



The Divine Mercy RC Primary School

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Headteacher: Mrs Clare Campbell

THE DIVINE MERCY RC PRIMARY SCHOOL

ADMISSION FORM

Surname		
First Name(s)		
Date of Birth		Year Group
Religion		Baptismal details (if RC) Church & Date
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address		
Telephone Number	Home	Mobile

Parent/Carer Details

Full Name of Parent/Carers	Mobile Telephone Number	Home Telephone Number	Work Telephone Number
Mother: Email:			
Father Email:			

Emergency Contact Telephone Numbers

Please provide us with alternative emergency contact details for any family members or other relatives and family friends.

Contact 1	
Relationship to Child (Aunt, Uncle, Grandparent etc)	
Mobile Telephone Number	
Home Telephone Number	
Work Telephone Number	

Contact 2	
Relationship to Child (Aunt, Uncle, Grandparent etc)	
Mobile Telephone Number	
Home Telephone Number	
Work Telephone Number	

Sibling Details

OTHER CHILDREN IN THE FAMILY (SIBLINGS)

Name	Date of Birth	Male/Female	School Attending

Previous Schools

Education Information

Name and Address of Nursery/School	Telephone Number	Date Started Attending	Date Left

School Meal Information

What will your child be having for lunch (please tick all that apply)

Free School Meal:

Paid School Meal:

Packed Lunch:

Universal Free School Meal (Rec, Y1, Y2)

Are You Entitled to Free School Meals?

Yes No

Has your child ever received Free School Meals at another School?

Yes No

Are you here to study?

Yes No

Do you work? Yes No

If so, how many hours?

Do you receive income support, Job seekers allowance, Universal Credits, ESA allowance?

Yes No

Do you get child tax credits?

Yes No

Do you get working family tax credits?

Yes No

Dietary Information

Does your child have any special food requirements or allergies? Please tick all that apply

Halal

Vegetarian

Kosher foods only

Nut Allergy

Seafood Allergy

No Pork

No Beef

Dairy Produce Allergy

Vegan

Artificial Colouring Allergy

Other (please state)

Free School Meals Eligibility

Legal Declaration: To check if a child is entitled to Free School Meals on behalf of the parent/carer; permission is needed prior to the check being actioned and evidenced retained.

Eligibility is based on one of the following benefits:

- Income Support
- Income based Job Seekers Allowance
- Income related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit with an annual income into to household that is no more than £16190, provided you are **not** entitled to Working Tax Credit. If you receive Working Tax Credit there is no eligibility.
- Universal Credit.

For school to complete eligibility for Free school meals you need to provide:

- Your own name and date of birth
- Address
- National Insurance or National Asylum Seekers Number
- Child's name and date of birth

Iam the parent/carer of:

(Child's date of birth) Parent /Carer Date of birth:

Parent National Insurance Number

I confirm that the information I have provided is accurate and true. I understand and agree to the conditions set out in this document and I authorise The Divine Mercy RC Primary School to check my eligibility for free school meals. In addition, I also agree that the information I have provided can be shared with the Local Authority and Department of Education, who will access information from other government departments to confirm my child's eligibility.

Signed: Parent/Carer

Print Name: Date:

Note: The above information will only be used by the school for the checking of eligibility for Free School Meals, it may only be shared with parties listed above.

Office Use Only: FSM checked by Date:
Eligible YES / NO

Medical Conditions

Does your child have any of the following?

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Eyesight (glasses)	<input type="checkbox"/>	<input type="checkbox"/>
Epi-Pen	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Hayfever	<input type="checkbox"/>	<input type="checkbox"/>
Hearing (hearing aids)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Physical Needs	<input type="checkbox"/>	<input type="checkbox"/>
Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>

Any other not mentioned above

Medical Information

Name of Family Doctor	Address	Telephone number

Child's Medical Information	
Please state any medical conditions your child has	
Has your child received any treatment at a hospital or clinic? If so please give details	
Is there any other medical information you have about the physical, emotional, or medical support needs of your child? If so please give details	

SEN

Does your child have a diagnosis of any of the following?

	Yes	No
Autism	<input type="checkbox"/>	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>
Dyspraxia	<input type="checkbox"/>	<input type="checkbox"/>
Speech & Communication	<input type="checkbox"/>	<input type="checkbox"/>
Any other not mentioned above		

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Involvement with other Agencies

	Yes	No
Children' s Services	<input type="checkbox"/>	<input type="checkbox"/>
CAMHS	<input type="checkbox"/>	<input type="checkbox"/>
Educational Psychology	<input type="checkbox"/>	<input type="checkbox"/>
Early Help Hub	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Any other not mentioned above		

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Information on Ethnic Background

Please tick the box next to the most appropriate description
for your child

- | | | | |
|---------------------|--------------------------|-----------------------------|--------------------------|
| Black Nigerian | <input type="checkbox"/> | Arab | <input type="checkbox"/> |
| Black Somali | <input type="checkbox"/> | Iranian | <input type="checkbox"/> |
| Other Black African | <input type="checkbox"/> | | |
| Black Caribbean | <input type="checkbox"/> | White British | <input type="checkbox"/> |
| Other Black | <input type="checkbox"/> | White Irish | <input type="checkbox"/> |
| | | White West European | <input type="checkbox"/> |
| Afghan | <input type="checkbox"/> | Other White European | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | White Other | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | | |
| Mirpuri Pakistani | <input type="checkbox"/> | Gypsy or Roma | <input type="checkbox"/> |
| Other Pakistani | <input type="checkbox"/> | Traveller | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | | |
| African – Asian | <input type="checkbox"/> | Mixed White/Asian | |
| Vietnamese | <input type="checkbox"/> | Mixed White/Black African | <input type="checkbox"/> |
| Other Asian | <input type="checkbox"/> | Mixed White/Black Caribbean | <input type="checkbox"/> |
| | | Other Mixed Background | <input type="checkbox"/> |

Other Ethnic Group

(Please Specify)

Language details	
What Languages are spoken at home?	
What is your Child' first language?	
Does your child speak English?	

International New Arrivals/New to the Country

Place of Birth			
Date of Entry Into the UK			
Are you here on a Visa?	Expiry date of Visa	Asylum Status	Refugee
Is this your first UK School ?			

Travel Details

How will your child get to and from school? (please tick all that apply)

Collected by parents

 On their own

Collected by Childminder/Afterschool Club

(Please give details

Walk

 Bus

 Car

 Bike

Additional Information

Please let us have any other information that you feel would be useful for school to know about your child.

NURSERY APPLICATIONS ONLY

Extended (30) Hours Eligibility Funding

To be able to get the extended 15 hours:

- Both parents must be working; or
- The sole parent in a single parent family must be working; or
- Both parents are employed but one or both parents is temporarily away from the workplace on parental, maternity or paternity leave; or
- Both parents are employed but one or both parents is temporarily away from the workplace on adoption leave; or
- Both parents are employed but one or both parents is temporarily away from the workplace on statutory sick pay; or
- One parent is employed and one parent has substantial caring responsibilities bases on specific benefits received for caring or one parent is employed and one parent is disabled or incapacitated based on receipt of specific benefits;

And

- Each working parent must earn at least the equivalent to 16 hours at national minimum wage or living wage a week (around £120), and less than £100,000 per year.

Questionnaire – Family Circumstances

Please state the working status of you and your partner (if you have one). This is so we can work out the funding we might receive for the full time places.

Please tick the best description	Me	My Partner
I work and earn less than £120 per week		
I work and earn more than £120 per week		
I work and earn more than £100,000 per year		
I claim disability benefit or i am a full time carer for someone with a disability.		
I claim out of work benefits such are JSA, ESA		
I am a stay at home parent not claiming state benefits other than tax credits/child benefit		
Other (please state)		
	I have a partner <input type="checkbox"/>	I do not have a partner <input type="checkbox"/>

Office Use Only: 30 Hours Funding Checked: By Date

Code Received: Yes No Code:.....

Free Entitlement Parent Declaration (NURSERY APPLICATIONS ONLY)

Child's Details

Child's Legal Family Name:		Child's Legal Forename (s):	
Name by which the child is known (if different to above):			
Date of Birth:		Male /Female:	
Address:		Postcode:	
Documentary Proof of DoB Type (eg birth certificate, Passport):		Copy of Proof kept:	Yes / No

Additional Information for Children Claiming 30 Hours Free Childcare

Parent / Carer National Insurance Number:		Parent/Carer Date of Birth		30 Hours Eligibility Code:	
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Setting and Attendance Details;

- You need to agree and complete this Declaration Form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them.
- Your child can attend a maximum of two sites in a single day and if your child attends more than 1 setting, we will split the funding fairly between the settings.

My Child is attending the following settings;

Setting Name (s)	Please enter total free entitlement hours attended per day					Total number of hours per week	Number of weeks per year (e.g. 38, 45, 51)
	Mon	Tue	We	Thu	Fri		
A							
B							
C							
Total Daily Free Hours Attended							

Early Years Pupil Premium (EYPP) Registration Form

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits. This funding will be used to enhance the quality of their early years' experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child's progress and development. For more information please speak to your childcare provider.

If you believe your child may qualify for the EYPP please provide the following information for the main benefit holder to enable the local authority to confirm eligibility.

Parent / Carer First Name		Parent / Care Last Name	
Parent / Carer Date of Birth		Parent / Carer National Insurance Number	
Parent / Carer Signature			

Disability Access Fund Declaration

Three and four year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child.

Is your child eligible and in receipt of Disability Living Allowance (DLA)?

YES

NO

If your child is splitting their free entitlement across two or more providers, please nominate the main setting where Manchester City Council should pay DAF?

Is your child receiving any additional funding from Manchester City Council?

YES

NO

If yes, please declare here _____

Declaration

I (name) _____

of (address) _____

confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise (name of provider) _____ to claim free entitlement funding as agreed above on behalf of my child.

In addition, I also agree that the information I have provided can be shared with the local authority and Department of Education, who will access information from other government departments to confirm my child's eligibility and enable this to provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
Signed		Signed	
Print Name		Print Name	
Date		Date	

Privacy Notice – Data Protection Act 1998

We at The Divine Mercy RC Primary School are the Data Controller for the purposes of the Data Protection Act. We collect information from you and may receive information about you from your previous school and the Learning Records Service. We hold this personal data and use it to:

- Support your teaching and learning.
- Monitor and report on your progress.
- Provide appropriate pastoral care, and
- Assess how well your school is doing.

This information includes your contact details, national curriculum assessment results, attendance information¹ and personal characteristics such as your ethnic group, special educational needs and any relevant medical information. If you are enrolling for post 14 qualifications we will be provided with your unique learner number by the Learning Records Service and may also obtain from them any details of any learning or qualifications you have undertaken.

We will not give information to anyone outside the school without your consent unless the law and our rules allow us to.

We are required by law to pass some of your information to the Local Authority and the Department for Education (DfE).

If you want to see a copy of the information we hold and share about you then please contact the Headteacher.

If you require more information about how the Local Authority (LA) and/or DfE store and use your information, then please go to the following websites.

<http://www.manchester.gov.uk/childrensserviceprivacynotices>² and
<http://www.teachernet.gov.uk/management/ims/datamanagement/privacynotices/pupilsdata/>
<http://www.teachernet.gov.uk/management/ims/datamanagement/privacynotices/pupilsdata/thirdpartyorgs/>

If you are unable to access these websites, please contact the LA or DfE as follows:

- Communications Team
Children's Services
Overseas House
Quay Street
Manchester
M3 3BB
Telephone: 0161 234 7246
Website: <http://www.manchester.gov.uk>
- Public Communications Unit
Department of Education
Sanctuary Buildings
Great Smith Street
London
SW1P 3BT
Website: www.education.gov.uk
Email: info@education.gsi.gov.uk
Telephone: 08700 0002288

¹Attendance is not collected for pupils under 5 at Early Years Settings or Maintained Schools.

²:Local Authority to provide link to their website with info on uses they make of data and any other organisations they share data with such as Connexions. Ideally they should also provide an address where parents without internet access can write for information.

MISSION STATEMENT

The Divine Mercy is a Roman Catholic Primary School which reflects the teachings of Jesus Christ in the Gospels.

With Jesus in our hearts and the children at the centre we welcome and reach out to our diverse community in the Christian spirit.

We value and nurture everyone, inspiring them to reach their full potential through the education and formation our school brings about.

BACKGROUND INFORMATION

The Divine Mercy RC Primary School is a Voluntary Aided Catholic Primary School in the Diocese of Salford. It serves in particular the children of practising Roman Catholic families who live or worship in local parishes. The Roman Catholic community supports the school because it values the distinctive Catholic Education for their children.

Parents who choose to apply for a place at this school do so in order to ensure that the Catholic values and way of life are passed on to their children at home, in the parish and at school. Pupils of other faiths are welcome but are asked to support the school and its' faith commitment.

PARENTAL CONSENT

At The Divine Mercy RC Primary School, the safety of the children is paramount. One of the ways we can safeguard children is to ensure that we only release them into the care of their parents or other adults who have been nominated by their parents. Please can you write down the names of up to 3 people who have your permission to collect your child. Children can only be collected by adults aged 16 or over.

As you know, our school policy is to contact parents (or other people whose details you have provided for us) if a child becomes ill whilst in our care. Very occasionally we are unable to get through to parents which can cause delays in emergency situations when a child needs urgent medical help. For this reason we are requesting your permission, in advance, to seek initial medical advice or treatment for your child.

During the course of the year the school will be taking photographs of various activities and special events as part of school's teaching and learning programme. Some photographs will be displayed on the school web site. In order to do this we need to seek your permission.

I agree and consent to the following:

- | | |
|-------------------------------------|--------------------------|
| School Visit | <input type="checkbox"/> |
| Emergency Medical Advice/Treatment | <input type="checkbox"/> |
| Photograph my child | <input type="checkbox"/> |
| Use image on Website, Video, Webcam | <input type="checkbox"/> |
| Internet Access | <input type="checkbox"/> |
| Copyright Permission | <input type="checkbox"/> |
| E-Safety Rules Accepted | <input type="checkbox"/> |

I understand that I must give any changes to the above list in person and in writing.

