middle name:
Child's legal surname / family name if different from above:	Child's date of birth (Day Month Year):
Male / Female (Please circle)	Position in family: out of children in family
Child's Home Address	

Parent/Guardian Information

r arentifouaratan Injormation	
Priority 1 Parent (Our first point of contac	t for the child)
Name/s and relationship to child:	
Address (only if different from above):	
E-mail Address:	
Home Telephone Number:	Mobile Telephone Number:
Work Telephone Numbers:	
Priority 2 Parent (Our second point of con	tact for the child)
Name/s and relationship to child:	
Address (only if different from above)	
E-mail Address:	
Home Telephone Number:	Mobile Telephone Number:
Work Telephone Numbers:	
If you are separated from your child's mother/father,	
provide details below: (Including Name, address, e-m	ail and telephone number):

Emergency Contacts

In any emergency we would always do our best to contact a child's parents/carers first. However, in the event that we are unable to get hold of you, please supply the names of two emergency contacts below:

1. Contact Name and Relationship to Child:	1. Telephone Number:
2. Contact Name and Relationship to Child:	2. Telephone Number:

Further Information

Child's Doctor:	Surgery Address and Telephone Number:
Child's First Language:	Child's Religion:
Child's Ethnicity:	UK Service Personnel (Please circle) : Yes/No
Child's Special Needs:	Child is looked after by a foster carer: Yes/No



Medical Information

In order for us to ensure that we hold accurate medical information about your child, we would be grateful if you would take a few minutes to complete and return this form. It is important that you complete the form even if your child does not have a medical condition. The information requested is of course confidential and we will contact you if we require further information.

Child's full name:				
DOB:				
Known medical conditions:				
Does your child have any known medical cond appropriate and give any necessary informatio		or do you ha	ive concerns in the fo	ollowing areas? Please circle as
Hearing	Yes	No	()
Speech	Yes	No	()
Eyesight	Yes	No	()
Asthma	Yes	No	()
Epilepsy	Yes	No	()
Prone to fainting	Yes	No	()
Allergies (including food allergies)	Yes	No	()
Eczema	Yes	No	()
Diabetes	Yes	No	()
Day-time wetting/soiling	Yes	No	()
Difficulty with co-ordination/clumsiness	Yes	No	()
Does your child take any regular medication?	Yes	No	()
Does your child require an asthma inhaler?	Yes	No	()
Does your child require an Epi-pen?	Yes	No	()
Any other medical conditions not listed?	Yes	No	()
Signed:		(Parent/C	arer)	
Date:				

Please note that it is your responsibility to inform us if your child's medical needs change throughout the time they are at school. You can do this by collecting a copy of this form from the school office.



Permissions and Dietary Information

Name of Child:			
Please place a tic	k in either the 'yes' or 'no' box	for each statement below:	
	on for photographs of my child leases and our website.	to be taken for display purposes, for promotional	
□ Yes □ No			
J .	on for my child to be taken on re all within close walking dista	local walks and trips (e.g. within the Village e.g. to t nce.	:he
□ Yes □ No			
Any specific di	etary requirements, or food	l allergies, that we need to be aware of:	
(Please t	ick)		
	Vegetarian	Non-dairy	
	Vegan	Gluten Free	
	Diabetic	Nut allergy	
	Coeliac	Other: (Please explain)	
Signed:		Date:	
J ————			



Ethnicity, Nationality and Language Data Collection

Pupil's name	
Ethnicity Our ethnic background describes how we think of ourselves. This may be for example, our skin colour, language, culture, ancestry or family history same as nationality or country of birth.	
Please study the list below and tick one box only to indicate the ethnic named above. Please also tick whether the form was filled in by a parent White • [] White British • [] White Irish • [] White Traveller / Traveller of Irish Origin	or the pupil. Code WBRI WIRI WIRT
 [] White Turkish / Turkish Cypriot [] White Eastern European [] White Western European [] White Gypsy [] White Roma [] White other 	WTUR WEEU WWEU WROM WROM WOTW
 Mixed [] Mixed White and Black Caribbean [] Mixed White and Black African [] Mixed White and Asian [] Any other mixed background Asian or Asian British [] Indian 	MWBC MWBA MWAS MOTH
 [] Pakistani [] Bangladeshi [] Nepalese [] Other Asian Black or Black British [] Black Caribbean 	APKN ABAN ANEP AOTA BCRB
 [] Black African [] Any other Black background Chinese [] Chinese Any other ethnic background 	BAFR BOTH CHNE
 [] Filipino [] Japanese [] Moroccan [] Thai 	OFIL OJPN OMRC OTHA

OOEG

• [] Any other Ethnic Group

Pupil's Country of Birth
It is expected that this will be the country of birth that appears on your child's birth certificate or
passport. There is no requirement for the school to see either of these documents.
[] My child's country of birth is
[] I do not wish a country of birth to be recorded.
Pupil's Nationality For children whose nationality is not British, this should be the nationality recorded on your child's passport or EEA identity card. There is no requirement for the school to see either of these documents. If your child has multiple nationalities, please record all nationalities below.
[] My child's nationality is
[] I do not wish a nationality to be recorded.
Pupil's First Language Please record a first language, where it is other than English, if your child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.
If your child was exposed to more than one language (which may include English) during early development, please record the language other than English, irrespective of the child's proficiency in English.
[] My child's first language is English. [] My child's first language is
[] I do not wish a first language to be recorded.
This information was provided by:
Parent []
Pupil []

Any information you provide will be used to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds. The information will be passed on to the Local Authority and the Department for Education (DfE) to contribute to local and national statistics, and to help ensure that all pupils have the opportunity to fulfil their potential. The information will also be passed on to future schools, to save it having to be asked for again.