



SCHOOL ADMISSION BOOKLET

[www.johngaunt.norfolk.sch.uk](http://www.johngaunt.norfolk.sch.uk)

**JOHN OF GAUNT INFANT AND NURSERY SCHOOL**

**SCHOOL ADMISSION BOOKLET**

**Welcome to John of Gaunt Infant and Nursery School.**

Enclosed in this booklet are registration and consent forms that we need you to complete in full and return to the school office. If you are unsure about anything, please do not hesitate to contact us and we will be happy to help you.

**Please return completed admission booklet and a copy of your child’s birth certificate to:**

The School Office

John of Gaunt Infant and Nursery School

Hungate Street

Aylsham

Norfolk

NR11 6JZ

**Or email to:**

office@johngaunt.norfolk.sch.uk

**Please note by completing these forms you are giving us consent to hold the information provided in accordance with the General Data Protection Regulations.**

**JOHN OF GAUNT INFANT AND NURSERY SCHOOL ADMISSION FORM**

Please complete this form to ensure we have the most up-to-date information about your child. If there are parts you cannot yet complete, please tell us about these when you return the form.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF THE CHILD TO BE ADMITTED** | | | | | | | |
| Forename:  *(legal forename must be provided for exam purposes)* | | Middle name(s):  *(legal middle name(s) must be provided for exam purposes)* | Surname:  *(legal surname must be provided for exam purposes)* | Preferred surname:  *(for use in school only)* | | | |
|  | |  |  |  | | | |
| Preferred forename if this differs from their legal forename.  Please indicate the forename your child would like to be known as in class: | | | |  | | | |
| **PLEASE NOTE: We will use your child’s preferred forename and surname in class, however all reports, certificates and written correspondence will show your child’s legal name.** | | | | | | | |
| Current home address including postcode: |  | | | Date of birth: | | | |
|  | | | |
| Sex (please tick): | | | |
| M |  | F |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PARENTAL INFORMATION** | | | | | | |
| **Details of the people who have legal parental responsibility for this child** | | | | | | |
| **The Education Act 1996 defines a parent to include the natural parents of the child as well as a person:**  **(a) who is not a parent but who has parental responsibility or (b) has care of the child.** | | | | | | |
| Relationship to your child: | Mr, Mrs, Ms etc: | | Forename: | | Surname: | Home address if different from your child: |
|  |  | |  | |  |  |
| Home number: | | Work number: | | Mobile number: | |
|  | |  | |  | |
| Email address: |  | | | | |
|  | | | | | | |
| Relationship to your child: | Mr, Mrs, Ms etc: | | Forename: | | Surname: | Home address if different from your child: |
|  |  | |  | |  |  |
| Home number: | | Work number: | | Mobile number: | |
|  | |  | |  | |
| Email address: |  | | | | |
|  | | | | | | |
| Relationship to your child: | Mr, Mrs, Ms etc: | | Forename: | | Surname: | Home address if different from your child: |
|  |  | |  | |  |  |
| Home number: | | Work number: | | Mobile number: | |
|  | |  | |  | |
| Email address: |  | | | | |
|  | | | | | | |
| The usual arrangements for your child if living with different parents on different days of the week: | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ADDITIONAL EMERGENCY CONTACTS** | | | | | | |
| People other than the parents/carers who can be contacted in an emergency. | | | | | | |
| Relationship to your child: | Mr, Mrs, Ms etc: | | Forename: | | Surname: | Home address: |
|  |  | |  | |  |  |
| Home number: | | Wok number: | | Mobile number: | |
|  | |  | |  | |
|  | | | | | | |
| Relationship to your child: | Mr, Mrs, Ms etc: | | Forename: | | Surname: | Home address: |
|  |  | |  | |  |  |
| Home number: | | Work number: | | Mobile number: | |
|  | |  | |  | |
|  | | | | | | |
| Relationship to your child: | Mr, Mrs, Ms etc: | | Forename: | | Surname: | Home address: |
|  |  | |  | |  |  |
| Home number: | | Work number: | | Mobile number: | |
|  | |  | |  | |

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| --- | --- | --- | --- |
| **OTHER FAMILY DETAILS** | | | |
| **Please give details of any other children currently living at your child’s home(s).** | | | |
| Children’s names: | Date of birth: | Sex: M or F | School attending: |
|  |  |  |  |
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| **EDUCATIONAL HISTORY** | | | | |
| Please give details of the last school your child has attended. We will obtain school records from the school detailed below. | | | | |
| School name: | Address including postcode: | | Telephone number: | |
|  |  | |  | |
|  | |
| Dates attended above school: | From: |  | To: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DOCTOR & HEALTH INFORMATION** | | | | | | |
| Name of doctor and surgery: | | Contact details of practice/health centre | | | | |
|  | | The school has contact details of local doctors. If you are not using a local doctor, please supply the contact details separately. | | | | |
| Does your child have a medical conditions care plan in place at their current school? (please tick) | | | Yes: |  | No: |  |
| **ASTHMA** | If your child has been diagnosed with asthma, please provide details on the enclosed medical needs form. | | | | | |
| **EPI-PEN** | If your child has an auto injector pen for use in emergencies, please provide details on the enclosed medical needs form. | | | | | |
| **It is important that other medical information (including any food allergies) relevant to your child is disclosed on the medical needs form.** | | | | | | |
| Does your child have an educational health care plan? (please tick)  (*This is a legal document issued by Norfolk County Council* ***not*** *a medical conditions care plan*) | | | Yes: |  | No: |  |
|  | | | | | | |
| If your child has other particular needs in relation to his/her education, e.g. hearing or sight (overlay), please describe them here: | | | | | | |
|  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FREE SCHOOL MEALS** | | | | |
| Does your child currently receive free school meals? (please tick) | Yes: |  | No: |  |
| All Infant school age children are entitled to Universal Free School Meals, however John of Gaunt Infant and Nursery School can receive additional funding for children registered for Free School Meals (Pupil Premium). Even though your child will not be claiming the Free School Meal, as they will be provided with a Universal Free Meal, additional funding would be given to the school if a successful claim form is submitted. To be entitled to Free School Meals parents must be receiving one of the following support payments:   * Universal Credit with an annual net earned income of no more than £7,400 * Income Support * Income-based Jobseeker’s Allowance * Income-related Employment and Support Allowance * Support under Part 6 of the Immigration and Asylum Act 1999 * The guarantee element of Pension Credit * Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit) * Child Tax credit (with no Working Tax Credit) with an annual income of no more than £16,190   *If you feel that your child may qualify, please let us know by ticking the box below and we will get back to you with more information and an application form.*  I think my child may be eligible to receive free school meals | | | | |

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| **TRANSPORT** | | | | |
| How will your child normally get to and from school? |  | | | |
| Is your child entitled to free transport? (please tick) | Yes: |  | No: |  |
| *If you require information regarding free transport, please contact the Travel and Transport Department at Norfolk County Council on 0344 800 8020 or visit the website www.norfolk.gov.uk/schooltransport* | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **We are required, as part of our statutory obligation, to request the following information.**  **However, you are free to refuse this information.** | | | | |
| Country of birth: |  | Nationality: |  | |
| If you do not wish to disclose this information, please tick this box: | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ETHNICITY & FAITH** | | | |
| Please tick the box that you believe best describes your child’s ethnicity: | | | |
| **White** | | **Asian or Asian British** | |
| British |  | Bangladeshi |  |
| Irish |  | Indian |  |
| Gypsy/Roma |  | Pakistani |  |
| Any other white background |  | Any other Asian background |  |
| **Mixed/Dual background** | | **Black or Black British** | |
| White and Asian |  | Black - African |  |
| White and Black African |  | Black - Caribean |  |
| White and Black Caribbean |  | Any other Black background |  |
| Any other mixed background |  | **Chinese** | |
|  |  | Chinese |  |
|  |  |  |  |
| **Any other ethnic group:** |  | **I do not want to have this recorded:** |  |

|  |  |  |
| --- | --- | --- |
| Religion: |  | |
|  | | |
| First language spoken at home: | |  |
| Any other languages spoken in the family home: | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional information:**  ***Please note that it is not compulsory to provide this information but we would grateful if you are happy to share this with us as the school attracts additional funding for students who meet any of the following criteria (please tick below).*** | | | | | | | |
| Is either parent a member of the armed forces? | | | Yes: | |  | No: |  |
| Has your child ever been in care? | | | Yes: | |  | No: |  |
| Do any of the following statements apply to your child?  My child has ceased to be looked after through: | | | | | | | |
| * Adoption | | | Yes: | |  | No: |  |
| * Child arrangement order (CAO) | | | Yes: | |  | No: |  |
| * Residence order | | | Yes: | |  | No: |  |
| * Special guardianship order (SGO) | | | Yes | |  | No: |  |
| The information you have given on this form will be held by the school and Norfolk County Council Children’s Services. It will be shared with other departments within Norfolk County Council and potentially the Department of Education, in line with our privacy notice, in order to provide and plan services e.g. school transport. It will be used to administer health, social and welfare care and will be shared with healthcare advisors, practitioners and other relevant agencies. It will be forwarded to your child’s new school if and when s/he changes school. It will also be used for statutory returns and for research purposes.  All information given will be held in the strictest confidence under the requirements of the current data protection regulations. For further details, please see the privacy notice included within the admission information given to you by the school.  I note the above statement and believe the information provided in this form to be correct as of this date. I give permission for the information I have provided to be held for the above purposes and I will inform the school of any changes that may occur whilst my child attends the school. | | | | | | | |
| **Parent/Carer signature:** |  | **Date:** | |  | | | |
| **Parent/Carer name in capitals:** |  | | | | | | |

**JOHN OF GAUNT INFANT AND NURSERY SCHOOL**

**MEDICAL NEEDS FORM**

**It is important that you complete this form to provide us with accurate information regarding any medical conditions that your child may have e.g. asthma, diabetes, dietary (e.g. nut, gluten free), epilepsy, heart etc.**

**Name of child:** ............................................................................. **Date of birth:** …………………...

My child does not have any medical needs

My child has medical needs and I have completed the form below giving further details

I understand that

* Any future changes to medical conditions, including allergies, will be notified to the school as and when they arise.
* I agree to keep the school up to date with my emergency contact details

**Signature of Parent/Carer:**………………………………………………………

**Parent/Carer name in capitals:**………………………………………………… **Date:**……………….

If you have any concerns at any time regarding your child’s medical condition at school, please do not hesitate to contact the school office.

**Section 1: If your child has been diagnosed with ASTHMA please complete the tick boxes below:**

I confirm that my child has been diagnosed with asthma/has been prescribed an inhaler.

My child has a working, in-date inhaler clearly labelled with their name, which they will keep in school every day. *Please complete ‘administering medication form’ with the school office.*

***In the event of an asthma attack:***

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies (*please tick box*).

Signature of Parent/Carer:……………………………………………………… Date:………………

***Section 2: If your child has an Auto-injector (Epipen/Jextpen) please complete the tick boxes below:***

I can confirm that my child has been diagnosed with an allergy/has been prescribed an auto-injector (Epipen/Jextpen)

*Please provide details of the allergy*: ………………………………………………………

………………………………………………………………………………………………………….

My child has a working, in date auto-injector (Epipen/Jextpen) clearly labelled with their name, which will be kept in school with them each day. I will provide a duplicate auto- injector to be held in the school office.

***In the event of an allergic reaction:***

In the event of my child displaying symptoms of an allergic reaction, and if their auto-injector is not available or is unusable, I consent for my child to receive treatment from a school spare adrenaline auto injector held by the school for such emergencies (*please tick box*).

Signature of Parent/Carer:………………………………………………………. Date:…………………………..

***Section 3:* In the box below, please provide details of conditions above if necessary, and details of any other medical conditions or food allergies your child may have. Please also advise if your child is required to take any medication during the school day:**

JOHN OF GAUNT INFANT AND NURSERY SCHOOL

# PHOTOGRAPHY AND THE USE OF IMAGES

An Individual school photo will be taken of your child for the purpose of our database, in line with our privacy notice. However, during your child’s time at John of Gaunt School there may be opportunities to publicise some of the activities that your child is involved in. This may well involve filming or photographing children for use on the school website, in the local media, and on social media. As a school, we welcome these opportunities and hope that you do too. There may also be occasions when we arrange photography for our own purposes, such as displays and school brochures.

Photography or filming will only take place with the permission of the Head of School and under the supervision of a member of staff. When filming or photography is carried out by the news media, or when the images are used on our school website or social media, our students will only be named if we have permission in this instance from parents/carers. Home addresses will never be given out.

We believe that positive publicity benefits all involved with the school. Nevertheless, we will not involve your child without your consent. Could you please take a few minutes to fill in the form below. You may withdraw consent at any time. Images of your child held by the school can be viewed upon request.

**Name of child:** ............................................................................. **Date of birth:** …………………...

**I understand that images may be taken of my child for use as follows:**

* School Website and School Social Media (e.g. Facebook)
* By the local media in covering school activities that show the school and children in a positive light.
* By school for use in displays and publicity material.

*Having read the statement above, do you give your consent for photographs or other images to be taken and used? (Please tick the appropriate box):*

|  |  |
| --- | --- |
| 🞏 | YES, I give my consent for pictures to be taken and used. |
| 🞏 | NO, I do not give my consent for pictures to be taken and used. |

**I understand that on an annual basis photographs will be taken by an external provider for purchase by you, your family and other parents in the form of individual or class groups**

*Having read the statement above, do you give your consent for photographs or other images to be taken and used? (Please tick the appropriate box):*

|  |  |
| --- | --- |
| 🞏 | YES, I give my consent for pictures to be taken and used. |
| 🞏 | NO, I do not give my consent for pictures to be taken and used. |

**Signature of Parent/Carer**: …………………………………………………….

**Parent/Carer name in capitals:** ………………………………………………**Date**: .………………….

**JOHN OF GAUNT INFANT AND NURSERY SCHOOL**

**PARENTAL CONSENT FORM**

**FOR REGULAR OFF-SITE VISITS/ACTIVITIES**

**Name of child:** ............................................................................. **Date of birth:** …………………...

I hereby agree to my child participating in recognised activities that are organised by the school off-site during their time at John of Gaunt Infant and Nursery School, e.g. visits to local area/church/shops/library etc.

**I understand that:**

* such activities will not often extend beyond the school day, but if occasionally, they are likely to do so, adequate advance notice will be given so that I may make appropriate arrangements for his/her safe return home;
* my specific permission will be sought for any out-of-school activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or hazards;
* all reasonable care will be taken of my child in respect of the activity/visit;
* my child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal school discipline during the visit/activity;
* any medical condition, disabilities, or special needs will be notified to the school, now and as and when they arise;
* I agree to keep the school up to date with my emergency contact details.
* I also understand that by giving my consent the information on this form, and any medical information held by the school regarding my child, may be shared with any organisations for the purpose of the administration of the trip, in accordance with current data protection regulations and our privacy notice.

**Signature of Parent/Carer**: ……………………………………………………………………………….

**Parent/Carer name in capitals:** ………………………………………………**Date**:.………………….

JOHN OF GAUNT INFANT AND NURSERY SCHOOL

# FOOD PREPARATION/TASTING IN CLASS

**Name of child:** ............................................................................. **Date of birth:** …………………...

During your child’s time at John of Gaunt School, there will be opportunities in class for food preparation and food tasting. I hereby agree to my child participating in these activities.

*Having read the statement above, please tick the appropriate box below:*

|  |  |
| --- | --- |
| 🞏 | My child has no known food allergies |
| 🞏 | My child has food allergies (Please give full details below) |

**…………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………..**

**Signature of Parent/Carer**: ……………………………………………………………………………….

**Parent/Carer name in capitals:** ………………………………………………**Date**:.………………….

**JOHN OF GAUNT INFANT AND NURSERY SCHOOL**

**HOME SCHOOL AGREEMENT**

This agreement sets out the partnership between John of Gaunt and its parents, working together to enable the children to feel happy and secure and to reach their full potential.

**John of Gaunt Infant and Nursery School:**

We will do our best to:-

* Work towards every child achieving their best as a valued member of the school community.
* Care for your child’s safety and happiness.
* Provide a caring, nurturing environment that fosters a love of learning.
* Foster positive working relationships; ensuring individuals’ rights, but also establishing shared responsibilities.
* Provide a broad and balanced curriculum.
* Recognise and meet the needs of your child as an individual.
* Maintain excellent standards of work and behaviour.
* Keep you informed about your child’s progress and provide information to help support your child at home.
* Be open and welcoming at all times.
* Provide opportunities for you to be involved in the school community and contribute ideas and opinions.
* Encourage children to care for the environment.
* Encourage children to respect school property and follow our school vision.

Mrs C Toplis

Head of School

**JOHN OF GAUNT INFANT AND NURSERY SCHOOL**

**HOME SCHOOL AGREEMENT**

**Name of child:** ...........................................................**Date of birth:** …………………...

**Parents and Guardians:**

I/We will do my best to:-

* Ensure that my child attends school regularly, on time and ready to learn.
* Inform the school of any reason for absence in writing, by telephone or in person.
* Inform the school immediately if contact details change (phone numbers, moved house etc.)
* Support the school in achieving its targets for good attendance.
* Keep the school informed about any worries or problems that might affect my child’s work or behaviour.
* Support the school’s policy and practice for maintaining good behaviour.
* Support my child when completing any ‘homework’ or special activities, while providing opportunities for other learning at home.
* Attend parent meetings and other opportunities to learn about my child’s progress.
* Support the school approach to online safety when my child is using a computer.
* Ensure my child arrives properly equipped and wearing correct clothing, with book bag and PE kit, all clearly named.
* Support the school and its policies.
* **Not use social media to denigrate the school, staff or pupils. If you ever have concerns, please talk to us.**

**Signature of parent/carer: …………………………………………………………………………..**

**Parent/Carer name in capitals:….........................................................Date:…………………**

**JOHN OF GAUNT INFANT AND NURSERY SCHOOL**

**CHILDREN’S CODE OF CONDUCT**

I will always try to…

* Remember our 5 golden rules

**School Golden Rules**

We are kind and helpful

We listen

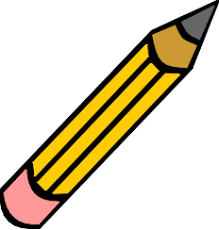
We are honest

We work hard

We look after our school

* Walk around the school quietly and safely
* Tell a grown up at school is anything goes wrong, or if I am worried about anything
* Push my bike or scooter when on school grounds
* Help my parents by getting ready for school on time
* Remind my parents if I need to take anything special to school and tell them about special activities and homework

I have signed my name to show that I will always try my best to follow our school rules and code of conduct



**JOHN OF GAUNT INFANT AND NURSERY SCHOOL**

**CHILD PROFILE**

Please take time to fill in these statements to reflect the true personality of your child. There are no right or wrong answers; we simply want to give your child a secure, happy and positive start by knowing them as individuals.

Child’s Name:………………………………………………Date of Birth: …………………………….

* What kind of activities does your child enjoy?

I enjoy…

* What does your child not like doing?

I don’t like...

* What are your child’s favourite things?

I really like…

* What practical skill does your child have?

I can …

* Does your child have strong fears?

I am frightened of…

* What can your child do well?

I can…

* Which things does your child find difficult?

I may need help with…

**Signature of Parent/Carer……………………………………………………………….........................**

**Parent/Carer name in capitals…………………………………………………Date…………............**