



**OUGHTONLIFE**  
Learning, inclusion, friendship, enrichment ... for everyone.

**OUGHTON PRIMARY AND NURSERY SCHOOL**

# **ADMISSION FORM**

**Data Protection:** In accordance with General Data Protection Regulations and current Data Protection Act, 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 DfE. It may also be disclosed to the Governing body and the Friends of Oughton School.

For further information, please refer to the Privacy Notice on the school's website.

Oughton Primary and Nursery School, Mattocke Road, Hitchin, Herts, SG5 2NZ

**Mrs L Clayton**   **Mrs L Carroll**   **Mrs C Phillipson**   **Mrs H Channa**  
Headteacher   Assistant Head   Assistant Head   Office Manager

Telephone: 01462 450716

Email: [admin@oughton.herts.sch.uk](mailto:admin@oughton.herts.sch.uk)

# Oughton Primary and Nursery School - ADMISSION FORM

## Personal Information

|                                       |                      |               |
|---------------------------------------|----------------------|---------------|
| Child's Surname                       | Child's Full Address |               |
| First Names                           |                      |               |
| Middle Names                          |                      |               |
| Name to be called                     |                      |               |
| Date of Birth                         | Gender               | Male / Female |
| NHS Number    _ _ _ / _ _ _ / _ _ _ _ |                      |               |

## Parent/Carer Details

|   |   |
|---|---|
| Mother's Name<br>Mrs / Miss / Ms  | Father's Name   |
| Date of Birth   | Date of Birth   |
| Parental Responsibility    Yes / No   | Parental Responsibility    Yes / No   |
| Are you currently or have you been within the last 5 years, a serving member of the British Armed Forces?    Yes / No | Are you currently or have you been within the last 5 years, a serving member of the British Armed Forces?    Yes / No |
| Address (if different from child)   | Address (if different from child)   |
| Home Telephone Number   | Home Telephone Number   |
| Mobile Telephone Number   | Mobile Telephone Number   |
| Email address   | Email address   |
| Work Telephone Number   | Work Telephone Number   |
| NI Number   | NI Number   |

**If anybody else has parental responsibility for the child, please insert detail's below:**

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Carer's Name                          | Carer's Name                          |
| Parental Responsibility      Yes / No | Parental Responsibility      Yes / No |
| Address (if different from child)     | Address (if different from child)     |
| Home Telephone Number                 | Home Telephone Number                 |
| Mobile Telephone Number               | Mobile Telephone Number               |
| Email address                         | Email address                         |
| Work Telephone Number                 | Work Telephone Number                 |

**Emergency/Authorised for Collection Contacts**

**In the event of illness or injury we MUST be able to contact a named person. Please place all contacts in the order you wish us to contact them. Please let the School Office know if any of these details change.**

|                          |                          |
|--------------------------|--------------------------|
| <b>Contact 1</b><br>Name | <b>Contact 2</b><br>Name |
| Relationship to child    | Relationship to child    |
| Home Telephone Number    | Home Telephone Number    |
| Mobile Telephone Number  | Mobile Telephone Number  |
| Address                  | Address                  |

|                          |                          |
|--------------------------|--------------------------|
| <b>Contact 3</b><br>Name | <b>Contact 4</b><br>Name |
| Relationship to child    | Relationship to child    |
| Home Telephone Number    | Home Telephone Number    |
| Mobile Telephone Number  | Mobile Telephone Number  |
| Address                  | Address                  |

**Health Details**

|                  |
|------------------|
| Doctor's Name    |
| Address          |
| Telephone Number |



## Ethnic and Cultural Information

|  |  |
|--|--|
| <p><b>a White</b></p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Traveller from Irish heritage <input type="checkbox"/></p> <p>Gypsy/Roma <input type="checkbox"/></p> <p>Any other White background <input type="checkbox"/></p> <p>Italian <input type="checkbox"/></p> <p>Turkish <input type="checkbox"/></p> <p>Turkish Cypriot <input type="checkbox"/></p> <p><b>c Asian or Asian British</b></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p><b>e Chinese</b> <input type="checkbox"/></p> <p><b>g I do not wish an ethnic background to be recorded</b> <input type="checkbox"/></p> | <p><b>b Mixed</b></p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p> <p><b>d Black or Black British</b></p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p> <p><b>f Any Other Ethnic Group</b> <input type="checkbox"/></p> |
| Language spoken at home with parent(s)   |  |
| Religion   |  |

## Previous School / Day care / Nursery

|                       |                               |
|-----------------------|-------------------------------|
| Name of establishment | Address                       |
| Telephone number      | Dates attended _____ to _____ |

## Permission and Consent

### School Visits

Every now and again the staff will take children on local walks (field trips) in order to investigate aspects of the local environment/community as part of their topic studies. As a number of such local studies are undertaken during your child's time at Oughton, it is useful and reasonable for you to grant permission for him/her to attend these before their admission. Please sign below to authorise permission. Children are supervised on a 1:6 adult : pupil basis (minimum) for nursery and reception, a 1:10 adult : pupil basis (minimum) for key stage one and a 1:15 adult : pupil basis (minimum) for key stage two children. Such expeditions are purely by walking to destination. Separate letters are written for trips involving 'motorised' trips.

I am willing for my child to be taken on short outings with staff

Yes / No

Use of Children's Photographs and Videos

Digital images may be taken during school activities for use, for example, in the school website, projects and displays. We are aware of the need for caution when publishing images on the Internet and will ensure that Hertfordshire LEA guidelines are followed at all times:

- we will not publish individual photos of children, only group images
- we will not identify any child by name
- if we publish children's work, only the child's first name will be used.

I agree for my child to be photographed for use in school displays Yes / No

I agree for my child's photograph to be used in the School Brochure and on the website Yes / No

I agree for my child to be photographed by local newspapers Yes / No

**DECLARATION**

I understand, agree and give my consent to the above statements and certify all information given in this form to be correct.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

|                            |         |
|----------------------------|---------|
| <b>FOR SCHOOL USE ONLY</b> |         |
| Date inputted on SIMS:     | Signed: |