

## Application to South Tawton Primary School – Preschool Class

This form is only to be used by parents and carers when applying for a place at our preschool. It is not an application for a school place (from reception to Year 6). Attending our preschool does not award or prioritise a place at South Tawton Primary School for your child when they are of school age.

### 1 Pupil's details

Legal surname*	<input type="text"/>	Legal forename	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth <input type="text"/>
		Middle names(s)	<input type="text"/>
Preferred surname* (If different)	<input type="text"/>	Preferred forename (if different)	<input type="text"/>

\* please see note under 'General Principles for Schools' on the S11/2 Contacts Information Form

**Please provide your child's birth certificate for us to copy.**

### 2 Pupil's address

Address  
&  
postcode

### 3 Pupil'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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Artificial colouring allergy | <input type="checkbox"/> Kosher foods only               | <input type="checkbox"/> No pork         |
| <input type="checkbox"/> Gluten free                  | <input type="checkbox"/> No dairy produce                | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Halal                        | <input type="checkbox"/> No nuts of any type or quantity | <input type="checkbox"/> Vegetarian      |
| <input type="checkbox"/> Other (please specify)       | <input type="text"/>                                     |  |

#### Medical practice

Doctor's name  Surgery name

Surgery address

Tel no:

Other medical information  
e.g. asthma, diabetes

**You have the right to decline to provide these data items**
**Ethnicity\***

Ethnic information was provided by:

 Parent

 Pupil

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

- British  
 Irish  
 Traveller of Irish Heritage  
 Gypsy/Roma  
 Greek/Greek Cypriot  
 Turkish/Turkish Cypriot  
 Western European <sup>1</sup>  
 Eastern European <sup>2</sup>  
 Other <sup>3</sup>

## Chinese

- Hong Kong Chinese  
 Other Chinese <sup>4</sup>

## Black or Black British

- Caribbean  
 African  
 Any other Black background

## Any other ethnic background

- Afghan  
 Arab <sup>5</sup>  
 Filipino  
 Iranian  
 Japanese  
 Malay <sup>6</sup>  
 Thai  
 Any other Ethnic group <sup>7</sup>

## Mixed

- White & Black Caribbean  
 White & Black African  
 White & Asian  
 Any other mixed background

## Asian or Asian British

- Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background

 **I do not wish an ethnic background to be recorded**
**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**

**Asylum status** (please tick if either of the following apply)     this pupil is seeking asylum     this pupil 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. We do not collect Nationality statistics or Country of Birth or Proficiency in English for the purposes of school census.*

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

**Special Educational Needs:** Please tick if your child has special educational needs (i.e has an Education and Health Care Plan or is currently being assessed)

Yes       No

Please provide details of any other settings or childcare providers your child attends

Setting name

Setting address (if known)

Setting tel no.

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

Forename(s)	Surname	Date of birth
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

5

**What we (the school) does with the information you have provided on this form (GDPR)**

Dartmoor Multi Academy Trust is committed to keeping your personal information safe and secure. We use this information in order to fulfil our official functions and meet legal requirements. Our Privacy Notice explains what information we collect and why. To read more, visit <https://www.dartmoorat.org.uk/policies-and-documents.html>

**6**
**Your details / 1<sup>st</sup> Contact**

 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:**

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

 Does this person have 'parental responsibility'? (see end of document for guidance)  Yes  No

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

**Telephone numbers(s)**

(with STD numbers where appropriate)

please tick if this is a daytime number

Notes

Home	<input type="checkbox"/>	<input type="text"/>
Work	<input type="checkbox"/>	<input type="text"/>
Mobile	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

**Email**

Home	<input type="text"/>
Work	<input type="text"/>

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

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

**6.2**
**Other Parent / 2<sup>nd</sup> contact**

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:

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

Does this person have 'parental responsibility'? (see end of document for guidance)  Yes  No

**Telephone numbers(s)**

(with STD numbers where appropriate)

please tick if this is a daytime number

Notes

Home	<input type="checkbox"/>	
Work	<input type="checkbox"/>	
Mobile	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

**Email**

Home

Work

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

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

**6.3 3<sup>rd</sup> contact**

 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:

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

**Telephone numbers(s)**

(with STD numbers where appropriate)

 please tick if this is  
 a daytime number

Notes

Home	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Work	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**6.4 4<sup>th</sup> contact**

 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:

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

Does this person have 'parental responsibility'? (see end of document for guidance)

 Yes  No

**Telephone numbers(s)**

(with STD numbers where appropriate)

 please tick if this is  
 a daytime number

Notes

Home	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Work	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**What is parental responsibility?**

Parental responsibility means assuming all the rights, duties, powers, responsibilities and authority that a parent of a child has by law. A person with parental responsibility for a child has the right to make important decisions about their upbringing, for example,

- Decisions about where they live
- Whether the child should receive medical treatment
- What religion they should follow
- Which school they should attend

**Who has parental responsibility?**

Mothers and married fathers automatically have parental responsibility and will not lose it if they later get divorced. Unmarried fathers do not automatically have parental responsibility. An unmarried father can get parental responsibility by:

- Registering the birth jointly with the mother (born from 1<sup>st</sup> Dec 2003)
- Through a 'parental responsibility agreement' between him and the child's mother
- As the result of a court order

People other than a child's natural parents can acquire parental responsibility through;

- Being granted a residence order or a child arrangement order (from 2014)
- Being appointed a guardian
- Being named in an emergency protection order (although parental responsibility in such a case is limited to taking reasonable steps to safeguard or promote the child's welfare)
- Adopting a child

In addition, a Local Authority can acquire parental responsibility if it is named in the care order for a child

For further information please see: <https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

Everyone who is a parent, whether they are a resident or non-resident parent, has the same right to participate in decisions about a child's education and receive information about the child.

School staff must treat all parents equally, unless there is a court order limiting an individual's exercise of parental responsibility. Individuals who have parental responsibility for, or care of, a child have the same rights as natural parents, for example:

- To receive information e.g. pupil reports
- To participate in activities e.g. vote in elections for parent governors
- To be asked to give consent e.g. to the child taking part in school trips
- To be informed about meetings involving the child, e.g. a governors' meeting on the child's exclusion

We have received the following advice from the County Solicitor's office concerning pupil surnames:

- Where only one person holds parental responsibility for a child, he or she has the legal right to effect a change of the child's surname without any permission or consent.
- Where more than one person has parental responsibility for a child, the surname of a child can only be changed with the consent or agreement of all those having parental responsibility for a child.
- Where two or more people have parental responsibility for a child and there is in force either a residence or care order, then one of those people can only lawfully cause a change of the child's surname if all other people with parental responsibility consent in writing.

In any other situation it is necessary for the person seeking to change a child's surname to obtain an appropriate order from a court.

## 9 Sessions Attending

State the times when you wish your child to attend. This will not impact on whether a place is available. Please choose from the following sessions.

	Mornings 9-12	Afternoons 12-3	All Day 9-3
Mondays			
Tuesdays			
Wednesdays			
Thursdays			
Fridays			

## 10 Funding

Sessions can be paid for, funded or a combination of the two. Please indicate how payment will be made.

Two year old funding – please provide information	<input type="checkbox"/>
Payment via an invoice (we accept child care vouchers and online payments)	<input type="checkbox"/>
Three and four-year old funding	<input type="checkbox"/>
15 hours	<input type="checkbox"/>
30 hours (please provide funding code below)	<input type="checkbox"/>
Code:	NI number:

**Early Years Pupil Premium** could bring funding to your provider to support your child. If you receive one of the benefits below you could attract this funding:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit (provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit
- Universal Credit –parents must have an annual net earned income equivalent to and not exceeding £7,400 assessed on up to 3 of the most recent assessment periods.

The Early Years Pupil Premium is paid to the child's early years provider based on the number of universal entitlement hours that the child is attending at a rate of 53p for each hour. A child that takes the full 570-hour entitlement will attract just over £300 which will be paid to the provider to support that child's learning and development.

**We require the following personal information to check if you are eligible.**

	Parent 1	Parent 2
Name		
NI number		
Date of birth		



Please tick the boxes below to give consent for the following:

Local off site visits to places such as the school and park	
Emergency Medical consent	
Photos in media/website	
Sale of class photos	
Application of face paints and sun cream	
Online learning journal (Tapestry) -please provide your preferred email address to receive notifications of your child's progress. .....	

## General Data Protection Regulation and Consent

Your personal data is being used by South Tawton Primary School for the purposes of claiming Early Years funding and Pupil Premium funding from Devon County Council. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed here: <https://www.dartmoormat.org.uk/policies-and-documents.html>

The information provided will be shared with Devon County Council (DCC). For more details see [Devon County Councils Privacy Notice](#)

Please confirm that you give your consent to South Tawton primary School using your personal data as outlined in our privacy notice and Devon County Councils privacy notice, by completing the table below.

I give my consent for you to use my personal data as outlined in your privacy notice and <a href="#">Devon County Councils privacy notice</a> .
<b>Signed:</b>
<b>Print name:</b>
<b>Date of consent:</b>

You have the right to withdraw your consent at any time. Should you wish to withdraw consent or exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Officer Sarah Marvin, [smarvin@dmatschools.org.uk](mailto:smarvin@dmatschools.org.uk)