

Primary Admission Forms

Privacy Notice

The school is a Data Controller for the purpose of the General Data Protection Regulation 2016 and Data Protection Act 2018. We process parent/guardian and pupil information for the purpose of fulfilling a legal obligation and in order to educate and safeguard the pupils in our care. Where appropriate, we may ask for your consent to process certain information. We will only share personal data in accordance with Data Protection Legislation.

Our privacy notice outlines what information we collect, why we collect it, where we collect it from, where it is shared, how long it is stored and your rights as an individual. Please read our privacy notice before completing this form: www.manorpark.coventry.sch.uk

Parents/guardians are urged to contact the school as soon as possible if any of the information provided changes over the course of the academic year.

This form can be returned directly to the school or electronically emailed to admin@manorpark.coventry.sch.uk.



Pupil Details	
Surname:	Forename/s:
Date of Birth:	Gender: Boy / Girl
Address:	
Post Code:	Main Telephone No:



Please give details of all persons with parental responsibility and anyone else you wish to be contacted in an emergency.

Parent 1 Mother, Father or Gu	ıardian		
Relationship to child:		Has Parental Responsibilit	ty: Yes / No
Title: Mr, Mrs, Miss, Ms		Full Name:	
Address: (if different to child's)			
Telephone Numbers: (indicate prior	rity Contact number)		
Mobile:		Home:	
Work:		Place of work:	
Email address:			
Parent 2 Mother, Father or Gu	ıardian	1	
Relationship to child:		Has Parental Responsibilit	ty: Yes / No
Title: Mr, Mrs, Miss, Ms		Full Name:	
Address: (if different to child's)		·	
Telephone Numbers: (indicate prior	rity Contact number)		
Mobile:		Home:	
Work:		Place of work:	
Email address:			
You will receive emails from Manor Par	k via InTouch & SeeSaw. If y	ou do not want to receive emai	ils please inform the school office
Previous Education			
Name and Address of last School at	tended:		
Date Left:			
Siblings			
Does your child have any brothers of	or sisters attending Mand	or Park? Please state full nam	ne:
School Meals / Dietary needs			
My child will: have a school	l meal or □ br	ing a packed lunch	
Please only tick food type if it is for			s information will be used to
assist us for dinner arrangements a			
No Special Requirements Veget	tarian	No Beef	No Pork
No Fish No Da	airy	Nut Allergy	No Eggs
No Gelatine Glute	en Free		
Any other information:			



Parents should ensure that the details of the emergency contact have agreed for their contact details to be shared with the school and processed for the purpose of being contacted and collecting the child from the school. We process this information to safeguard pupils and ensure there will always be a point of contact in an emergency. If there are any changes to the emergency contact, the parent /guardian must inform the school immediately. Please ensure that you have received consent from additional contacts in order for us to contact them to collect your child if we are unable to speak to you if your child is unwell, has an accident or is uncollected at the end of the session. If the contact has any queries regarding this, please direct them to the school on 02476 501736.

Emergency Contact 1	
Relationship to child: Grandparent / Sibling / Aunt / Uncl	e/ Childminder / Friend
Title: Mr, Mrs, Miss, Ms	Full Name:
Address (if different to shill do)	
Address: (if different to child's)	
Telephone Numbers: (indicate priority Contact number)	
Mobile:	Home:
Emergency Contact 2	
Relationship to child: Grandparent / Sibling / Aunt / Uncl	e/ Childminder / Friend
Title: Mr, Mrs, Miss, Ms	Full Name:
Address: (if different to child's)	
Telephone Numbers: (indicate priority Contact number)	
Mobile:	Home:
THE DIE	Tiome:
Medical Information	
Name and Address of Doctor:	Telephone Number:
Madical Conditions on Alleurice.	
Medical Conditions or Allergies:	
Do you consider your child to have a disability?	☐ Yes ☐ No
Are you in receipt of Disability Living Allowance for your	
We ask for this information as it may be possible to apply	
disabilities or special educational needs access in their ea	
•	,
Other Information	
Is your child adopted?	☐ Yes ☐ No
Has your child, at any time been looked after by the local	
Is there any other information about your child or your sp	
know about?	☐ Yes ☐ No



Child's Name:

MANOR PARK PRIMARY SCHOOL

Data Collection Sheet

Date of Birth:		
	of ourselves. This may be based on many things including, for extensions. Ethnic background is not the same as nationality or countr	
	ly to indicate the ethnic background of the child named above.	
Ethnic Background		
White	Black or Black British	
British	Caribbean	
Irish	African	
Any other White background	Any other Black background	
Asian or Asian British	Mixed	
Indian	White and Black Caribbean	
Pakistani	White and Black African	
Bangladeshi	White and Asian	
Any other Asian background	Any other Mixed background	
Chinaca	Any other Ethnic background	
Chinese I do not wish an ethnic background to be reco		nome.
I do not wish an ethnic background to be reco		nome.
I do not wish an ethnic background to be reconstant of the purpose Additional Information	ses of this form please state the main family language spoken at h	nome.
I do not wish an ethnic background to be reconstant of the purpose	ses of this form please state the main family language spoken at h	nome.
I do not wish an ethnic background to be reconstructed with the purpose of the pu	ses of this form please state the main family language spoken at h English as an additional language YES / NO If overseas, date of entry into UK: Religion: a Pupil Census. The information provided is a mandatory require	
I do not wish an ethnic background to be recommon families are multi lingual. For the purpose Additional Information Main Family Language: Country of Birth: Nationality: Every term the school is required to carry out as directed by the Department for Education (English as an additional language YES / NO If overseas, date of entry into UK: Religion: a Pupil Census. The information provided is a mandatory require (DfE).	
I do not wish an ethnic background to be recommon families are multi lingual. For the purpose Additional Information Main Family Language: Country of Birth: Nationality: Every term the school is required to carry out	English as an additional language YES / NO If overseas, date of entry into UK: Religion: a Pupil Census. The information provided is a mandatory require (DfE).	



Photography Consent

Child's Name:
Date of Birth:
Dear Parent/Guardian
At Manor Park, we sometimes take photographs of pupils. We use these photos in the school's prospectus, on the school's website, display boards around school and our weekly newsletter. We share your information with Tempest Photography and ensure General Data Protection Regulation compliance within a written agreement. We would like your consent to take photos of your child and use them in the ways described above. If you're not happy for us to do this, that's no problem – we will accommodate your preferences.
Please tick the relevant box(es) below and return this form to school:
I am happy for the school to take photographs of my child (not for identification purposes)
I am happy for photos of my child to be used on the school website
I am happy for videos of my child to be used on the school website
I am happy for photos of my child to be used on the schools social media page
I am happy for photo of my child to be posted on the class Seesaw app page
I am happy for videos of my child to be posted on the class Seesaw app page
I am happy for photos of my child to be used in the school prospectus
I am happy for video footage of my child to be used in internal displays including
the television in the reception area
I am happy for photo's of my child to be used in internal displays
I am happy for photos of my child to be used in the local paper I am happy for the school's photographer to take photographs of my child
I am happy for photos of my child to be used in weekly newsletter, which will be posted
on our school website.
Or I am NOT happy for the school to take or use photos of my child in any circumstance.
If you change your mind at any time, you can let us know by emailing admin@manorpark.coventry.sch.uk calling the
school on 02476 501736, or just popping in to the school office. We have one month to comply with your withdraw request.
If you have any queries about the above please contact the school office who will be able to advise on how your child's photo will be used. Please note that although we aim to control the data we process, photographs uploaded online will be accessible by
the public. Photographs will be stored in line with our record retention schedule which can be found on the school website.
The School is a Data Controller for the purpose of the General Data Protection Regulation 2016 and Data Protection Act 2018. The School will only use the information you provide to meet our legal obligations and to educate and safeguard those in our care. Where appropriate, we may ask for your consent to process certain information. Please ensure the information you provide to the School is up to date. We will only process this information in accordance with Data Protection Legislation. More information regarding how we handle personal data and your rights under the Data Protection Legislation can be found in our Privacy Notice and Data Protection Policy on the school's websit www.manorpark.coventry.sch.uk

Parent/guardian's signature:



EDVIS12: PARENT/CARER CONSENT FORM FOR AN EDUCATIONAL VISIT

This form should be read with the accompanying information/letter about visits - all sections MUST be completed.

GENERAL INFORMATION	
School/establishment: Manor Park Primary School	Date(s) of visit from: Sept 2020 – Aug 2021
Proposed visit/activity: Within the local area during this academic activity in advance)	c year (further information will be sent about each visit or
I wish my son/daughter:	Date of birth:
to be allowed to take part in the activity or visit and agree to his/h indicated above.	er taking part in any or all of the activities described as
I understand that, while the establishment staff in charge of the paramot necessarily be held responsible for any loss or damage sufficovered by public liability insurance and trips outside the City are understands of cover are available from the establishment on request.	ered by my son/daughter during the visit. All visits are
MEDICAL INFORMATION	
In the case of an emergency situation, we will share this int vital interests of your child.	formation with the emergency services to protect the
1. My child has a condition requiring regular medical treatment o	r medication. Yes No
If yes, give brief details:	
2. My child needs to retain control of his/her medication.	Yes No
3. Any recent illness, accident or injury suffered by your child rece	ently which staff should be aware of:
4. My child suffers from the following allergies:	
5. My child has the following lifelong condition or disability	
6. I enclose a letter giving more details from the above answer(s)	Yes No
7. Date of last anti-tetanus injection:	
8. My child suffers from travel sickness. Yes No	
9. Family doctor: telepi	hone:
Address:	
10. To provide a consistent identifier in the case of an emergency information: My child's National Health Service Medical Card nu	
I give consent for emergency medical treatment to be administer all efforts will be made to contact me. Yes No	red to my child should I not be present. I understand that



EMERGENCY CONTACT Name of parent/guardian: Address:
Emergency telephone: daytime: evening: mobile:
Alternative emergency contact should parents/guardians not be available (parents must seek consent of the emerger contact for us to process their information in this way before providing us with this information):
Name: Relationship to child:
Address:
telephone:mobile:
Consent has been given by the contact to use their information in this way: YES/NO Note: we will not use your emergency contacts details without their consent. Declaration
Having read the information sheet, and having understood the level of supervision to be provided, I agree my child taking part.
I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.
I agree to my son/daughter receiving medication as I have instructed on this form and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.
Full name of parent or carer (print please):

EXPLANATORY NOTES

This form serves several important functions.

- ${\bf 1.} \ lt\ confirms\ your\ knowledge\ of\ and\ your\ agreement\ to\ your\ child's\ participation\ in\ the\ planned\ visit.$
- 2. It advises you that the Children, Learning and Young People's Service will **NOT** necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
- 3. It contains information about your child together with your consent to medical treatment if required.
- 4. It gives the supervising staff immediate information on how to contact you in an emergency.
- 5. If this form is not returned your child will **NOT** participate in the visit.
- 6. If you wish to discuss the contents please contact the child's Headteacher.