



## Application form

### 1. Child's details

Forename:		Middle name:	
Surname:			
D. O. B:			
Address:			
Postcode:			
Gender: Female/Male	Faith:	Ethnicity:	
Is your child a twin or triplet, etc (one of a multiple birth)?			Yes/No
Is there a court order pertaining to your child?			Yes/no
Is your child in the care of a local authority, or have they ever been in care?			Yes/no
Does your child have a disability as defined by the equality act 2010?			Yes/no
Has your child ever had speech & language and/or occupational therapy?			Yes/no
Does your child have a statement of special educational needs, or currently being assessed for special educational needs?			Yes/no
Please provide further details below:			

### 2. Parent/Guardian's details (Priority 1)

Title Miss [ ] Mr [ ] Mrs [ ] Ms [ ] Dr [ ] Other [ ] *tick one box	
Full Name:	
Address if different to child:	
Email address:	
Home telephone:	Mobile No.:
Work telephone:	Name of workplace:
National Insurance No:	DOB:
Do you have parental responsibility for this child?	Yes/No

### 3. Parent/Guardian's details (Priority 2)

Title Miss [ ] Mr [ ] Mrs [ ] Ms [ ] Dr [ ] Other [ ] *tick one box	
Full Name:	
Address if different to child:	
Email address:	
Home telephone:	Mobile No.:
Work telephone:	Name of workplace:
National Insurance No:	DOB:
Do you have parental responsibility for this child?	Yes/No

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਰ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 823501 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਰੋ।



Is any Parent/Guardian in receipt of Free School Meals (FSM)?

#### 4. Siblings already attending Khalsa Primary School

Full name of brother/sister	Date of Birth	Present class

#### 5. Nursery session preference (If Applicable)

Morning 08.15 - 11.15am	<input type="checkbox"/>	Afternoon 12.05 - 3.05pm	<input type="checkbox"/>
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#### 6. Current/Previous School/Educational Setting

Name:	
Address:	
Postcode:	
Date attended from:	Date of leaving:

#### 7. Languages spoken

What is your child's first language (the language spoken at home with the parents):	
Is English an Additional Language?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other language(s) spoken by child:	

#### 8. Emergency contact details (excluding parents)

Please give details of two people who live locally and may be reached in the event of an emergency to act on your behalf: (eg aunt, uncle, grandparent, etc). **At least one of them should be from another household.**

1) Name:.....	2) Name:.....
Relationship: .....	Relationship: .....
Tel no: .....	Tel no: .....
Address: .....	Address: .....
.....	.....
.....	.....

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਰ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਆਕਤੀ ਨੂੰ 01753 823501 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਰੋ।



## 9. Medical Information

Name of doctor:	
Address:	
Telephone number of surgery:	
Failure on the part of the parent to disclose this information will mean that the school will not accept liability for your child if a severe reaction occurs whilst he/she is in school.	

We need to know about any medical conditions your child may have. Please tick all the relevant boxes.

Asthma	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Colour Blindness	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	ASD	<input type="checkbox"/>	Eyesight problems	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Other (please specify)					

Are there any other illnesses or conditions that we should be aware of? Yes  No

If Yes, please specify here

## 10. Supplementary Information Form (SIF)

**Applicants for Nursery, Non-Sikh & No Faith** – You are not required to complete the SIF form.

**Applicants of Sikh faith** - Parents need to complete the Supplementary Information Form (SIF). A place for the school will not be considered without the form.

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## 11. Use of Digital Media

In order to protect all children in our care, it is the school policy to require your consent before we can photograph or make visual recordings of your child. Please confirm and sign as acceptance of your consent, you are at liberty to withdraw this consent at any time in writing. Consent to photography and videos to be used by Khalsa Primary School for promotional purposes including but not limited to the school prospectus, the school website, school social media and printed publications distributed within the school community.

Please note, when your child leaves Khalsa Primary School your child's record will follow to their new school, but your child's photos may continue to be used for Khalsa Primary School publications.

## 12. Waiting List

Khalsa Primary School is generally oversubscribed.

If there are no places available at the time of applying, I consent for my child's application to be added to the Khalsa Primary School waiting list

I understand it is my parental responsibility to confirm in writing by the end of the autumn term annually to the school for my child to remain on the waiting list.

## 13. Consent & GDPR

I understand it is my responsibility to inform the school of any changes in the circumstances detailed in this form.

If you would like more information on how Khalsa school handles your data, how long we keep it or who we share it with them please see our privacy statement on <https://khalsaprimarieschool.com/wp-content/uploads/2018/05/Data-Privacy-Statement.pdf> or contact the school office for more information.

Signed by parent/guardian..... Date.....

Please print full name.....

Please send this form, along with a photocopy of your child's full birth certificate and a proof of your residence (Council Tax or Utilities bill only) to: Admissions, Khalsa Primary School, Wexham Road, Slough, SL2 5QR.

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