



# Welcome to The Park Community School

## Admissions Pack

Year 6 Parents/Carers

Please complete and return this **Admission Pack** for your child along with a copy of their passport or birth certificate to the School Office by **Friday 18th June**.

Please complete all the pages in this document.

Please refer to the Parent Information Booklet enclosed which provides copies of policies, agreements and useful information to support you in completing this form.

If you are unable to photocopy your child's passport or birth certificate, you can email a copy or a photograph to [admin@theparkschool.org.uk](mailto:admin@theparkschool.org.uk).

If you would like any support to complete this form please contact the School Office on 01271 373131.

# Welcome to The Park Community School

This form is for completion by the Parent/Carer for a child once they have been given a place at our School. Please ensure you complete each section on this form.

## 1 Student's Basic Details

Legal surname\*

Legal forename

Gender:      Male      Female      Date of Birth

Middle names(s)

Preferred surname\*  
(if different)

Preferred forename  
(if different)

\* please see note under 'General Principles for Schools' in the accompanying Parents Information Booklet on page 14.

## 2 Student's Address

Postcode

## 3 Student's Medical Details

**Emergency consent?** e.g. the school has permission to give/arrange emergency treatment      Yes      No

**Dietary needs:** please tick any that apply

Halal

Kosher foods only

No pork

Artificial colouring  
allergy

Gluten free

No diary produce

Seafood allergy

No nuts of any type or quantity

Vegetarian

Other (please specify)

### Medical Practice:

Doctor's name

Surgery name

Surgery address

Tel no:

### Physical Difficulties:

Audio

Learning Difficulties

Physical

Visual

Oral

Other

Please give details

### Medical Condition/s:

Respiratory

Genetic/Hereditary

Neurological

Cardiovascular

Dietary

Allergies

Other

Please give details of medical conditions and any medication to bring to the attention of the Tutors or Head of House

Please continue on a separate sheet if necessary.

## 4 Ethnicity / Religion / First Language Nationality Details

**Ethnicity\*** Ethnic information was provided by: Parent Student

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture and ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** The Information Commissioner recommends that young people aged 11 years old or above have the opportunity to decide their own ethnic identity. Parents, or those with parental responsibility, are asked to support or advise those children aged over 11 in making this decision wherever necessary.

Please tick one box only

White	Chinese	Any other ethnic background
British	Hong Kong Chinese	Afghan
Irish	Other Chinese <sup>4</sup>	Arab <sup>5</sup>
Traveller of Irish Heritage		Filipino
Gypsy/Roma	Black or Black British	Iranian
Greek/Greek Cypriot	Caribbean	Japanese
Turkish/Turkish Cypriot	African	Malay <sup>6</sup>
Western European <sup>1</sup>	Any other Black background	Thai
Eastern European <sup>2</sup>		Any other Ethnic group <sup>7</sup>
Other <sup>3</sup>		
Mixed	Asian or Asian British	
White & Black Caribbean	Indian	I do not wish an ethnic background to be recorded
White & Black African	Pakistani	
White & Asian	Bangladeshi	
Any other mixed background	Any other Asian background	

### Notes:

**1 Western European** includes: Italian, French, German, Spanish, Portuguese and Scandinavian

**2 Eastern European** inc: Russian, Latvian, Ukrainian, Polish, Bulgarian, Czech, Slovak, Lithuanian, Montenegrin and Romanian.

**3 Other White Background** includes: any white category not previously mentioned e.g. Albanian, Australian, Bosnian-Herzegovinian, Canadian, Croatian, Kosovan, New Zealander, North American, Serbian/Yugoslavian.

**4 Other Chinese** includes: Mainland Chinese, Malaysian Chinese, Singaporean Chinese, Taiwanese, any other non-Hong Kong Chinese.

**5 Arab** includes: Palestinian, Kuwaiti, Jordanian and Saudi Arabian.

**6 Malay** includes Malaysian other than Malaysian Chinese (see Note 4).

**7 Any other ethnic group** includes any ethnic group not previously mentioned e.g. Egyptian, Iraqi, Korean, Kurdish (inc. Kurdish pupils from Iraq, Iran and Turkey), Latin/South/ Central American (inc. Cuban and Belizean), Lebanese, Libyan, Moroccan, Polynesian (inc. Fijian, Tongan, Samoan & Tahitian), Vietnamese, Yemeni.

**Religious affiliation:** please tick one box only

Baha'i	Christian	Jewish	Sikh	No religion
Buddhist	Hindu	Muslim	Other*	Decline to answer

\* Please specify

**Pupil's first language<sup>1</sup>** What was the first language your child understood/spoke?

English	Other, please specify	Decline to provide
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**Asylum status** (please tick if either of the following apply) this student is seeking asylum this student is a refugee

<sup>1</sup> *The Department for Education advise that this information will help them understand a range of factors, allowing them to better plan to meet needs within the school system.*

**Meals**

Please tick to indicate which of the following your child is most likely to have:

Free school meal

Packed Lunch

School meal

**Note:** it is important that parents of Foundation / Key Stage 1 pupils apply for free school meals. For information on how to apply please visit <https://www.devon.gov.uk/educationandfamilies/school-information/school-meals>

**Mode of travel**

Please tick to indicate which of the following your child is most likely to use to get to school:

Bicycle

Car share <sup>1</sup>Dedicated school bus <sup>2</sup>

Taxi

Walk

Car/van

Public service bus <sup>2</sup>Bus (type not known) <sup>2</sup>

Train

Other

<sup>1</sup> with child/children from a different household

<sup>2</sup> Route (if known)

**Service child**

Does this child have a parent(s) in regular HM Forces military units? (applies to children whose parents are Pstat Cat1 or Pstat Cat2)

Yes

No

For further information please see 'MOD personnel categories definition' in the Additional Guidance section of our website at <https://www.devon.gov.uk/supportforschools/administration/school-census>

**Linked agencies**

It is important that all the agencies who are working with a child work together to ensure better outcomes for that child. In order to do that, please identify any other agencies working with your child, for example Social Care (i.e. Social Services)\*, Youth Offending Team, Child and Adolescent Mental Health Services. Please list any agencies below:

\* If you indicated above that Social Care (Social Services) are involved in the care of your child, please tick if this child is 'In Care' (sometimes known as being 'Looked After') and state which Local Government Authority is responsible for this child, e.g. Devon, Torbay etc below.

Child in care      Local Authority responsible for child:

**Special Education Needs**

Please tick if this child has Special Educational Needs (i.e. has a Statement for Special Education Needs or an Education and Health Care Plan (EHCP) or is currently being assessed).

## Previous school

Please provide details of the last school attended (includes Nursery Schools/Units or Pre-Schools/Playgroups)

School name

School address  
(if known)

School tel no. (if known)

Date of arrival at previous school \*

Date of leaving previous school \*

\*an approximate date would be helpful if the exact date is not known e.g. September 2017

Reason for leaving, e.g. moved  
house, normal school transfer age

**Siblings** please give details of any other children in your family with their dates of birth.

Forename(s)

Surname

Date of birth

## 6 Parent signature

Your signature

Date

### For schools use only

Please tick if you have seen the child's Birth Certificate or any other legal document e.g. Deed Poll, specifying the Legal surname of the child

Birth certificate seen?

## 7 Contacts Details

In the following pages please identify additional contacts for the student.

*Please note if any of the contacts identified have Parental Responsibility they will receive regular email communication from the School, including our weekly parent newsletter, information about trips, parents evenings and other events or news that the school shares.*

In the '**Contact priority**' section please identify those people who the School should contact in the case of an emergency. Please note in the case of an emergency we will communicate in the order of priority 1 to 5.

Priority 1 will always be you - the parent/carer/contact who has completed this form.

Priority 2 should be your next priority contact and so on.

## 7.1 Your Contact Details

**Contact priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc

Surname

Forename(s)

Gender

Male

Female

Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev)

**Relationship to child** - please tick to indicate which of the following applies:

Mother

Social worker

Foster mother

Teacher

Father

Religious/spiritual contact

Headteacher

Doctor

Other family member

Childminder

Step father

Carer

Other relative

Foster father

Step mother

Other contact

Self (if you are completing this form on your own behalf, being of legal age)

Do you have 'parental responsibility'? (please see page 14 of the Parents Information Booklet)

Yes

No

Is there a Court Order relating to this child?

Yes

No

### Telephone numbers(s)

(with STD numbers where appropriate)

Days/Times Available

Home

Work

Mobile

Other

### Email

Home

Work

**Address** (if different from the address given for the child)

Postcode

If English is not your first language please state what is (this may include British Sign Language)

Do you need a translator / signer?

Yes

No

Place of work

**Contact priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc

Surname

Forename(s)

Gender

Male

Female

Title (eg, Mr, Mrs, Miss, Ms, Dr, Rev)

**Relationship to child** - please tick to indicate which of the following applies:

Mother

Social worker

Foster mother

Teacher

Father

Religious/spiritual contact

Headteacher

Doctor

Other family member

Childminder

Step father

Carer

Other relative

Foster father

Step mother

Other contact

Self (if you are completing this form on your own behalf, being of legal age)

Does this person have 'parental responsibility'? (please see page 14 of the Parents Information Booklet)

Yes

No

Is there a Court Order relating to this child?

Yes

No

**Telephone numbers(s)**

(with STD numbers where appropriate)

Days/Times Available

Home

Work

Mobile

Other

**Email**

Home

Work

**Address** (if different from the address given for the child)

Postcode

If English is not your first language please state what is (this may include British Sign Language)

Do you need a translator / signer?

Yes

No

Place of work

7.3

**Additional Contact Details**

**Contact priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc

Surname Forename(s)

Gender Male Female Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev)

**Relationship to child** - please tick to indicate which of the following applies:

- Mother Social worker Foster mother Teacher
- Father Religious/spiritual contact Headteacher Doctor
- Other family member Childminder Step father Carer
- Other relative Foster father Step mother Other contact
- Self (if you are completing this form on your own behalf, being of legal age)

Does this person have 'parental responsibility'? (please see page 14 of the Parents Information Booklet) Yes No

Is there a Court Order relating to this child? Yes No

**Telephone numbers(s)**  
(with STD numbers where appropriate) Days/Times Available

- Home
- Work
- Mobile
- Other

**Email**

Home Work

**Address** (if different from the address given for the child)

Postcode

If English is not your first language please state what is (this may include British Sign Language)

Do you need a translator / signer? Yes No

Place of work



**Contact priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc

Surname

Forename(s)

Gender

Male

Female

Title (eg, Mr, Mrs, Miss, Ms, Dr, Rev)

**Relationship to child** - please tick to indicate which of the following applies:

Mother

Social worker

Foster mother

Teacher

Father

Religious/spiritual contact

Headteacher

Doctor

Other family member

Childminder

Step father

Carer

Other relative

Foster father

Step mother

Other contact

Self (if you are completing this form on your own behalf, being of legal age)

Does this person have 'parental responsibility'? (please see page 14 of the Parents Information Booklet)

Yes

No

Is there a Court Order relating to this child?

Yes

No

### Telephone numbers(s)

(with STD numbers where appropriate)

Days/Times Available

Home

Work

Mobile

Other

### Email

Home

Work

**Address** (if different from the address given for the child)

Postcode

If English is not your first language please state what is (this may include British Sign Language)

Do you need a translator / signer?

Yes

No

Place of work

7.5

**Additional Contact Details**

**Contact priority** (1 - 5) where 1 is the first person to contact in an emergency, 2 is the second person to contact, etc

Surname Forename(s)

Gender Male Female Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev)

**Relationship to child** - please tick to indicate which of the following applies:

- Mother Social worker Foster mother Teacher
- Father Religious/spiritual contact Headteacher Doctor
- Other family member Childminder Step father Carer
- Other relative Foster father Step mother Other contact
- Self (if you are completing this form on your own behalf, being of legal age)

Does this person have 'parental responsibility'? (please see page 14 of the Parents Information Booklet) Yes No

Is there a Court Order relating to this child? Yes No

**Telephone numbers(s)**

(with STD numbers where appropriate) Days/Times Available

Home

Work

Mobile

Other

**Email**

Home Work

**Address** (if different from the address given for the child)

Postcode

If English is not your first language please state what is (this may include British Sign Language)

Do you need a translator / signer? Yes No

Place of work

## **8.1 Image, Voice Recordings and Photographic Consent**

We are legally obliged to process certain personal data and images of students as defined in our **Privacy Notices**, please refer to these in the Parents Information Booklet. The following data will only be processed with your consent. Please indicate your consent preferences below.

### **Parental Consent for Image, Voice Recordings and Photograph - student in Year 7 & 8**

Whilst your child is in Years 7 & 8, do you consent to photographs, audio and video recording being taken of your child to record activities that may occur in a normal school day and activities within the parent calendar. Photos may be published around the School site, the School prospectus, Park News, the School website, parent bulletin, promotional materials for Park or the Tarka Learning Partnership. On occasion we may also submit media photos to the local press. Our policy around social media is to post photographs, but not to use a student's full name or "tag" a student.

Yes - I give my consent for Image, Voice Recordings and Photographic Consent as outlined above

No - I don't give my consent for Image, Voice Recordings and Photographic Consent as outlined above

Signed	Parent/Carer	Date
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### **Tutor Group photo taken by external photographer - student in Year 7**

At the same time a portrait photo is taken of all students in Year 7 for essential ID to be uploaded to our school information system, we also take a Tutor photo. Both these photos will be available for purchase by parents. Please note if you have not given consent above, then your child will not be included in the Tutor photograph unless you give specific consent for them to be included in this photograph below.

Yes - I give my consent for my child's photo to be taken for their Year 7 Tutor photo

No - I do not my consent for my child's photo to be taken for their Year 7 Tutor photo

Signed	Parent/Carer	Date
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### **Student Consent for Image, Voice Recordings and Photograph - student in Years 9 - 11**

Please note when a child reaches Year 9, we revisit this consent directly with them. Their consent at age 13 overrides parental consent.

Signed	Student	Date
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## **8.2 Home School Agreement**

Yes - I have read and understood the Home School Agreement

Signed	Parent/Carer	Date
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Yes - I have read and understood the Home School Agreement

Signed	Student	Date
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## **8.3 Paracetamol Consent**

Having read the information in the Parents Information Booklet, please indicate your choice below by ticking a box.

Yes - we would like our child to be issued with paracetamol when needed

No - we would prefer that our child is NOT issued with paracetamol while at school

### **8.4 Biometric Consent**

Having read the information in the Parent Information Booklet, please indicate your choice below:

Yes - I give consent to register our child on the Biometric System

No - I do not give consent to register our child on the Biometric System

### **8.5 My Child at School (MCAS) Parent Portal**

I have read and understood the information provided.

Yes - I give consent for student home address details to be shared with those who have parental responsibility for my child.

No - I would prefer that access to student home details are limited (please see below)

Please give the name/s and explanation for those who should NOT be given access to home address information on the MCAS portal.

### **8.6 Internet Access (ICT Acceptable Use Agreement)**

Please sign this form to show that you have read, understood and agree to the rules included in the Acceptable Use Agreement shown in the Parent Information Booklet. If you do not sign and return this agreement, access will not be granted to school ICT systems.

**Student:**

I have read and understood the above and agree to follow these guidelines when:

- I use the school systems and devices (both in and out of school)
- I use my own devices in school or on school trips/visits (when allowed) eg mobile phones, tablets etc
- I use my own equipment out of the school in a way that is related to me being a member of this school e.g. communicating with other members of the school, accessing school email, websites etc.

Signature

Student

Date

**Parent/Carer:**

By signing this form as the parent/carer of the student, I agree to the acceptable Use Agreement and to my son/daughter having a Google Apps for Education account at The Park Community School.

Signature

Parent/Carer

Date

**I we/understand that my consents and my child's consents can be withdrawn at any time, in writing.**

***Please note it is the parent/carer's responsibility to update the school about changes to consents or amendments to contact details for the student and/or their parents/carers and contacts.***