

#### **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: <a href="https://www.manorpark.coventry.sch.uk">www.manorpark.coventry.sch.uk</a>

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 Guardian		
Relationship to child:		Has Parental Responsibilit	y: Yes / No
Title: Mr, Mrs, Miss, Ms		Full Name:	
Address: (if different to child	's)		
Telephone Numbers: (indicat	e priority Contact number)		
Mobile:		Home:	
Work:		Place of work:	
Email address:			
	- "		
Parent 2 Mother, Father	or Guardian	T., - ,- ,-	
Relationship to child:		Has Parental Responsibilit	y: Yes / No
Title: Mr, Mrs, Miss, Ms		Full Name:	
Address: (if different to child	's)		
Telephone Numbers: (indicat	e priority Contact number)		
Mobile:	, , , , , , , , , , , , , , , , , , , ,	Home:	
Work:		Place of work:	
Email address:			
You will receive emails from Ma	nor Park via InTouch & SeeSaw. If y	vou do not want to receive emai	Is please inform the school office
Previous Education			
Name and Address of last Scl	nool attended:		
Data Laft.			
Date Left:			
Siblings	Alexandra de la constanta de l	- DI-2 Dit-t- f-II	
Does your child have any bro	thers or sisters attending Mano	r Park? Please state full nam	e:
School Meals / Dietary ne	eds		
•		ing a packed lunch	
Please only tick food type if it is for medical or religious reasons and not as a dislike. This information will be used to			
assist us for dinner arrangements and when undertaking classroom activities			
No Special Requirements	Vegetarian	No Beef	No Pork
No Fish		Nut Allergy	No Eggs
No Gelatine	Gluten 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:
All (Cliff and Fill)	
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:
Wobile.	nome.
Medical Information	
Name and Address of Doctor:	Telephone Number:
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 of We ask for this information as it may be possible to apply	
disabilities or special educational needs access in their ea	
ansabilities of special educational freeds decess in their ed	ny caacation setting.
Other Information	
Is your child adopted?	☐ Yes ☐ No
Has your child, at any time been looked after by the local	authority?
Is there any other information about your child or your sp	pecific family circumstances that you think we should
know about?	☐ Yes ☐ No



Child's Name:

# MANOR PARK PRIMARY SCHOOL

### **Data Collection Sheet**

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
	White and Asian
Bangladeshi	
	Any other Mixed background
Any other Asian background  Chinese I do not wish an ethnic background to be r	Any other Ethnic background
Additional Information	Any other Ethnic background ecorded oses of this form please state the main family language spoken at home.
Any other Asian background  Chinese I do not wish an ethnic background to be re  Many families are multi lingual. For the purp	Any other Ethnic background ecorded
Any other Asian background  Chinese I do not wish an ethnic background to be r  Many families are multi lingual. For the purp  Additional Information	Any other Ethnic background ecorded oses of this form please state the main family language spoken at home.
Any other Asian background  Chinese I do not wish an ethnic background to be reflected in the purpose of the pu	oses of this form please state the main family language spoken at home.  English as an additional language YES / NO



## **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, or school's website, display boards around school and our weekly newsletter.  We share your information with Tempest Photography and ensure General Data Protection Regulation compl 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 happy for us to do this, that's no problem – we will accommodate your preferences.	liance
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 social media page  I am happy for photos 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 videos of my child to be used in the school prospectus  I am happy for photos 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 photos of my child to be used in the local paper  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 have any queries about the above please contact the school office who will be able to advise on how you child's photo will be used.  Please note that although we aim to control the data we process, photographs uploaded online will be access the public. Photographs will be stored in line with our record retention schedule which can be found on the sewebsite.  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 an safeguard those in our care. Where appropriate, we may ask for your consent to process certain information. It 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 up the Data Protection Legislation can be found in our Privacy Notice and Data Protection Policy on the school's www.manorpark.coventry.sch.uk	sible by chool ection nd Please lance nder

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 acade activity in advance)	emic 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 hi indicated above.	is/her taking part in any or all of the activities described as
I understand that, while the establishment staff in charge of the cannot necessarily be held responsible for any loss or damage s covered by public liability insurance and trips outside the City a Details of cover are available from the establishment on reques	suffered by my son/daughter during the visit. All visits are are usually covered by comprehensive travel insurance.
MEDICAL INFORMATION	
In the case of an emergency situation, we will share this vital interests of your child.	s information with the emergency services to protect the
1. My child has a condition requiring regular medical treatment	nt or medication. Yes No
If yes, give brief details:	
2. My child needs to retain control of his/her medication.	Yes No No
3. Any recent illness, accident or injury suffered by your child	recently 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 answe	r(s) Yes No
7. Date of last anti-tetanus injection:	
8. My child suffers from travel sickness. Yes No	
9. Family doctor: te	lephone:
Address:	
10. To provide a consistent identifier in the case of an emerge information: My child's National Health Service Medical Card	
I give consent for emergency medical treatment to be administrational efforts will be made to contact me. Yes No	stered 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, contact for us to process their information in the	=	=	ncy
Name:	Relationship to child	l:	
Address:			
	telephone:	mobile:	
Consent has been given by the contact to use t  Note: we will not use your emergency contacts de  Declaration	tails without their consent.		
Having read the information sheet, and ha my child taking part.	ving understood the level	of supervision to be provided, I agree	: to
I understand that all reasonable care will bunder an obligation to obey all directions agoverning the visit/activity.		•	l be
I understand that if my child seriously misk he/she may be sent home early from the v school/establishment to refund any mone	risit/activity. In such a situ		
I agree to my son/daughter receiving mediemergency dental, medical or surgical treanecessary by the medical authorities presellimitations of the insurance cover provided	etment, including anaestho ent. I understand the exter	etic or blood transfusion, as considere	d
Full name of parent or carer (print please):	:		

#### **EXPLANATORY NOTES**

This form serves several important functions.

- 1. It 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.