

Keswick



School

PUPIL INFORMATION FORM – ADMISSION 2018-2019

Please complete in block capitals

Name of Previous School _____			
Surname		Forename(s)	
Date of Birth		Male/Female	Name of any siblings at Keswick School
Home Address and Postcode			Home Tel No _____ Work Tel No _____
Parental Responsibility			
Parent 1	Forename:	Surname:	
Parent 2	Forename:	Surname:	
Email address			
Please indicate whether the pupil lives with: Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/>			
Emergency Contact (during schools hours)			
Contact 1	Name:	Relationship:	
	Mobile No:	Home No:	
Contact 2	Name:	Relationship:	
	Mobile No:	Home No:	
Contact 3 Someone who lives outside of the pupil residence	Name:	Relationship:	
	Address:	Mobile No:	

Keswick



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Medical Information - If the pupil requires medication for an ongoing condition please liaise with the School Nurse who will advise you of the Keswick School Supporting Pupils with Medical Conditions Policy. Pupils **MUST NOT** carry medication other than asthma inhalers, epi pens and diabetic supplies in school.

If the pupil is or injured at school, I give permission for the School Nurse or her Deputy to:

Administer Paracetamol Treat Minor injuries and illness Give any necessary health advice
 Permission to call a Doctor/administer First Aid Permission to use emergency school Ventolin inhaler

Medical Conditions – please state those conditions which you feel should be included in the school records in case of an emergency. If you have any other relevant information regarding the health of the pupil, please give details:

Local Doctor's Surgery Name and Address

Doctor's Name

Please Note: Whilst the pupil is at Keswick School they will be a part of the Public Health Immunisation Programme, details of the pupil will be shared with NHS Immunisation team.

Ethnic & Cultural

First Language _____

Home Language _____

Ethnic Origin

Please tick the box that you feel best describes the ethnic origin of the pupil.

National Identity

Religion

White - British

British

Christian

White - Irish

Refused

Jewish

White and Asian

Other : Please specify

Muslim

White and Black African

No Religion

White and Black Caribbean

Refused

Chinese

Other: Please specify

Indian

Other: Please specify

Nationality

As specified on passport _____

Country of Birth _____



Additional information		
Travel Arrangements		
Boarder N/A <input type="checkbox"/>	Cycle <input type="checkbox"/>	Taxi <input type="checkbox"/>
Car Share <input type="checkbox"/>	Dedicated School Bus <input type="checkbox"/>	Walk <input type="checkbox"/>
Car/Van <input type="checkbox"/>	Public Service Bus <input type="checkbox"/>	Other <input type="checkbox"/>
Lunch Arrangement	School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/>
<p>Important Note:</p> <p>If there is a medical emergency at school, parents/guardians are advised that we must have up-to-date emergency contact telephone numbers.</p> <p>Please let the school know via email to the following address admin@keswick.cumbria.sch.uk if there is a change to any of the telephone numbers we have on our school records.</p>		
<p>Authorisation</p> <p>Signature of Parent/Guardian _____ Date _____</p>		
<p>The school applies the requirements as set out in the General Data Protection Regulation (GDPR) and Data Protection Regulations 2018 and is registered with the Information Commissioner's Office (ICO) for holding personal data. The school's privacy notice setting out how we store, use, share and dispose of personal data can be found in the GDPR policy on the school website.</p>		



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