



South Stanley Junior School (2226),  
Tyne Road, Stanley, Co Durham, DH9 6PZ  
Telephone: 01207 232059  
Email: [p2226.admin@durhamlearning.net](mailto:p2226.admin@durhamlearning.net)  
Head Teacher: Mrs Rachel Bell



# Paperwork

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Please complete the following paperwork section. All completed forms should be handed in at our Main Office together with the following evidence:

- Your child's Birth Certificate
- Any adoption, change of name or court order papers



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Registered office:  
Unit G3, Tanfield Lea Business Centre  
Tanfield Lea North Industrial Estate  
Stanley  
Co Durham  
DH9 9DB

Company number: 10380011 (Registered in England & Wales)



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## Admissions Form

All information provided will be treated confidentially. **PLEASE PRINT CLEARLY**

Child's Surname:	Forename(s):	Male Female
Middle Name:	Preferred Forename:	Date of Birth:
Home Telephone No:	Mobile Telephone No:	
Email address:		
Home Address		
		Post Code:

Under the Children Act we are required to record the names and addresses of every person who has parental responsibility for the child.

### Parent(s) / Legal Guardian(s) with whom the child lives.

Female carer's name:	Male carer's name:
Relationship: Mother/ Grandparent etc.	Relationship: Father/ Grandparent etc.
Address:	Address:
Daytime telephone:	Daytime telephone:
Other telephone:	Other telephone:
Occupation:	Occupation:

### Other people with parental/carer responsibility.

Name:	Name:
Relationship to pupil:	Relationship to pupil:
Address:	Address:
Telephone:	Telephone:



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## Emergency Contacts

In the unlikely event of not being able to reach you in the case of an emergency, it is essential that school can contact a nominated adult on your behalf.

**PLEASE ENSURE SCHOOL IS NOTIFIED OF ANY CHANGES TO THE INFORMATION PROVIDED.**

Nominated adults:	
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Daytime telephone:	Daytime telephone:
Other telephone:	Other telephone:
Nominated adults:	
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Daytime telephone:	Daytime telephone:
Other telephone:	Other telephone:



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Child's Name \_\_\_\_\_

Is your child "looked after" by a council?

Yes

No

**Please note that if your child was previously "looked after" but now resides with you, your child is no longer classed as "looked after".**

Was your child in state care outside of England and ceased to be in state care as a result of being adopted?

Yes

No

Was your child previously "looked after" by a LA in England or Wales but ceased to be so because they were adopted or became subject to a child arrangement order or special guardianship order, adopted from state care outside England/Wales?\*

Yes

No

**\*Please attach a copy of the adoption order, child arrangements order or special guardianship order and a letter from the local authority that last looked after the child confirming that he or she was looked after immediately prior to that order being made with this application form.**

If yes which council "looks after" or "looked after" your child?

Name and Tel. No. of Social Worker.

Does your child have an Education, Health & Care Plan?

No



Yes



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## Family History

Does your child have any siblings in school? If so please state.

Name:	Class:	Year:
Name:	Class:	Year:
Name:	Class:	Year:

Please state any previous schools your child has attended including nursery, or infant school.

School Name:	School Name:
Address:	Address:
Telephone:	Telephone:
Dates attended:	Dates attended:
Reason for leaving:	Reason for leaving:

School Name:	School Name:
Address:	Address:
Telephone:	Telephone:
Dates attended:	Dates attended:
Reason for leaving:	Reason for leaving:

### FOR OFFICE USE:

Birth Certificate attached: Y [ ] N [ ]	Date of Entry:	UPN:
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## Medical Information

The information you provide School with in this section is essential for the health and wellbeing of your child during their time at South Stanley Junior School.

Child's Name:	
Does your child wear glasses?	Y [ ] N [ ]
Does your child have any hearing problems?	Y [ ] N [ ]
Does your child suffer with Eczema?	Y [ ] N [ ]
Does your child suffer with Asthma?	Y [ ] N [ ]
If Yes please state the type of inhaler they currently use. Should one need to be kept in school please complete an additional "Medicine in School" Form available at the Main Office.	
Does your child suffer from Epilepsy?	Y [ ] N [ ]
Does your child suffer from nose bleeds?	Y [ ] N [ ]
Does your child suffer from speech problems?	Y [ ] N [ ]
If Yes please state what (if any) support they are currently receiving from external agencies.	
Does your child suffer from bowel or toilet problems?	Y [ ] N [ ]
If Yes please state what, together with any medication they may be taking for this.	
Does your child have any allergies?	Y [ ] N [ ]
If Yes please state:	
If Yes please state any prescribed medication or course of action. eg. Epi Pen	
Please state any other medical information you feel will be of use to school.	



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## Medical Information Cont

Child's Name:	
Can School apply plasters to your child?	Y [ ] N [ ]
Can School apply sun cream to your child?	Y [ ] N [ ]
Family Doctor:	
Surgery Address:	
Surgery Telephone:	

It is your parental responsibility to ensure that your child's medical information is kept up to date at all times, therefore, school must be notified of any changes to any of the above.

School can only administer medication if prescribed for your child by a doctor or a pharmacist. In such instances it is again, your parental responsibility, to ensure you complete and submit "Medicine in School" Form. A copy of this is available at our Main Office.

Signed:
Relationship to child:
Date:



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## Data Collection

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history.

**Ethnic background is not the same as nationality or country of birth.**

Please study the list below and tick one box only to indicate the **ethnic background** of the pupil or child.

White	
British	[ ]
Irish	[ ]
Gypsy	[ ]
Roma (European Roma)	[ ]
Traveller (Including English Traveller, Irish Traveller, Scottish or Welsh Travellers)	[ ]
Any other White background, please write in (including Polish, Turkish and Turkish Cypriot, Eastern/Western European, Russian, Armenian, White North American, White South Africans etc.)	[ ]

Mixed	
White and Black Caribbean	[ ]
White and Black African	[ ]
White and South Asian	[ ]
Any other mixed background (including White and Black North American, White background, Chinese & Black background)	[ ]

*Continued on next sheet.*



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Asian or Asian British	
Indian	[ ]
Pakistani	[ ]
Bangladeshi	[ ]
Any other South Asian background (including Sri Lankan, Nepalese, African Asians etc.)	[ ]

Black or Black British	
Caribbean	[ ]
African (including sub-Saharan Africa)	[ ]
Any other Black background (Black North American, Black European etc.)	[ ]

Chinese	
(Including Malaysian Chinese, Singaporean Chinese etc.)	[ ]

Any other ethnic background	
Latin/South/Central American	[ ]
Iranian, Iraqi, Saudi, Kuwaiti, Palestinian, Jordanian etc.	[ ]
Afghani, Kurdish from Turkey/ Iraq/ Iran	[ ]
North African – Moroccan, Algerian, Tunisian, Libyan, Egyptian	[ ]
Japanese, Thai, Vietnamese, Filipino, Malaysian other than Malaysian Chinese etc.	[ ]
Any Other Ethnic background	[ ]

Opt out	
I do not wish an ethnic background category to be recorded.	[ ]



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Languages used in early years	
Language 1	
Language 2	

What, if any, is the pupil's religion?

Languages used in early years	
Country of Birth:	Nationality:
I do not wish country of birth category to be recorded: [ ]	
I do not wish nationality category to be recorded: [ ]	

If you have not returned your completed form within four weeks, then the school may use its best judgement to assess the ethnic background and language(s) of your child, noting that the information has been arrived at in this way, rather than by you. The school will let you know this decision and you can ask to have this decision altered or removed, if you wish.

Signed:	
Relationship to child:	
Date:	
This information was provided by:	
Parent	[ ]
Pupil	[ ]

© Ethnic Minority and Traveller Achievement Service



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## Free School Meals and Pupil Premium

Our school receives funding from the Government to cover the costs of providing education. This includes all school running costs, such as employing teachers and support staff, books and equipment, school building expenses and free school meals.

The school also receives additional funding known as pupil premium for pupils whose families receive certain benefits. We can only claim the pupil premium if we are aware of parents receiving one of the eligible benefits. Even if your child is on a packed lunch the school will still be able to claim the premium if you are eligible.

It is in **all** our interests that we bring in as much money as we can to support our school and ensure all of our children get the best possible education. To help your child and your school, we can do a very quick eligibility check for this additional funding via Durham County Council.

In order to do this we require some simple information relating to the parent/carer. Please inform the school if you are/have been employed by H.M.R.C. as this may have an effect on the result.

You do not need to provide supporting paperwork unless the school request this.

For the whole of the time your child is in our school this is the only information we will need to check your eligibility (unless your surname changes). We are therefore asking all parents, no matter what your current circumstances are to complete, sign and return the attached form. Please note that it is your responsibility to inform the school if you have had a change of circumstance that may impact on your eligibility.

Please be rest assured that the information you provide is confidential and will be treat with the strictest confidence and safekeeping.

Please complete the following FSM form.



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**FSM ENTITLEMENT VERIFICATION CHECK**

**SCHOOL/ACADEMY** .....

**NAME OF PUPIL(s):** ..... **YEAR GROUP** .....

**SURNAME OF PARENT/CARER WHO IS IN RECEIPT OF AN ELIGIBLE BENEFIT**  
 .....

**NATIONAL INSURANCE NUMBER OF PARENT/CARER WHO IS IN RECEIPT OF AN ELIGIBLE BENEFIT**

--	--	--	--	--	--	--	--	--

**OR**  
**ASYLUM SEEKER'S REFERENCE 9 DIGIT NUMBER** .....

**DATE OF BIRTH OF PARENT/CARER**

--	--	--	--	--	--	--	--	--

**PLEASE TICK WHICH BENEFIT YOU ARE CLAIMING**

- Universal Credit **with an earnings threshold that does not exceed £7,400**
- Income Support
- Income Based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Child Tax Credit, provided you **are not** entitled to Working Tax Credit and have an annual income, as assessed by HMRC that does not exceed £16,190
- Guaranteed Element of State Pension Credit
- Where a parent is entitled to Working Tax Credit run-on (the payment someone receives for a further four weeks after they stop qualifying for Working Tax Credit).
- Support under part VI of the Immigration and Asylum Act 1999.

I hereby give consent to a check for Free School Meals eligibility, via Durham County Council's Benefit Systems and the Department for Education's online service which includes data from HMRC and DWP. (Communication with Durham County Council may be subject to monitoring and recording.) I understand that it is my responsibility to inform the school if I no longer receive the relevant benefit.

**PARENT/CARER'S SIGNATURE:** ..... **DATE:** .....



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## Allergies & Dietary Requirements

Children regularly take part in cooking or tasting exercises as part of their learning. It is therefore important that we are aware of any food allergies or special dietary requirements your child may have.

The information you provided us with may change over time, therefore, it is important that you advise school of any changes as soon as possible.

Child's Name:	
Does your child have any food allergies?	Y [ ] N [ ]
If Yes, please state what foods / food types they are allergic to.	
Does your child have any special dietary requirements?	Y [ ] N [ ]
If Yes, please state what they are.	

If Yes and your child is on school meals, we will need to create a special menu for them. Based on the school meals menu, this is done with the support of Durham County Council & Taylor Shaw's Dietician. Please contact the Main Office to coordinate this.

You will be required to provide a doctor's letter/diagnosis.

You are required to provide a packed lunch until your child's menu is approved.

Signed:
Relationship to child:
Date:



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## Photographic Image Consent

### Photograph and Video Consent

#### Taking photographs and videos of children and young people

South Stanley Junior school recognises its responsibility to ensure the welfare and safety of children and young people and to comply with the General Data Protection Regulations 2018. You may wish to refer to our privacy notice on our website, which explains how we use your data, and your rights and responsibilities.

We use photographs and videos for a number of reasons including celebrating and recording children's successes. These images or videos may be used on display boards, screens and on our website and our social media site. Your child's identity will not be disclosed without your consent and only if the photograph is used to celebrate individual success.

Photographs and videos will only be recorded on school owned equipment and will not be kept for longer than is to be considered necessary and, in any event, not exceeding a maximum of three years after your child has left the school.

**If you are concerned about the privacy of your child, we would like to encourage you to make an appointment and discuss your concern with the head teacher so we can take appropriate measures to protect them.**

**Please read the questions on the consent form below, then sign and date where shown. Please return the completed form to the school as soon as possible.**

**It is the parent's/carers responsibility to inform the school if circumstances change and you wish to withdraw consent.**

**I give consent for you to record and use images or videos of my child in all the following ways:**

- Website (shows, trips, activities and celebrates children's successes).
- Twitter/Facebook (shows, trips, activities and celebrates children's successes)
- General publicity (includes use by the L.A and for training purposes).
- Use by the press and other broadcast media.

South Stanley Junior school will take all steps to ensure images and videos are used solely for the purposes they are intended. If you become aware that these are being used or shared inappropriately, please contact the school.

**Name of Child** \_\_\_\_\_ **Class** \_\_\_\_\_

**Name of Parent/Carer** \_\_\_\_\_



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## Parent Consent / Medical Form (EV4)

Child's Name:	
Date of Birth:	
School:	South Stanley Junior School (2226)

### General consent.

I agree to my son/daughter participating in educational visits and other off-site activities including:

- All school organised off-site activities before, during and after the school day.
- All visits (including residential visits) which take place during the holidays or a weekend
- Adventure activities at any time.
- Off-site sporting fixtures outside the school day.
- All off-site activities for junior schools.

In exceptional circumstances, a further consent form may be requested but the school will send parents information about each trip or off-site activity before it takes place.

You can, if you wish, tell the school that you do not want your child to take part in any particular visit or activity.

The consent will apply for the duration of my son / daughter's enrolment at the school or until withdrawn in writing.

### Medical information about your child.

I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or **blood transfusion**, as considered necessary by the medical authorities present.

I will inform school / group leaders of any changes in medication that is relevant to the educational visits and off-site activities.

Please list any medical conditions or prescribed medication you want the school or group leader to be aware of. Include details of all medication you child will need to take on visits / off-site activities.

### Consent

I hereby undertake to indemnify the School, Stanley Learning Partnership and the staff accompanying the group visit against any costs and expenses reasonably incurred by them on behalf of my child during the visit (for example, the cost of replacement food or clothing not supplied on the trip/visit). This indemnity will not extend to any claims, damages, costs or expenses against the risk of which Stanley Learning Partnership or member of staff are entitled to be indemnified under any policy of insurance.

Signed:

Relationship to child:

Date:

Emergency telephone number:



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