



IN YEAR - Pupil Data Collection Sheet

Please note that this form is **only** to be used to apply for a place in the school outside of the normal round of admissions. **A separate form is required for each child.**

It is recommended that you read the school's admissions policy which is available on our school website.

PLEASE USE **BLOCK CAPITALS** WHEN FILLING OUT THIS FORM.



This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act and the General Data Protection Regulation (2018). Data on this form will be shared, with the Local Authority, in line with the school's Privacy Notice.

SCHOOL USE ONLY	
Initial meeting date	
Date Processed	
UPN	
Year Group	
Agreed start date	
Date of Birth and birth certificate - checked by	
Date of Birth and birth certificate - verified by	
Proof of Address - checked by	
Date Proof of address - seen by	
Distance from school in metres	
CTF requested from school (Date)	
Full CTF received and checked (Date)	

Child's details	
Legal Surname	
Legal Forename (including middle names)	
Chosen name	
Date of birth	
Home address	
Postcode	
Telephone number	
Gender	
NHS Number (10 digits available from your Doctor's Surgery)	

Position of child in family (please circle)		How many adults (including yourself) live in the household?		
1 2 3 4 5 6		How many children, in total, live in the household?		
Other children in the family				
Name		DOB		School
Name		DOB		School
Name		DOB		School
Name		DOB		School

Medical details		
Surgery Name		
Surgery address		
Surgery Tel Number		
Doctor's Name		
Medical conditions (including allergies)		
Medication required in school (tick as appropriate)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'yes' please make sure this medication is brought to the school main office as you will need to complete a medical form.

Disability – Please tick the relevant boxes that apply to your child					
	No disability		Hearing impairment		Learning difficulties
	Autistic Spectrum diagnosis		Visual impairment		Personal care difficulties
	Behaviour difficulties		Physical difficulties		Diagnosed dyslexia
	Communication difficulties		Incontinence problem		Eating difficulties
	Other (please state)				

Additional Needs	
Have you ever been told that your child might have Special Needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what is the main barrier to learning for your child? (Please specify)	
Has your child been issued with an Educational Health Care Plan (EHCP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your child has an EHCP you should not apply for them using this form. Please contact the Special Educational Needs department who issued the EHCP to discuss your request to transfer your child to another school directly with them.	
Are any outside agencies involved in respect of your child at this time?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'yes' please use this space to advise us of which agencies. Please use additional sheet of paper if required.

Language Information	
Please complete this section if you speak a language other than English at home.	
Where was your child born?	
What date did the child arrive in the UK?	
Date arrived in Birmingham (if different)	
Is English the child's first language (spoken at home)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer to previous question is 'No', what language/s do the family speak at home?	

Meal Arrangements	
<input type="checkbox"/> Hot School Meal – PAID	<input type="checkbox"/> Sandwiches
<input type="checkbox"/> Hot School Meal – FSM	<input type="checkbox"/> Hot School Meal – UFSM (Reception to Year 2 only)

Dietary Requirements			
	Vegetarian		Vegan
	Dairy free		Gluten Free
Please specify if there is any other dietary requirement including allergies or intolerances.			

Background Information	
Please give as much detail as you can below as this allows the school to make the correct arrangements for your child when they enter the school.	
Has your child attended a school in the UK before the Oratory R.C Primary and Nursery School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give the name, address and telephone number of the school.	
Date they joined previous school:	
Date they left previous school:	
If 'No', did they attend a school in a different country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please give the country, name, address and telephone number of the school where they attended school.	
Was this an English-speaking school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Travel arrangements – Please advise one MAIN mode of transport to school					
Walk		Car		Bus	
Cycle		Taxi		Train	

Religion – Please tick one only					
Roman Catholic		Christian		Buddhist	
Hindu		Jewish		Muslim	
Sikh		No religion		Refused	
Any other, please state					

If you have ticked Roman Catholic please complete the following:

Has your child been baptised Catholic or received formally received into the Catholic Church?

Yes No

If you have answered “Yes” to the above question, please attach your child’s Baptismal Certificate or Certificate of Reception to this application form.

If you fail to provide this evidence your child’s application will not be prioritised as a Catholic applicant which may affect their chances of being offered a place.

Is this child a looked after child, previously looked after child or and internationally adopted previously looked after child as explained below?

Yes No

If you have answered “Yes” and the child is not Catholic, is at least one of the carers a Baptised Catholic?

Yes No

If the child is an internationally adopted previously looked after child has their been any involvement with either the Local Authority or Virtual School Head?

Yes No Not applicable

For the purposes of admissions, a looked after child living with a family where at least one of the carers is Catholic will be considered as Catholic. The carer **must** forward a copy of their own Catholic Baptismal or Reception certificate directly to the school in order for this priority to be given to the child as failure to do so will result in the looked after child being ranked as a non-Catholic.

A “looked after child” has the same meaning as in section 22(1) of the Children Act 1989, and means any child who is (a) in the care of the local authority or (b) being provided with accommodation by them in the exercise of their social services functions (eg children with foster parents) at the time of making the application to the school. A “previously looked after child” is a child was looked after but ceased to be so because he or she was adopted or became subject to a child arrangement order or special guardianship order and includes those children who appear (to the governing body) to have been in state care outside of England and ceased to be in state case as a result of being adopted.

Priority Contact 1		Parent / Carer details (with whom the child lives)			
Title		First Name		Surname	
Relationship to child				Parental responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (if different to child)					
Email address					
Home telephone number					
Mobile telephone number					
If employed, please state occupation					
Work telephone number					
Currently serving in regular HM Forces?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is this person authorise to collect your child?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Priority Contact 2		Parent / Carer details			
Title		First Name		Surname	
Relationship to child				Parental responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (if different to child)					
Email address					
Home telephone number					
Mobile telephone number					
If employed, please state occupation					
Work telephone number					
Currently serving in regular HM Forces?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this person authorised to collect your child?			Yes <input type="checkbox"/> No <input type="checkbox"/>		

Priority Contact 3		Non-parental details			
Title		First Name		Surname	
Relationship to child					
Home telephone number					
Mobile telephone number					
Is this person authorised to collect your child?			Yes <input type="checkbox"/> No <input type="checkbox"/>		

Parents who live at different addresses	
For those parents who live separately, please indicate below if you would like correspondence sending to each address (this will include school reports, attendance letters, etc).	
<input type="checkbox"/> Yes	I would like all correspondence to go to both parents/carers. Please ensure you have provided us with email addresses for all people who are to receive communications from school.
<input type="checkbox"/> No	We are happy for all correspondence to go to the parent the child lives, only. By ticking this box, I confirm I will ensure I will pass on all communication to the other parent as necessary.

Court Orders	
Has there been a Court Order issued in respect of this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Please note:</u> If a Court Order has been issued in respect of the child named on this document, please ensure you supply a photocopy of the order when returning this form.	

Collection and Emergency Contacts

In addition to the adults stated in the previous section (Contacts 1, 2 and 3), please list below which other people should be contacted in the case of an emergency. These are very important to us. If your child becomes ill during the day we need to be able to contact you, or someone acting for you who are able to collect your child. Please give at least two different contacts. By naming these people here you are also giving permission for them to collect your child from school if necessary too.

Priority	Relationship to child	Name and Surname	Phone number
4			
5			

Use this box if you need to add any extra names and contact details:

Pupil Premium – Important Information

Whilst we appreciate the following questions may be thought of as personal, the information obtained from asking them could greatly improve the provision we make for your child's education. Please be assured that any answers you give will be treated in the strictest confidence, are for the sole purpose of the school and will not be passed onto any outside agencies.

The Pupil Premium is additional funding given to schools so that they can support 'disadvantaged pupils' and close the attainment gap between them and their peers. This money is used by the school to enhance your child's education.

Has your child been eligible for Free School Meals at any point in the last 6 years?	Please tick as appropriate	Yes		No	
Has your child been 'Looked After' (*) continuously for a period of more than 6 months? <small>(* Spent time in care, including fostering or adoption)</small>		Yes		No	
Does anyone with Parental Responsibility for the child named on this form hold a Service Personnel Contract? (eg. they work for the Army, Navy or Air Force)		Yes		No	

Free School Meals

If you are in receipt of certain benefits (Child tax Credit, Jobseekers Allowance etc.) then you may be entitled to Free School Meals for your child.

To enable us to check on your behalf if you are entitled to this please complete the details below:

Name of parent/carer in receipt of the Child Benefit for the child named on this form:									
Date of birth of above:									
National Insurance Number:									
Date of when benefits started if known:									

Pupil's ethnic origin					
Please tick ONE box to best describe your child's ethnic background					
White British					
<input type="checkbox"/>	English	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Welsh
<input type="checkbox"/>	Other White British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Traveller of Irish heritage
<input type="checkbox"/>	Cornish	<input type="checkbox"/>	Gypsy / Roma		
Any other White background					
<input type="checkbox"/>	Albanian	<input type="checkbox"/>	Bosnian-Herzegovinian	<input type="checkbox"/>	Croatian
<input type="checkbox"/>	Greek	<input type="checkbox"/>	Greek Cypriot	<input type="checkbox"/>	Italian
<input type="checkbox"/>	Kosovan	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Serbian
<input type="checkbox"/>	Turkish	<input type="checkbox"/>	Turkish Cypriot	<input type="checkbox"/>	White other
<input type="checkbox"/>	White Western European	<input type="checkbox"/>	White Eastern European		
Mixed Dual Background					
<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	White & Black African		
White and Asian					
<input type="checkbox"/>	White & Pakistani	<input type="checkbox"/>	White & Indian	<input type="checkbox"/>	White & any other Asian background
Any other Mixed background					
<input type="checkbox"/>	Asian & any other ethnic group	<input type="checkbox"/>	Asian & Black	<input type="checkbox"/>	Asian & Chinese
<input type="checkbox"/>	Black & any other ethnic group	<input type="checkbox"/>	Black & Chinese	<input type="checkbox"/>	Chinese & any other ethnic group
<input type="checkbox"/>	White & any other ethnic group	<input type="checkbox"/>	White & Chinese	<input type="checkbox"/>	Mixed any other background
Asian or Asian British					
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Mirpuri Pakistani
<input type="checkbox"/>	Any other Pakistani	<input type="checkbox"/>	Kashmiri Pakistani		
Any other Asian Background					
<input type="checkbox"/>	African Asian	<input type="checkbox"/>	Kashmiri other	<input type="checkbox"/>	Nepali
<input type="checkbox"/>	Sri Lankan Sinhalese	<input type="checkbox"/>	Sri Lankan Tamil	<input type="checkbox"/>	Sri Lankan other
<input type="checkbox"/>	Other Asian				
Chinese					
<input type="checkbox"/>	Hong Kong Chinese	<input type="checkbox"/>	Malaysian Chinese	<input type="checkbox"/>	Singaporean Chinese
<input type="checkbox"/>	Taiwanese	<input type="checkbox"/>	Other Chinese		
Black or Black British					
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Angolan	<input type="checkbox"/>	Congolese
<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>	Nigerian	<input type="checkbox"/>	Sierra Leonian
<input type="checkbox"/>	Somali	<input type="checkbox"/>	Sudanese	<input type="checkbox"/>	Other Black African
<input type="checkbox"/>	Black European	<input type="checkbox"/>	Black North American	<input type="checkbox"/>	Other black
Any other ethnic group					
<input type="checkbox"/>	Afghan	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Egyptian
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Iranian	<input type="checkbox"/>	Iraqi
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Kurdish
<input type="checkbox"/>	Latin / South / Central American	<input type="checkbox"/>	Lebanese	<input type="checkbox"/>	Libyan
<input type="checkbox"/>	Malay	<input type="checkbox"/>	Moroccan	<input type="checkbox"/>	Polynesian
<input type="checkbox"/>	Thai	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Yemeni
<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>	Refused – I do not want my child's ethnic group recorded		

Parental / Carer Permission

Child's Name Date: ____ / ____ / ____

This permission slip will cover all of your child's time at The Oratory R.C. Primary and Nursery School. If at any time in the future you wish to change your authorisations, please ask the School Office for another of these forms.

Please **circle** as appropriate the **give/do not give*** part of each statement and sign each section.

If you have more than one child at the school you must complete a separate form for each one.

Visits to the local area

I give/do not give* permission for my child to be taken off the school premises during the school day to attend mass in Church, for outings, local walks, sports activities, rehearsals etc. I understand I will always be informed of the date, purpose and mode of transport for any occasion when my child will be taken off the premises and that I should contact the school if I do not wish my child to participate.

Photographs by School Photographers

I give/ do not give* permission for my child to be photographed by an external company (school yearly photos) and I would have a chance to purchase the photographs.

Photographs and videos within school premises

I give/ do not give* permission for my child to be individually photographed or videoed where the pictures are to be displayed only within the school premises and children's books.

Photographs and videos for school Newsletters, prospectus and website

I give/ do not give* permission for my child to be individually photographed or videoed where the pictures are to be published in the school Newsletter, prospectus or school website.

Photographs and videos for school associated Social Media

I give/ do not give* permission for my child to be individually photographed or videoed where the pictures are to be published in the school associated Social Media (e.g. Twitter).

Media Photographs and videos

I give/do not give* permission for my child to be individually photographed, filmed or videoed by or for the media (e.g. the press or television) for the purposes of celebrating success and for the child's name to be released (if appropriate) for publication such that the child might be identified as an individual or as part of a small group. I understand that I will be contacted by a member of the Senior Lead Team prior to any publication of any image of my child and that I may withdraw this permission at any time by notifying the school office.

First Aid

I give/do not give* permission for my child, in the event of an emergency, to be treated by qualified First Aiders in school and to be taken to hospital and given emergency care by qualified doctors/nurses if the school is unable to contact me. By agreeing to this I also give permission for any necessary treatment to be applied (including the use of plasters, bandages...etc)

Signed: (Parent/Carer)

Date:

Parent / Carer Declaration

Please read the following carefully and confirm your agreement and understanding by signing where indicated.

- I have read the Admissions Policy of the school and confirm that the information I have provided in this application is correct. I understand that I must notify the school immediately if there is any change to these details. Should any information I have given prove to be inaccurate or deliberately misleading, this may result in any offer of a place being withdrawn even if the child has already joined the school.
- The submission and acceptance of this application form does not constitute the offer of a school place. Governors will consider your application and you will be notified in writing of the outcome of your application.
- The information within this form will be used for application purposes only, will not be shared with any third party and will be processed in line with the school's privacy notice.
-

Signature of parent/carers:

Print name:

Date:

Please return this application form to:

By Hand: Ms Pitter or Mrs Yaman in the main school office

Post: The Oratory R.C. Primary and Nursery School, Oliver Road, Ladywood, Birmingham, B19 9ER

Email: s.pitter@oratory.bham.sch.uk or s.yaman@oratory.bham.sch.uk