# Daffodil Preparatory School

**Application for Admission**

### Information about your child

First Name: ………………………………………………………………………..

Family Name/Surname: …………………………………………………………….

Known as: …………………………………………………………………………..

Home Address: ……………………………………………………………………..

………………………………………..……………………………………………..

……………………………………………………….. Post Code: …..…………….

Date of Birth: ……………………………….. Girl  Boy 

### Information about the parents/carers

Mother’s Name: ……………………………………………………………………..

Live with child? Yes  No 

Tel (Home: …………………………………… Work: )

Father’s Name: ……………………………………………………………………..

Live with child? Yes  No 

Tel (Home: …………………………………… Work: )

### OR,

Carer’s First Name: Title: Mr/Mrs/Miss/Ms

Carer’s Family Name: ………………………………………………..…………..

What is your relationship to child?

Tel (Home: …………………………… Work: )

### Emergency Contacts – please give details of two different adults that we can contact during school hours should an emergency occur.

|  |  |  |
| --- | --- | --- |
| **Name of Contact** | **Telephone**  **Number** | **Relationship to child** |
| 1) |  |  |
| 2) |  |  |

1. **Doctor**

|  |  |
| --- | --- |
| **Doctor’s name** | **Address** |
|  |  |

### Do you have any other children at school (including this school)?

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s family**  **name** | **Child’s first**  **name** | **Date of birth** | **School they are**  **attending** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Please name the Nursery and school(s) your child has attended. If your child has not attended Nursery/school, please say so.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address of**  **Nursery and school(s)** | **When started** | **When**  **finished** | **Reason for leaving** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Does the child have a statement of Special Educational Needs?

|  |  |
| --- | --- |
| Yes | No |
| If yes, please give details |  |

1. **Is there anything else we need to know about your child? (dietary requirements/diabetic/medical condition/regular attendance at clinic/Restricted access/other special needs)**

|  |  |
| --- | --- |
| Yes | No |
| If yes, please give details |  |

### Is your child entitled to free school means?

|  |  |
| --- | --- |
| Yes | No |

1. **What is your child’s religion**

……………………………………………

### Has your child recently arrived in the UK?

|  |  |  |
| --- | --- | --- |
| Yes | No | If yes, date arrived in the UK |

1. **Does your child speak and understand English?**

|  |  |  |
| --- | --- | --- |
| Yes | No | A little |

### What is the language you use at home?

………………………………………….

### Does the Home Office recognize you as an asylum seeker?

|  |  |
| --- | --- |
| Yes | No |
| If yes are you supported by National Asylum Support Service (NASS) |  |

1. **Ethnic Group**

Choose one section from (a) to (e) then tick one of the boxes:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a) White |  | British |  | Irish |  |  |  | Other |  |
| b) Mixed |  | White & Black  Caribbean |  | White &  Black African |  | White &  Asian |  | Other |  |
| c) Asian |  | Indian |  | Pakistani |  | Bangladeshi |  | Other |  |
| d) Black or Black  British |  | Caribbean |  | African |  |  |  | Other |  |
| e) Chinese or  Other |  | Chinese |  |  |  |  |  | Other |  |

### Declaration: As far as aware, the above information is correct. I realize that giving false information might result in prosecution under the Perjury Act 1911.

|  |  |  |
| --- | --- | --- |
| Signed: |  | (Parent/Guardian) |
| Print Name: |  | Date: ………………….. |

Please return this completed form to the school reception with you Child’s birth certificate and proof of your name and address. A recent bill eg. The form will be processed and you will be informed by letter if your application has been successful.

### For office use only

Date of application: ……………………………….

Date place offered: ………………………………. Class allocated: ………………..

# Home School Agreement

## The Parent/s Carer/s

I/We shall try to:

* See that my child goes to school regularly and on time.
* Make the school aware of any concerns or problems that might affect my child’s work or behaviour.
* Attend parent’s evenings and discussions about my child’s progress
* Encourage and provide school colours/uniform
* Encourage and support our child/children with their homework
* Keep myself aware of school issues by reading the newsletters Signature/s

## The School

The school will try to:

* Care for your child’s safety and happiness
* Ensure that your child achieves their full potential as a valued member of the school community.
* Provide a balanced curriculum and meet the individual needs of your child
* Achieve standards of work and behaviour through building good relationships and developing a sense of responsibility
* Keep you informed about general school matters and about your child’s progress
* Keep parent’s informed about school activities through regular letters home, newssheets and notices about special events.

Signature

## The pupil

I shall try to:

Attend school regularly and on time Bring what I need every day

Wear the school uniform and be tidy in appearance Do all my class work and homework as well as I can Be polite and helpful to others

Follow the school rules

(If I am unhappy I can see my teacher, Mr. )

Signature

# School Visits – Parental Consent Form

During the academic year, it is expected that various trips will be organized during the school day to support the teaching of the national curriculum. You are asked to complete and return this general consent form. All trips will be subject to the general conditions set out below, unless specifically notified otherwise in writing.

1. I agree to my child (insert child’s name)

……………………………………………………. Taking part in local visits and day trips which may occur from time to time during the course of the school year.

1. I understand that the school and the organizers will take all reasonable and proper precautions for the care and safety of my child and of his/her property. I also understand that the Council and the organizers will only be responsible for any injury or loss of personal property if this is caused by the Council’s negligence.
2. I agree to inform he school of any relevant medical or other special circumstances affecting my child, including any treatment required during the course of a visit.
3. I understand that if my child should need emergency medical treatment, every effort will be made to contact me before treatment is given. If, however, this is impossible, I give my consent to my child undergoing emergency medical treatment.

Signed: ………………………………. (Mr./Mrs/Miss/Ms) Date: ……………..

Address: ……………………………………………………………………………