

Forms for Parents and Carers to Sign and Return



Admissions 2023/24

Thank you in advance for completing this booklet and providing us with all the information that we need. Please can we kindly request that it is returned it to the school office by **Friday 9**th **June**, using the envelope provided.



Headteacher: Mr Adam LewisAdministrative Officers: Mrs Sophie Wilbond and Mrs Dawn ElliottSutton Veny CE Primary School High Street Sutton Veny Warminster Wiltshire BA12 7APTelephone: 01985 840428Fax: 01985 840075E-mail: admin@suttonveny.wilts.sch.ukWebsite: www.suttonveny.wilts.sch.uk



Sutton Veny CofE Primary School 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 our school vision:

Together, through Friendship, in Peace and with Courage, We Reach for the Stars.

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.

Name of child: _____

I/We will

- \checkmark See that my child comes to School regularly, on time and properly equipped.
- ✓ Support the school's policies and guidelines for behaviour and uniform.
- \checkmark 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.

THE PARENTS/CARER

Signature/s Date

The School will:

- \checkmark 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 Thomas Finnie HEADTEACHER: Mr Adam Lewis DATE: September 2023



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	Child's date of birth (Day Month Year):	
above:		
Male / Female (Please circle)	Position in family: out of children in family	
Child's Home Address		

Parent/Guardian Information

Priority 1 Parent (Our first point of c	ontact 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 o	of contact 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 moth provide details below: (Including Name, add	her/father, we can provide separate communication. Please dress, e-mail 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 conditions, or do you have concerns in the following areas? Please circle as appropriate and give any necessary information.

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	()

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 tick in either the 'yes' or 'no' box for each statement below:

1. I give permission for photographs of my child to be taken for display purposes, for promotional material, press releases and our website.

- 🗆 Yes
- 🗆 No

2. I give permission for my child to be taken on local walks and trips (e.g. within the Village e.g. to the Church). These are all within close walking distance.

- 🗆 Yes
- 🗆 No

Any specific dietary requirements, or food allergies, that we need to be aware of:

(Please tick)

Vegetarian	Non-dairy	
Vegan	Gluten Free	
Diabetic	Nut allergy	
Coeliac	Other: (Please explain)	

Signed: _____

Date: _____

Ethnicity, Nationality and Language Data Collection

Pupil's name.....

Ethnicity

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the list below and **tick one box only** to indicate the ethnic background of the pupil or child named above. Please also tick whether the form was filled in by a parent or the pupil. White Code

White	Code
• [] White British	WBRI
• [] White Irish	WIRI
[] White Traveller / Traveller of Irish Origin	WIRT
 [] White Turkish / Turkish Cypriot 	WTUR
• [] White Eastern European	WEEU
[] White Western European	WWEU
• [] White Gypsy	WROM
• [] White Roma	WROM
• [] White other	WOTW
Mixed	
 [] Mixed White and Black Caribbean 	MWBC
 [] Mixed White and Black African 	MWBA
[] Mixed White and Asian	MWAS
• [] Any other mixed background	MOTH
Asian or Asian British	
• [] Indian	AIND
• [] Pakistani	APKN
• [] Bangladeshi	ABAN
• [] Nepalese	ANEP
• [] Other Asian	AOTA
Black or Black British	
• [] Black Caribbean	BCRB
• [] Black African	BAFR
[] Any other Black background	BOTH
Chinese	
• [] Chinese	CHNE
Any other ethnic background	0.571
• [] Filipino	OFIL
• [] Japanese	OJPN
• [] Moroccan	OMRC
• [] Thai	OTHA
• [] Any other Ethnic Group	OOEG

[] I do not wish an ethnic background category to be recorded REFU

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.

[] 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.