



# LONG MARSTON SCHOOL ADMISSIONS PROFILE



|                       |                       |
|-----------------------|-----------------------|
| <b>Surname:</b>       | <b>Legal Surname:</b> |
| <b>Forename:</b>      | <b>Middle name:</b>   |
| <b>Chosen name:</b>   | <b>Gender:</b>        |
| <b>Date of Birth:</b> | <b>Year Group:</b>    |
| <b>Address:</b>       |                       |
| <b>Post Code:</b>     |                       |

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency. Priority 1 and 2 contact will be included in our email/text messaging service for all correspondence, newsletters and alerts (if a mobile number and email address is provided).

|   | <b>Name/Address/Relationship to child</b>  | <b>Work Phone/Email</b>                                                |
|---|--------------------------------------------|------------------------------------------------------------------------|
| 1 | <b>Name (inc title):</b>                   | <b>Email:</b>                                                          |
|   | <b>Relationship to child:</b>              |                                                                        |
|   | <b>Home Address:</b>                       | <b>Mobile:</b>                                                         |
|   | <b>Parent DOB:</b><br><b>Parent NI No:</b> | <b>Home:</b><br><b>Work:</b><br><b>Permission to collect:</b> Yes / No |
| 2 | <b>Name (inc title):</b>                   | <b>Email:</b>                                                          |
|   | <b>Relationship to child:</b>              |                                                                        |
|   | <b>Home Address:</b>                       | <b>Mobile:</b>                                                         |
|   | <b>Parent DOB:</b><br><b>Parent NI No:</b> | <b>Home:</b><br><b>Work:</b><br><b>Permission to collect:</b> Yes / No |
| 3 | <b>Name (inc title):</b>                   | <b>Email:</b>                                                          |
|   | <b>Relationship to child:</b>              |                                                                        |
|   | <b>Home Address:</b>                       | <b>Mobile:</b>                                                         |
|   |                                            | <b>Home:</b><br><b>Work:</b><br><b>Permission to collect:</b> Yes / No |
| 4 | <b>Name (inc title):</b>                   | <b>Email:</b>                                                          |
|   | <b>Relationship to child:</b>              |                                                                        |
|   | <b>Home Address:</b>                       | <b>Mobile:</b>                                                         |
|   |                                            | <b>Home:</b><br><b>Work:</b><br><b>Permission to collect:</b> Yes / No |



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## SEN

Does your child have any special education needs we should know about?

No / Yes = details: .....  
.....

## Previous/Current School

Child's previous school/nursery:

## Medical

NHS Number :

Medical Practice and telephone number:

Medical Condition(s):

Symptoms:

Action to be taken:

Does your child have the following medication:

epipen ☐ inhaler ☐ other ☐ Please give details.....

## Dietary

Dietary Needs:

## Travel Arrangements

Please tick the only one box

☐ Bicycle ☐ Train ☐ Car/Van ☐ Walk ☐ Taxi ☐ School Bus ☐ Car Share  
☐ Public Bus Service ☐ Other

## Ethnicity

Ethnicity :

Religion:

Home Language:

First Language:

Is English an additional language Yes / No

## Other

There is a member of the family in the home with a long term disability or illness

No / Yes = details: .....  
.....



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## Meal Arrangements

If you have chosen for your child to have a UIFSM they can have them every day or only on certain days depending on what you choose.

Please tick one box

☐

Benefit related Free  
School Meal

☐

Paid School Meal

☐

Sandwiches

☐☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

If you have selected "None" under "Meal Pattern for UIFSM then please note the following with regard to providing your own packed lunch for your child:

Packed lunches should be provided in a container, in a bag, which can hang on a peg - we have no special facilities for storage. For safety reasons we request that no glass containers are to be brought into school and no hot drinks/soup are to be provided.

Could you please ensure that your child is able to safely deal with drinks containers - i.e. unscrew the lid; pour if necessary. Our own experience suggests the containers, which can be used with a "fitting" straw, is the easiest to cope with.

**We are a nut and sesame free school so please check all food before sending into school.**

### MILK (AUTUMN TERM)

Milk is provided for infant and junior children. If you wish your child to have milk please register your child directly with Coolmilk using the following link: <https://customers.coolmilk.com/v2/register/>

There will be no charge for:

- Reception children (under 5 - we will pro-rata per day from your child's 5th Birthday)
- Children receiving Free School Meals (benefit related) if they require milk.

Please make your choice below.

☐

No - I do not want my child to have milk

☐

Yes - Free (Under 5 - payment will commence on 5th Birthday)

☐

Yes - Free (benefit related)

☐

Yes - Paid (do not qualify for free milk)



# LONG MARSTON SCHOOL ADMISSIONS PROFILE



## Privacy Notice for Parents and Carers

The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES.

### Photo consent. Please respond to the following questions

I am happy for my child to be photographed and/or videoed whilst at school for use/display in school.

Yes ☐ No ☐

I am happy for my child to be photographed by the local media and the photograph to be used by local newspapers. *(Your child may be named).*

Yes ☐ No ☐

I am happy for my child's photograph to be used on the school website *(Your child will not be named)*

Yes ☐ No ☐

### Internet Use

I consent to my child using the internet under adult supervision whilst at Long Marston VA C of E Primary School. *(The school system is fully protected by a firewall)*

Yes ☐ No ☐

### Short Visits to Local Venues

I consent to my child undertaking supervised, local walks. e.g. church, village hall, playground, around the village, whilst at Long Marston VA C of E Primary School.

Yes ☐ No ☐

### Sporting trips to Tring School and Swimming Trips

I consent to my child undertaking supervised bus journeys to sporting or educational trips arranged by the school.

Yes ☐ No ☐

### Home School Agreement

I have read and agree to abide by the Home School Agreement. (Link [here](#))

Yes ☐ No ☐

### Parent Code Of Conduct

I have read and agree to abide by the [Parent Code of Conduct](#) and [Appendix](#) (click on heading to access).

Yes ☐ No ☐

### Arbor

I have read the Arbor letter (click [here](#)) explaining the online payment system we use and agree for my details to be used and I will make the necessary payments using Arbor.

Yes ☐ No ☐

In line with GDPR the consent given above will be reviewed when your child moves from KS1 to KS2. Please note you have the right to withdraw consent at anytime after the original consent was given.

Should you wish to opt out after the original consent was given please email [parents@longmarston.herts.sch.uk](mailto:parents@longmarston.herts.sch.uk) specifying what consent is being withdrawn

Signature:

Date: