

## **Application for Admission**

Governors will only offer places in accordance with their published admission criteria found above.

Cuitouia 1	
<u>Criteria 1</u>	<u>Criteria 5</u>
Is this child in Local Authority Care? YES NO	Will the child have an older brother or sister attending Holy Trinity School at
	the time of admission?
Looked After Children/Children in Local Authority and children that were looked	Please give their name(s) and class(es)
<u>after but are no longer due to an adoption.</u>	
A child under the age of 18 years for whom the local authority provides accommodation	
by agreement with their parents/carers (Section 22 of the Children Act 1989) or who is the subject of a care order under Part IV of the Act. This applies equally to children who	
immediately after being looked after by the local authority became subject to an adoption, residence, or special guardianship order. (As defined by Section 46 of the Adoption and Children Act 2002 or Section 8 or 14A of the Children Act 1989).	A brother or sister must be attending the school when the child starts. In this context brother or sister means children who live as brother or sister in the same house, including natural brothers and sisters, adopted siblings, stepbrothers or sisters and foster brothers and sisters.
Criteria 2,3,4	Criteria 6
Do you attend a Christian Church? YES NO	Please provide a utility bill (e.g. Gas, Electric, Council Tax Bill) as proof of your address (not more than three months old). This address will be used on all
If yes: Please state name and address of Church:	future correspondence unless otherwise notified. Please use house numbers / house names and post codes.
	A child's home address is a residential property that is the child's only or main residence
Do you attend a Christian Church at least once a month?	(not an address at which the child may sometimes stay or sleep) and which is either
	owned by the child's parent, parents or guardian but share responsibility for the child,
month?	and the child lives at two different address during the week, we will regard the home
	address as the one at which the child sleeps for the majority of week days:
It is your responsibility to provide the school with a reference from the priest or minister of your place of Worship. This should be on headed paper stating your commitment.	We ask the Local Authority to calculate distances. They use the distance between the child's permanent home address and the school, measured in a straight line using Ordnance Survey address point data. Distances are measured from a point defined as
All Christian denominations other than Church of England should be members of 'Churches Together in Gravesham'.	within the child's home to a point defined as within the school as specified by Ordnance Survey. The same address point on the school site is used for everybody.



## Please complete all the details required on the slip below.

## **Childs Details:**

Surname: Preferred Name:				Forename:		
				Gender:	Religion:	
Date of Birth: DD MM YYYY		Ethnicity:	Place of Birth:			
Is your <b>child</b> in receipt of Disability Living Allowance or any other benefit?			her benefit?	Does your child hold a British Pas	ssport?	
YES / NO				YES / NO		
Is your <b>child</b> currently subject to a Child Protection Plan or Child in Need Plan? YES / NO			ild in Need	YES / NO Is your child known to Children Services either currently or in the past? Please give details Origin:		
Ethni			Ethni	c Origin:		
WHITE MIXED				ASIAN OR AISIAN BRITISH	BLACK OR BLACK BRITISH	
White British	Mixed Wh	ite and Black Car	ibbean	Indian	Caribbean	
White Irish	White and	Black African		Pakistani	African	
Traveller or Irish Heritage	White and Asian		Bangladeshi	Any other Black Background		
Gypsy / Roma     Any other mixed Background (please specify)		Any other Asian Background				
Any other white background	kground		Chinese			
Any other Ethnic Background (please specify):						



Child's Home Address:	
	Postcode:
Emergency Telephone Number:	
Primary Contact Email:	

## Parent / Carer Details:

### Parent / Carer 1:

Surname:	Forename:
Relation to Child:	Phone Number:
Parental Responsibility: YES / NO	Email Address:
Address:	
Postcode:	



## Parent / Carer 2:

Surname:	Forename:
Relation to Child:	Phone Number:
Parental Responsibility: YES / NO	Email Address:
Address:	
Postcode:	

## **Emergency Contacts:**

Contact 1:	Name:	Contact 2:	Name:
	Relation:		Relation:
	Telephone Number:		Telephone Number:
Contact 3:	Name:	Contact 4:	Name:
	Relation:		Relation:
	Telephone Number:		Telephone Number:



English as an additional YES / NO Language?	Child's understanding of English:				
	No English	Little English	Good English		
Languages		Parent/Carer's understanding of English:			
Spoken at Home:		No English	Little English	Good English	

Name of Previous Education Setting:	Address:	
Telephone Number:	Postcode:	
How does your child react to new surroundings and new people?		



## Medical Details:

Doctor's Details:			
Doctor's Name:		Address:	
Telephone Number:			Postcode:
Does your child have	YES / NO	Does your child have	YES / NO
any medical needs / conditions?	Details:	any <u>Special Education</u> <u>Needs</u> ?	Details:
		(Autism, ADHD)	
Does your child suffer with <u>Asthma?</u>	YES / NO Details:	Does your child have any <u>Allergies</u> ?	YES / NO Details:
Has your child ever suffered from a serious illness?	YES / NO Details:	Does your child have any dietary requirements / restrictions? (Halal, Vegan)	YES / NO Details:



### **PARENTS / CARERS DETAILS:**

### **Pupil Premium**

Schools have been able to claim extra funding through Pupil Premium, which helps to support the children's development, learning and care within the school. We will use the extra funding to improve the quality of education we provide for your child, this means your child will obtain offers such as **free school uniform, free school meals, free book bags and free school trips.** 

Families who receive certain benefits may be eligible for free school meals. Your child is eligible for free school meals if you're in receipt of one of the following:

### FAMILY INCOME AND BENEFITS DETAILS

If you receive any of these benefits, please place an X in this box:



- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support from NASS under part 6 of the Immigration and Asylum Act 1999
- The guarantee element of Pension Credit
- Child Tax Credit (with no Working Tax Credit)
- Working Tax Credit run-on
- Universal Credit

	Paren	t / Carer	1	Ра	rent / Care	r 2
Last Name:						
First Name:						
Date of Birth:	DD	MM	YYYY	DD	MM	YYYY
National Insurance Number:						
National Asylum Support Service (NASS) Number		/		/	/	
Mobile Number		· · ·				
Address:						



## **Consent Forms**

### Media Consent

## **Additional Consents**

		YES	NO	Internet	I grant permission for my child to use electronic devices and have access to the
1.	May we use your child's image (unidentified) on our school website?			Permission: Visits with the	internet. I understand that my child will be held accountable for their own actions: Signed: Date: I grant permission for my child to take part in various trips in and around
2.	May we use your child's photograph (unidentified) in the school prospectus and other printed publications for promotional purposes?			local area for educational purposes: Use of Playground Equipment	Gravesend during their time at Holy Trinity. Signed: Date: I allow my child to use the playground equipment. I acknowledge that I will not hold the school liable for any accident. Given the school liable for any accident.
3.	May we use your child's image (unidentified) on class displays / in the school?			Parental Guide (PG) Rated Movies	Signed:       Date:         I give permission for my child to watch films with a 'PG' certificate rating.         Signed:       Date:
4.	May we record your child's image (unidentified) on video of web cam?			Mobile Phone Consent	If your child is in Year 5 and 6 and you give consent for them to bring a mobile phone to school, please proved your signature below.         Signed:
5.	Do you consent to your child being photographed or filmed in press events agreed by the school?			Walking Home Consent Medical	If your child is in <b>Year 5 and 6</b> and you give consent for them to walk home by them self, please provide your signature below Signed: Date: I understand that it is important that I provide up to date information on my
6.	Do you consent to your child's full name being published with a press photograph?				child's medical and other special and additional needs as required. I consent to my child being provided with appropriate help, both on the premises and on approved trips to help them with any care need and in response to an accident, incident, or emergency. Signed: Date: