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| **Application to South Tawton Primary School – Preschool Class** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This form is only to be used by parents and carers when applying for a place at our preschool. It is not an application for a school place (from reception to Year 6). Attending our preschool does not award or prioritise a place at South Tawton Primary School for your child when they are of school age. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pupil's details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Legal surname\* | | | | | | |  | | | | | | | | | | | Legal forename | | | | |  | | | | | | | | | | | |
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| Gender | | | 🞎 | | Male | | | | 🞎 | | Female | | | | Date of Birth | |  | | | Middle names(s) | | | | |  | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Preferred surname\*  (If different) | | | | | | | | | |  | | | | | | | | Preferred forename  (if different) | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* please see note under 'General Principles for Schools' on the S11/2 Contacts Information Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please provide your child’s birth certificate for us to copy.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pupil's address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address  & postcode | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pupil’s medical details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| **Emergency consent?** e.g. the school has permission to give/arrange emergency treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🞎 | | Yes | | 🞎 | | No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dietary needs**: please tick any that apply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | | Artificial colouring allergy | | | | | | | | | | | | 🞎 | | Kosher foods only | | | | | 🞎 | | No pork | | | | | |  | | | |  | |
| 🞎 | | Gluten free | | | | | | | | | | | | 🞎 | | No dairy produce | | | | | 🞎 | | Seafood allergy | | | | | | | |  | |  | |
| 🞎 | | Halal | | | | | | | | | | | | 🞎 | | No nuts of any type or quantity | | | | | 🞎 | | Vegetarian | | | | | |  | | | |  | |
| 🞎 | Other (please specify) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Medical practice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor’s name | | | | | |  | | | | | | | | | | | | Surgery name | | | |  | | | | | | | | | | | | |
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| Surgery address | | | | | | | | Tel no: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | |
| Other medical information e.g. asthma, diabetes | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |

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| Ethnicity/Religion/First Language/Nationality Details |

**You have the right to decline to provide these data items**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity\*** | **Ethnic information was provided by:** | 🞎 | Parent |  | 🞎 | Pupil |

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| Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture and ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** The Information Commissioner recommends that young people aged 11 years old or above have the opportunity to decide their own ethnic identity. Parents, or those with parental responsibility, are asked to support or advise those children aged over 11 in making this decision wherever necessary.  **Please tick one box only** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White | | | Chinese | | | Any other ethnic background | |
| 🞎 British | | | 🞎 Hong Kong Chinese | | | 🞎 Afghan | |
| 🞎 Irish | | | 🞎 Other Chinese 4 | | | 🞎 Arab 5 | |
| 🞎 Traveller of Irish Heritage | | |  | | | 🞎 Filipino | |
| 🞎 Gypsy/Roma | | | Black or Black British | | | 🞎 Iranian | |
| 🞎 Greek/Greek Cypriot | | | 🞎Caribbean | | | 🞎 Japanese | |
| 🞎 Turkish/Turkish Cypriot | | | 🞎 African | | | 🞎 Malay 6 | |
| 🞎 Western European 1 | | | 🞎 Any other Black background | | | 🞎 Thai | |
| 🞎 Eastern European 2 | | |  | | | 🞎 Any other Ethnic group 7 | |
| 🞎 Other 3 | | |  | | |  | |
|  | | |  | | |  | |
| Mixed | | | Asian or Asian British | | | 🞎 **I do not wish an ethnic background to be recorded** | |
| 🞎 White & Black Caribbean | | | 🞎 Indian | | |
| 🞎 White & Black African | | | 🞎 Pakistani | | |
| 🞎 White & Asian | | | 🞎 Bangladeshi | | |  | |
| 🞎 Any other mixed background | | | 🞎 Any other Asian background | | |  | |
|  | | |  | | |  | |
| **Notes:**  **1 Western European** includes: Italian, French, German, Spanish, Portuguese and Scandinavian | | | | | | | |
| **2 Eastern European** inc: Russian, Latvian, Ukranian, Polish, Bulgarian, Czech, Slovak, Lithuanian, Montenegran and  Romanian. | | | | | | | |
| **3** **Other White Background** includes: any white category not previously mentioned e.g. Albanian, Australian, Bosnian-   Herzogovinian, Canadian, Croation, Kosovan, New Zealander, North American, Serbian/Yugoslavian. | | | | | | | |
| **4 Other Chinese** incudes: Mainland Chinese, Malaysian Chinese, Singaporean Chinese, Taiwanese, any other non-Hong  Kong Chinese. | | | | | | | |
| **5 Arab** includes: Palestinian, Kuwaiti, Jordanian and Saudi Arabian. | | | | | | | |
| **6 Malay** includes Malaysian other than Malaysian Chinese (see Note 4). | | | | | | | |
| **7 Any other ethnic group** includes any ethnic group not previously mentioned e.g. Egyptian, Iraqi, Korean, Kurdish (inc.  Kurdish pupils from Iraq, Iran and Turkey), Latin/South/ Central American (inc. Cuban and Belizean), Lebanese, Libyan,  Moroccan, Polynesian (inc. Fijian, Tongan, Samoan & Tahitian), Vietnamese, Yemeni. | | | | | | | |
|  | | |  | | |  | |
| **Religious affiliation:** please tick one box only | | | | | |  | |
| 🞎 Baha’i | | 🞎 Christian | | 🞎 Jewish | 🞎 Sikh | | 🞎 No religion |
| 🞎 Buddhist | | 🞎 Hindu | | 🞎 Muslim | 🞎 Other\* | | 🞎 **Decline to answer** |
| \* Please specify |  | | | | | | |
|  | | |  | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil's first language1 What was the first language your child understood/spoke? | | | | | | | | | |
| 🞎 English | 🞎 Other, please specify | |  | | | 🞎 | | **Decline to provide** | |
|  | |  | | | |  | |  | |
|  |  | | | | |  | |  | |
|  |  | | | | |  | | | | | |
| **Asylum status** (please tick if either of the following apply) | | | | 🞎 | this pupil is seeking asylum | | 🞎 | | this pupil is a refugee | |

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| 1 ***The Department for Education advise that this information will help them understand a range of factors, allowing them to better plan to meet needs within the school system. We do not collect Nationality statistics or Country of Birth or Proficiency in English for the purposes of school census.*** |

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| It is important that all the agencies who are working with a child work together to ensure better outcomes for that child. In order to do that, please identify any other agencies working with your child, for example Social Care (i.e. Social Services)\*, Youth Offending Team, Child and Adolescent Mental Health Services. Please list any agencies below   |  | | --- | |  | |  | | 🞎 Dedicated school bus 2 |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Special Educational Needs:** Please tick if your child has special educational needs (i.e has an Eductaion and Health Care Plan or is currently being assessed) | | |
| 🞎 Yes | 🞎 No |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | |  | | | |
| Please provide details of any other settings or childcare providers your child attends | | | | | | | | | | |
|  | | | | | | | | | | |
| Setting name |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Setting address (if known) |  | | | | | | | | | |
|  | |  | | | | | | | | |
| Setting tel no. | | |  | | | | | | | |
|  | |  | | | | | | | | |
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|  | | | | | | | | | | |
| Siblings please give details of any other children in your family with their dates of birth. | | | | | | | | | | |
|  | | | | | | | | | | |
| Forename(s) | | | |  | | Surname | |  | Date of birth | |
|  | | | |  | |  | |  |  | |
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| What we (the school) does with the information you have provided on this form (GDPR) | | | | | | | | | |

Dartmoor Multi Academy Trust is committed to keeping your personal information safe and secure. We use this information in order to fulfil our official functions and meet legal requirements. Our Privacy Notice explains what information we collect and why. To read more, visit <https://www.dartmoormat.org.uk/policies-and-documents.html>

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| Your details / 1st Contact | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | Forename(s) | |  | | | |
|  | | | |  | | | | | | |  | | | |  | | |
| Gender | 🞎 | | Male | | 🞎 | | Female | | | Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev) | | | |  | | | |
|  | | | | | |  | | |  | | | | | | |  | |
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| **Relationship to child -** please tick to indicate which of the following applies: | | | | | | | | | | | | | | | | | |
| 🞎 Mother | | | | | | | | 🞎 Social worker | | | | | 🞎 Foster mother | | | | 🞎 Teacher | |
| 🞎 Father | | | | | | | | 🞎 Religious/spiritual contact | | | | | 🞎 Headteacher | | | | 🞎 Doctor | |
| 🞎 Other family member | | | | | | | | 🞎 Childminder | | | | | 🞎 Step father | | | | 🞎 Carer | |
| 🞎 Other relative | | | | | | | | 🞎 Foster father | | | | | 🞎 Step mother | | | | 🞎 Other contact | |
| 🞎 Self (if you are completing this form on your own behalf, being of legal age) | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does this person have 'parental responsibility'? (see end of document for guidance) | | | | | 🞎 Yes | | 🞎 No | | | |
|  | | | | |  | |  | | | |
| Is there a Court Order relating to this child? | | | | | 🞎 Yes | | 🞎 No | | | |
|  | | | |  | |  | | | |
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| **Telephone numbers(s)**  (with STD numbers where appropriate) | | please tick if this is a daytime number | Notes | | | | | | |
|  | |  |  | | | | | | |
| Home |  | 🞎 |  | | | | | | |
| Work |  | 🞎 |  | | | | | | |
| Mobile |  | 🞎 |  | | | | | | |
| Other |  | 🞎 |  | | | | | | |

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| **Email** |  | |
|  |  | |
| Home |  | |
| Work |  | |
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| **Address** (if different from the address given for the child) | | |
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| If English is not your first language please state what is (this may include British Sign Language) | | |  | |
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| Do you need a translator / signer? | | 🞎 Yes | | 🞎 No |
|  |  | | |  |
| Place of work |  | | | |

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| Other Parent / 2nd contact | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | Forename(s) | |  | | | |
|  | | | |  | | | | | | |  | | | |  | | |
| Gender | 🞎 | | Male | | 🞎 | | Female | | | Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev) | | | |  | | | |
|  | | | | | |  | | |  | | | | | | |  | |
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| **Relationship to child -** please tick to indicate which of the following applies: | | | | | | | | | | | | | | | | | |
| 🞎 Mother | | | | | | | | 🞎 Social worker | | | | | 🞎 Foster mother | | | | 🞎 Teacher | |
| 🞎 Father | | | | | | | | 🞎 Religious/spiritual contact | | | | | 🞎 Headteacher | | | | 🞎 Doctor | |
| 🞎 Other family member | | | | | | | | 🞎 Childminder | | | | | 🞎 Step father | | | | 🞎 Carer | |
| 🞎 Other relative | | | | | | | | 🞎 Foster father | | | | | 🞎 Step mother | | | | 🞎 Other contact | |
| 🞎 Self (if you are completing this form on your own behalf, being of legal age) | | | | | | | | | | | | | | | | | |

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| Does this person have 'parental responsibility'? (see end of document for guidance) | | | | | 🞎 Yes | | 🞎 No | | | |
|  | | | | |  | |  | | | |
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| **Telephone numbers(s)**  (with STD numbers where appropriate) | | please tick if this is a daytime number | Notes | | | | | | |
|  | |  |  | | | | | | |
| Home |  | 🞎 |  | | | | | | |
| Work |  | 🞎 |  | | | | | | |
| Mobile |  | 🞎 |  | | | | | | |
| Other |  | 🞎 |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Email** | |  | |
| Home |  | | |
| Work |  | | |
|  | | |  |
|  | | |  |
| **Address** (if different from the address given for the child) | | | |
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| If English is not your first language please state what is (this may include British Sign Language) | | |  | |
|  | | |  | |
| Do you need a translator / signer? | | 🞎 Yes | | 🞎 No |
|  |  | | |  |
| Place of work |  | | | |

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|  | | | | | | | | | | | | | | | | | |
| 3rd contact | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | Forename(s) | |  | | | |
|  | | | |  | | | | | | |  | | | |  | | |
| Gender | 🞎 | | Male | | 🞎 | | Female | | | Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev) | | | |  | | | |
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| **Relationship to child -** please tick to indicate which of the following applies: | | | | | | | | | | | | | | | | | |
| 🞎 Mother | | | | | | | | 🞎 Social worker | | | | | 🞎 Foster mother | | | | 🞎 Teacher |
| 🞎 Father | | | | | | | | 🞎 Religious/spiritual contact | | | | | 🞎 Headteacher | | | | 🞎 Doctor |
| 🞎 Other family member | | | | | | | | 🞎 Childminder | | | | | 🞎 Step father | | | | 🞎 Carer |
| 🞎 Other relative | | | | | | | | 🞎 Foster father | | | | | 🞎 Step mother | | | | 🞎 Other contact |
| 🞎 Self (if you are completing this form on your own behalf, being of legal age) | | | | | | | | | | | | | | | | | |

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| **Telephone numbers(s)**  (with STD numbers where appropriate) | | please tick if this is a daytime number | Notes |
|  | |  |  |
| Home |  | 🞎 |  |
| Work |  | 🞎 |  |
| Mobile |  | 🞎 |  |
| Other |  | 🞎 |  |

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|  | | | | | | | | | | | | | | | | | |
| 4th contact | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | Forename(s) | |  | | | |
|  | | | |  | | | | | | |  | | | |  | | |
| Gender | 🞎 | | Male | | 🞎 | | Female | | | Title (eg, Mr, Mrs, Miss, Ms, Dr,Rev) | | | |  | | | |
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| **Relationship to child -** please tick to indicate which of the following applies: | | | | | | | | | | | | | | | | | |
| 🞎 Mother | | | | | | | | 🞎 Social worker | | | | | 🞎 Foster mother | | | | 🞎 Teacher | |
| 🞎 Father | | | | | | | | 🞎 Religious/spiritual contact | | | | | 🞎 Headteacher | | | | 🞎 Doctor | |
| 🞎 Other family member | | | | | | | | 🞎 Childminder | | | | | 🞎 Step father | | | | 🞎 Carer | |
| 🞎 Other relative | | | | | | | | 🞎 Foster father | | | | | 🞎 Step mother | | | | 🞎 Other contact | |
| 🞎 Self (if you are completing this form on your own behalf, being of legal age) | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does this person have 'parental responsibility'? (see end of document for guidance) | | | | 🞎 Yes | 🞎 No | | | |
|  | | | |  |  | | | |
|  | | | | | |  |
| **Telephone numbers(s)**  (with STD numbers where appropriate) | | please tick if this is a daytime number | Notes | | | | |
|  | |  |  | | | | |
| Home |  | 🞎 |  | | | | |
| Work |  | 🞎 |  | | | | |
| Mobile |  | 🞎 |  | | | | |
| Other |  | 🞎 |  | | | | |

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| Parental responsibility |

## What is parental responsibility?

Parental responsibility means assuming all the rights, duties, powers, responsibilities and authority that a parent of a child has by law. A person with parental responsibility for a child has the right to make important decisions about their upbringing, for example,

* Decisions about where they live
* Whether the child should receive medical treatment
* What religion they should follow
* Which school they should attend

## Who has parental responsibility?

Mothers and married fathers automatically have parental responsibility and will not lose it if they later get divorced. Unmarried fathers do not automatically have parental responsibility. An unmarried father can get parental responsibility by:

* Registering the birth jointly with the mother (born from 1st Dec 2003)
* Through a 'parental responsibility agreement' between him and the child's mother
* As the result of a court order

People other than a child's natural parents can acquire parental responsibility through;

* Being granted a residence order or a child arrangement order (from 2014)
* Being appointed a guardian
* Being named in an emergency protection order (although parental responsibility in such a case is limited to taking reasonable steps to safeguard or promote the child's welfare)
* Adopting a child

In addition, a Local Authority can acquire parental responsibility if it is named in the care order for a child

For further information please see: <https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

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| General principles for schools |

Everyone who is a parent, whether they are a resident or non-resident parent, has the same right to participate in decisions about a child's education and receive information about the child.

School staff must treat all parents equally, unless there is a court order limiting an individual's exercise of parental responsibility. Individuals who have parental responsibility for, or care of, a child have the same rights as natural parents, for example:

* To receive information e.g. pupil reports
* To participate in activities e.g. vote in elections for parent governors
* To be asked to give consent e.g. to the child taking part in school trips
* To be informed about meetings involving the child, e.g. a governors' meeting on the child's exclusion

We have received the following advice from the County Solicitor's office concerning pupil surnames:

* Where only one person holds parental responsibility for a child, he or she has the legal right to effect a change of the child's surname without any permission or consent.
* Where more than one person has parental responsibility for a child, the surname of a child can only be changed with the consent or agreement of all those having parental responsibility for a child.
* Where two or more people have parental responsibility for a child and there is in force either a residence or care order, then one of those people can only lawfully cause a change of the child's surname if all other people with parental responsibility consent in writing.

In any other situation it is necessary for the person seeking to change a child's surname to obtain an appropriate order from a court.

|  |
| --- |
| Sessions Attending |

State the times when you wish your child to attend. This will not impact on whether a place is available. Please choose from the following sessions.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mornings 9-12 | Afternoons 12-3 | All Day 9-3 |
| Mondays |  |  |  |
| Tuesdays |  |  |  |
| Wednesdays |  |  |  |
| Thursdays |  |  |  |
| Fridays |  |  |  |

|  |
| --- |
| Funding |

Sessions can be paid for, funded or a combination of the two. Please indicate how payment will be made.

|  |  |
| --- | --- |
| Two year old funding – please provide information |  |
| Payment via an invoice (we accept child care vouchers and online payments) |  |
| Three and four-year old funding  15 hours  30 hours (please provide funding code below) |  |
| Code: NI number: | |

**Early Years Pupil Premium** could bring funding to your provider to support your child. If you receive one of the benefits below you could attract this funding:

• Income Support

• Income-based Jobseeker’s 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 (provided they are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)

• Working Tax Credit run-on, which is paid for 4 weeks after they stop qualifying for Working Tax Credit

• Universal Credit –parents must have an annual net earned income equivalent to and not exceeding £7,400 assessed on up to 3 of the most recent assessment periods.

The Early Years Pupil Premium is paid to the child’s early years provider based on the number of universal entitlement hours that the child is attending at a rate of 53p for each hour. A child that takes the full 570-hour entitlement will attract just over £300 which will be paid to the provider to support that child’s learning and development.

**We require the following personal information to check if you are eligible.**

|  |  |  |
| --- | --- | --- |
|  | **Parent 1** | **Parent 2** |
| Name |  |  |
| NI number |  |  |
| Date of birth |  |  |

|  |
| --- |
| Consents |

Please tick the boxes below to give consent for the following:

|  |  |
| --- | --- |
| Local off site visits to places such as the school and park |  |
| Emergency Medical consent |  |
| Photos in media/website |  |
| Sale of class photos |  |
| Application of face paints and sun cream |  |
| Online learning journal (Tapestry) -please provide your preferred email address to receive notifications of your child’s progress.  …………………………………………………………………… |  |

**General Data Protection Regulation and Consent**

Your personal data is being used by South Tawton Primary School for the purposes of claiming Early Years funding and Pupil Premium funding from Devon County Council.   We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed here: <https://www.dartmoormat.org.uk/policies-and-documents.html>

The information provided will be shared with Devon County Council (DCC). For more details see [Devon County Councils Privacy Notice](https://new.devon.gov.uk/privacy/privacy-notices/privacy-notice-for-early-years/)

Please confirm that you give your consent to South Tawton primary School using your personal data as outlined in our privacy notice and Devon County Councils privacy notice, by completing the table below.

|  |
| --- |
| I give my consent for you to use my personal data as outlined in your privacy notice and [Devon County Councils privacy notice](https://new.devon.gov.uk/privacy/privacy-notices/). |
| **Signed:** |
| **Print name:** |
| **Date of consent:** |

You have the right to withdraw your consent at any time.  Should you wish to withdraw consent or exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Officer Sarah Marvin, [smarvin@dmatschools.org.uk](mailto:smarvin@dmatschools.org.uk)