



# Cardinal Pole Catholic School

## ENROLMENT FORM 2016-2017

*Please Complete This Form In Black Pen And Block Capitals.*

### HOME SCHOOL AGREEMENT

#### The Student is expected to:

- Attend school every day, on time and in the correct uniform;
- Complete classwork and home learning promptly and to the best of their ability;
- Follow the school rules;
- Take part enthusiastically in all school events in and out of class;
- Be a good member of the school community.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

#### The Parent/Carer is expected to:

- Ensure that their child is properly prepared for the day ahead;
- Inform the school immediately of any changes of personal details, medical conditions or circumstances, including addresses, phone numbers etc;
- Ensure that their child goes to school regularly, on time, in correct school uniform and properly equipped;
- Make the school aware of any concerns or problems that might affect their child's work or behaviour;
- Support the school's policies and guidelines for behaviour;
- Support their child's home learning and other opportunities for home learning;
- Attending Parents' Evening and discussions about their child's progress;
- Monitor and sign their child's student planner;
- Ensure that holidays are taken outside of term dates;
- Inform the school of absence before 8.30am on the first day of absence and any subsequent days of absence, then follow up with an explanatory note on the child's return to school which should be handed into Reception.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

#### The School is expected to:

- Care for your child's safety and well-being;
- Provide processes and procedures so that any disclosures made by a student and concerns raised by staff in relation to safeguarding are taken seriously and addressed;
- Encourage your child to achieve their full potential as a valued member of the school community;
- Provide the very best teaching possible;
- Promote high standards of individual work and behaviour;
- Develop good relationships and a sense of responsibility;
- Provide an education free from harassment;
- Keep you informed about general school matters and about your child's progress in particular;
- Be open and welcoming at all times and offer opportunities for you to become involved in the daily life of the school;
- Be constantly aware and vigilant of safeguarding matters relating to the children in our care (see Safeguarding policy available on the school website).

Signature of the Headteacher: J. Heffernan Date: \_\_\_\_\_ April 2016 \_\_\_\_\_

**STUDENT DETAILS:-**

Pupil's LEGAL SURNAME: \_\_\_\_\_ LEGAL FORENAME: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M/F (please circle)

Pupil's Address: \_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

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**CONTACT DETAILS (MOTHER, FATHER, CARERS):-**

**Primary Contact:-** Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Parental Responsibility: **Yes/No** (please delete as appropriate)

E-mail Address: \_\_\_\_\_

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**Secondary Contact:-** Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Parental Responsibility: **Yes/No** (please delete as appropriate)

E-mail address: \_\_\_\_\_

**Additional Contacts:-**

Full Name : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Parental Responsibility: **Yes/No** (please delete as appropriate)

Relationship to Pupil: \_\_\_\_\_

Siblings/Family: (Please complete any names of brothers/sisters/cousins etc attending Cardinal Pole)

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Year/Registration Group: \_\_\_\_\_ Relationship to Pupil: \_\_\_\_\_

**MEDICAL/HEALTH INFORMATION:**

No  Yes (if yes, please state below or if possible provide medical documents and details of their current medication. This will ensure the school is aware of the requirements for the pupil)

Details: \_\_\_\_\_  
\_\_\_\_\_

**Allergies:**

Eggs  Fish/Seafood  Pollen  Nuts  Gluten  Other  (please specify) \_\_\_\_\_

**Medical Practice Details:**

Surgery Name: \_\_\_\_\_

Surgery Full Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**SPECIAL EDUCATIONAL NEEDS:** (Has any special help been given with reading/learning etc.?)

**Yes/No** (please delete as appropriate)

If yes, please give details, e.g. withdrawal work, support in class, do they have a statement/EHCP.

\_\_\_\_\_

**FREE SCHOOL MEALS:-**

Is your child eligible for Free School Meals?: **Yes/No** (please delete as appropriate).  
If yes, please ensure you complete the enclosed form and return to the local authority.

**ETHNICITY, RELIGION AND MOTHER TONGUE:** (Please complete ethnicity data using the Hackney Approved List enclosed)

Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

Languages Spoken At Home: \_\_\_\_\_

Is English your Family's First Language: **Yes / No** (please delete as appropriate)

**SCHOOL HISTORY:**

Previous/Current School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Post Code: \_\_\_\_\_ Date(s) of Attendance: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If new to the Country: Date of arrival: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Reason for Moving Schools: \_\_\_\_\_

**ADDITIONAL INFORMATION:****Parental Consent:** (please note that by signing the Home School Agreement, you are agreeing to the school's policies on the following:

Biometric Permission (cashless catering – see attached)

Copyright Permission

Internet Access

Pupil Photography/Video

Data Exchange (see attached)

Participation of School Trips/Visits and the Sex Education Curriculum

**Mode of Travel:** walk  bus train  cycle car  other: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Date: \_\_\_\_\_