



Frogmore Infant School All Years Admissions Booklet 2025 26

Child's Name:

Child's Year Group:

Child's Class:



Frogmore Infant School Admission Form

When completing this form please ensure your answers are accurate. If you need any support completing this form, please contact our office team on 01252 872601.

We will use this information in the following ways:

- To ensure we have all relevant and up to date information regarding your child to enable us to support and safeguard them during their time at Frogmore Infant School
- To allow us to set up systems in school to support your child's learning and progress on our approved platforms
- To support the Department for Education requirements in completing Census and to enable the school to claim any relevant funding

This information will be treated in the strictest confidence and in line with Hampshire County Council's pupil records retention schedule and General Data Protection Regulations (GDPR) 2018. The school is required by Hampshire County Council and the Department for Education (DfE) to collect ethnic data and monitor the educational progress of pupils from ethnic minority groups for the purpose of ensuring all children achieve. Please ensure you complete all sections below

Please notify the school immediately if you change your home address, email address or contact number(s).



| Child's Details: | | | | |
|-----------------------------|---|------------------------------------|--------------------------|---------|
| Legal First name | | Middle name | (s) | |
| Legal Surname | | To be known | as | |
| Gender | | Date of birth | | |
| Home address | | | | |
| Town | | Postcode | | |
| Country of birth _ | | Nationality | | |
| Date of arrival in | UK | Religion | | |
| First Language | | | age | |
| Language(s) spok | en at home | | | |
| Is English an addi | tional language? | | Yes | No |
| Ethnicity (please | circle): | | | |
| Any other Asian b | oackground | *Other Gypsy/Roma | Chinese | |
| Any other Black b | • | *Gypsy | Pakistani | |
| Any other ethnic | · . | *Gypsy/Roma | Indian | |
| Any other mixed Bangladeshi | background | *Roma *Traveller of Irish heritage | Refused White & Asian | |
| Black – African | | White – British | White & Black Afr | ican |
| Black Caribbean | | White – Irish | White & Black Car | |
| *Traveller status, | please circle whic | n option relates best to your s | ituation | |
| Gypsy/Roma | Gypsy/Roma | Occupational | Tra | aveller |
| Housed | Travelling | Traveller | Otl | her |
| | oses, please advise s relevant to you? | us on how will your child will | travel to school, ple | ease |

Cycle/Scooter

Taxi

Public Bus

Train

Car Share

Car/Van

Walk



| Parent/Carer Details: | | Priority contact 1 | | | | | |
|-----------------------|--------------------------------|-----------------------|--|--|--|--|--|
| Title | First name | Surname | | | | | |
| Relationsh | nip to child | | | | | | |
| Date of bir | rth | National Insurance No | | | | | |
| First Langu | uage | Home Language | | | | | |
| Home nun | nber | Work number | | | | | |
| Mobile nu | mber | | | | | | |
| Email addı | ress (Please print clearly) | | | | | | |
| Home add | ress (If different from child) | | | | | | |
| Town | | Postcode | | | | | |
| Parent/Carer Details: | | Priority contact 2 | | | | | |
| Title | First name | Surname | | | | | |
| Relationsh | nip to child | Legal Guardian? Yes | | | | | |
| Date of bir | rth | National Insurance No | | | | | |
| First Langu | uage | Home Language | | | | | |
| Home number | | Work number | | | | | |
| Mobile number | | | | | | | |
| Email addı | ress (Please print clearly) | | | | | | |
| Home add | ress (If different from child) | | | | | | |
| Town | | Postcode | | | | | |

Please ensure the telephone number(s) given are where a parent/carer may be contacted at any time during the day, in case of an emergency.



| Emergency | Contact: | Priority co | ntact | 3 |
|------------------|---|-------------------------|-----------------|---------|
| Title | First name | Surname | | |
| Relationship | to child | Phone number | | |
| Authorised | to collect from School? | | Yes | No |
| Emergency | Contact: | Priority co | ontact | 4 |
| Title | First name | Surname | | |
| Relationship | o to child | Phone number | | |
| Authorised | to collect from School? | | Yes | No |
| - | your child to be collected by someor | - | /carers or em | ergency |
| We will req | uire you to share a password with yo | our nominated adults i | in order for th | em to |
| confirm the | ir identity when collecting your child | l. Password | | |
| Custody and | d Court Orders: | | | |
| If yes, pleas | ny Court Orders applicable to your clesses specify (e.g. residence, contact/acconstant) | cess, prohibited steps, | • | |
| Please indic | ate which Court made the Order and | d the date | | |
| Has your ch | ild been 'Looked after' by Local Auth | nority Care? | Yes | No |
| If yes, pleas | e give further details including Local | Authority and dates _ | | |
| If your child | has been adopted, please provide a | copy of the Adoption | Certificate. | |
| Are either p | arent/carer a member of HM forces | ? | Yes | No |
| If yes, pleas | e provide further details | | | |
| | | | | |



| Family and School His | story: | | | | | |
|---|--------------------|-------------------|-------------------------------|-----------------------|--|--|
| Number of children in | your family | | Position in family | | | |
| Does your child have a | any brothers or si | sters currently | attending the | school Yes N | | |
| If yes, please specify n | names, relationsh | ip and ages | | | | |
| Name | Relations | hip | A | ge | | |
| Name | Relations | hip | A | ge | | |
| Previous and present preschool group: | school attended | if any, includir | ng nursery sch | ool, playgroup or | | |
| School/Nursery etc. | Address | Date of admission | Date of last attendance | Reason for leaving | | |
| | | | | | | |
| Special Educational N Do you consider your If yes, please specify | child to have a di | sability or Spec | | • • | | |
| Does your child currer | ntly have any of t | he following? | | | | |
| • | | _ | Care Plan –Pe | nding K - SEN Support | | |
| If yes, please provide | the date of the El | HC Plan and of | the last annua | l review | | |
| If your child has additi | ional needs pleas | e provide deta | ils of any outsi | de agencies currently | | |
| supporting your child: | | | | | | |
| Occupational Therapy | Yes | No N | ame of Therap | ist | | |
| Speech & Language Th | nerapy Yes | No N | ame of Therap | ist | | |
| Paediatric Consultant | Yes | No N | ame of Consul | tant | | |
| Other (Please specify) | | | | | | |



Medical Information:

| Doctors Surgery | | | |
|--|------------------------------|------------------|---------|
| Address | | | |
| Postcode | Telephone numb | oer | |
| Does your child have any medical condition | ons/health concerns? | Yes | No |
| Medical condition | | | |
| Any symptoms to note | | | |
| Any treatment to note | | | |
| Does your child take regular medication d | uring the school day? | Yes | No |
| If yes, please give details | | | |
| Please list any medication to be kept at sc | hool for your child, includi | ng dosage and | |
| frequency | | | |
| Medication | Dosage/Frequen | су | |
| Medication | Dosage/Frequen | су | |
| Does your child have a health care plan from medical emergency? | om the doctors that should | d be followed ir | ıa |
| ea.ea. ee.gee, . | | Yes | No |
| If yes, please provide the school with a cocreate a school Health Care Plan. | py and we will then work v | vith parents/ca | rers to |
| Is your child allergic to plasters? | | Yes | No |
| Does your child have any allergies? | | Yes | No |
| Does this allergy require an epi-pen? | | Yes | No |



Dietary Needs:

Please circle any which apply to your child.

| Gluten free | Wheat free | Vegetarian | Pescet | tarian | |
|---|--------------------------|------------------|---------|---------|----|
| Dairy free | Nut allergies | Vegan | No Beef | No Pork | |
| Other (Please specify |) | | | | |
| Does your child have If yes, please specify_ | religious dietary restri | ctions/preferenc | ces? | Yes | Nc |
| Does your child have If yes, please specify_ | a diagnosed food allei | rgy? | | Yes | Nc |
| , | | | | | |

If your child has a food allergy, we can help register your child for a special diet menu. You will need to provide medical evidence.

If your child has a medical need which requires medication or special attention, their details will be shared with all staff to ensure they know how to treat your child in case of emergency.

The school may, if they feel necessary, discuss medical information with the School Nursing Team or other health professionals who are involved in your child's care.



Parental Consent:

Parental Consent will last throughout your child's time at the school, however you can withdraw your consent at any time by sending an email to adminoffice@frogmore-inf.hants.sch.uk.

| <u>inf.hants.sch.uk</u> . | | |
|--|----------|--|
| Photographs | | |
| To comply with the General Data Protection regulations (GDPR) 2018, we | | |
| require your consent to publish this information. Therefore, please could you | | |
| give your consent to the use of your child's images for the below purposes. | | |
| If you withdraw consent for use of your child's photos, they will not be used | | |
| in future publications but we cannot prevent them from continuing to appear | | |
| in publications already in circulation. | | |
| Internal Marketing - This includes: | YES / NO | |
| Internal display within the school; | | |
| Electronic display screens e.g. in assemblies and for visitors/parents | | |
| workshops or information meetings | | |
| As part of my child's learning records and other children's learning | | |
| records e.g. when they have worked as a group | | |
| Student - I am happy for the school photographer to take my child's individual | YES / NO | |
| school photo and annual class photo and for the school to provide the | | |
| photographer with your child's name. | | |
| External Marketing - This includes: | YES / NO | |
| In community displays; | | |
| In school information leaflets; | | |
| On the school website or social media; | | |
| In the school and individual class newsletters | | |
| We may occasionally use children's forenames alongside their photo but will | | |
| not use children's surnames without specific prior agreement. | | |
| Administer First Aid | YES / NO | |
| I give consent for my child to receive emergency first aid treatment by a | , | |
| member of staff should the situation arise. | | |
| Face Painting in School | YES / NO | |
| I give consent for my child to take part in face painting activities, which form | | |
| part of the school curriculum. | | |
| Food Activities in School | YES / NO | |
| I give consent for my child to take part in food activities, which form part of | - | |
| the school curriculum. | | |
| Internet Access | YES / NO | |
| I give consent for my child to use the internet | - | |
| Library Use | YES / NO | |
| I give consent for my child to use books from the school library | | |
| Local Walks/Trips | YES / NO | |
| I give consent for my child to leave the school premises for short walks (within | | |
| 1 mile of the school) in the care of the school staff. | | |
| PTA Permission | YES / NO | |
| I give consent for my child's name and class details to be given to the PTA for | | |
| events. | | |



Home School Agreement:

Our Aims

At Frogmore Infant School staff, parents/carers and governors work together, striving for excellence in all we do. We are proud of our school and our pupils.

We aim that everyone:

- Feels good about themselves
- Experiences success
- Knows how to learn
- Wants to learn
- Works well with others
- Thinks of their own ideas

We strongly believe that education is a shared partnership between the home and the school. Our Home/School Agreement is the first step towards this.

We will do our best to:

- Provide a happy, safe and caring environment for your child
- Deliver a broad and balanced curriculum that caters for all children
- Create an atmosphere and structures where the highest standards of work are achieved
- Promote high standards of behavior so we can maintain a safe environment for all children
- Offer your child opportunities to develop a sense of responsibility, form healthy social relationships and build their self-esteem
- Be open and welcoming, offering opportunities for parents/carers to become involved in the daily life of the school
- Offer parents/carers the opportunity to understand the teaching methods used in the school and the aims for the year
- Respond to communications from parents/carers in a timely manner, following school policies
- Encourage good attendance and address any concerns with parents/carers where necessary

Signed: Jill King, Headteacher

Date

20th May 2025



Home School Agreement – Parents Commitment:

I will do my best to:

- Make sure my child attends school regularly, on time (8.40am) and will notify the school if my child will be absent.
- Make sure my child is dressed in the correct uniform and is suitably equipped e.g.
 - Bookbag
 - Suitable coat
 - Water bottle
- Support the school to make sure my child maintains a consistently high standard of behavior
- Encourage my child to try their best so they can reach their full potential
- Communicate to the school and concerns that I have about my child that may affect their behaviour in school or ability to learn
- Ensure that I do not post photos of school events on social media
- Ensure that I am respectful towards the school in the use of social media
- Understand that I should communicate with staff during core school hours, and although there may at times respond outside of these hours, I can't always expect that.
- Make sure that my child completes home learning on time and raise any issues that my child has with their teachers.
- Read and follow the school's policies
- Treat all members of the school community with care and respect
- Engage in parent meetings and work together with the school in order to achieve the best outcomes for my child
- Read all communications sent home by the school and respond where necessary

| I understand the importance of the above: | |
|---|-----------------------|
| | |
| | |
| | |
| Signed | Date |
| Print Name | Relationship to child |



Confidentiality Statement:

Any information regarding a child or his/her family given either verbally or in writing to a member of the school staff, will be treated as confidential within the school staff team as appropriate.

Parents will have access to their own child's records but not to others. We will ensure that all documentation relating to children is stored securely and is not accessible to any other party.

We will not discuss any child with others unless we have permission from the parents; for example when a medical professional comes to observe the child. We are legally bound to divulge information shared with us by parents/children if there are any safeguarding concerns.

DATA PROTECTION

Schools, Local Authorities and the Department for Education (the government department which deals with education) all hold information on pupils in order to run the educational system, and in doing so have to follow the General Data Protection Regulations (GDPR) 2018. This means among other things that the data held about pupils must only be used for specific purposes allowed by law.

The School holds information on pupils in order to support their teaching and learning, to monitor and report on their progress, to provide appropriate pastoral care, and to assess how well the school as a whole is doing. This information includes contact details, National Curriculum assessment results, attendance information, characteristics such as ethnic group, special educational needs and any relevant medical information.

From time to time we are required to pass on some of this data to the Local Authority (LA), to another school to which the pupil is transferring, to the Department for Education (DfE), and to Qualifications and Curriculum Authority (QCA), which is responsible for the National Curriculum and associated assessment arrangements.

Please refer to our Data protection Policy and Privacy notice for more information.

Please sign below to say you have read and understood the above statements and all the information you have provided in this application is correct, to the best of your knowledge.

| Signed | Date | |
|------------|-----------------------|--|
| Print Name | Relationship to child | |
| Print Name | Relationship to child | |





Additional Notes:





| For office use only: | | For office use only: | | |
|----------------------|-------------------|-------------------------------|---------|--|
| | Action the below: | | Receive | e the following: |
| | | Arbor applicant/admitted | | Proof of ID (Birth Certificate/Passport) |
| | | Scopay dinner & online letter | | Proof of address (2x) |
| | | Class Labels | | UPN – issued/received |
| | | House team T-shirt colour | | CTF |
| | | | | In year transfer document |
| | Ш | FSM eligibility | | New starter photo |
| | | | | All About Me booklet |
| | | | | |
| | | | | |