



Student Details

Students legal Surname(s)
(As it appears on Passport or Birth Certificate)

Students legal forename(s)
(As it appears on Passport or Birth Certificate)

Students preferred first name

Date of Birth

Students address
(Including postcode)

**Name and form of any siblings currently at
Walthamstow school for Girls**

Student's previous school (including address)

Additional information:



First Emergency Contact for Student

(Complete in BLOCK CAPITALS)

I have Parental Responsibility (please circle)

YES / NO

Parent/Carer full name

(Mr/Mrs/Ms/Miss)

Relationship to student

Address (including postcode)

Home telephone number

Mobile telephone number

Work telephone number

Email address



Second Emergency Contact for Student

(Complete in BLOCK CAPITALS)

I have Parental Responsibility (please circle)	YES / NO
Parent/Carer full name	(Mr/Mrs/Ms/Miss)
Relationship to student	
Address (including postcode)	
Home telephone number	
Mobile telephone number	
Work telephone number	
Email address	

Additional Emergency Contacts for Student (To be completed in BLOCK CAPITALS) – The contacts below are authorised to pick up this child in an emergency:

Full Name	Relationship to student	Contact number
1.		
2.		



Parental Status

Name of any other person who has been legally awarded parental status

If not applicable to your child, please write N/A

Legal Restriction

Name of any person whose access to your child is legally restricted

(Examples include: restraining orders, court orders, non-molestation orders, ect)

Address if known

Telephone Number if known

If not applicable to your child, please write N/A

School Meals

Is your child entitled to free school meals?

(The school will need to be provided proof of entitlement that can be obtained from www.walthamforest.gov.uk/freeschoolmeals or by telephoning 0208 496 8550)

Yes / No

Does your child have any dietary needs?

Yes / No

If yes, please provide details:



Travel

Mode of travel to school (please circle)	Car / Cycle / Dedicated School Bus / London Underground / Public Bus Service / Taxi / Train / Walk / Other
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Medical Details

Medical practice name

Address including postcode

Telephone number

Please tick if your child has any of the following conditions

Anaemia

Epilepsy

Asthma

Hearing Difficulties

Diabetes

Migraine

Eczema

Sickle Cell

Allergies (Please provide details)

Does your child require an epi-pen?

Yes / No

If your child has a medical condition not listed above, please give details including medication taken



**WALTHAM FOREST
LIST OF APPROVED ETHNIC CODES**

The LEA and schools in Waltham Forest must collect and record pupil's ethnic information by using the following codes for the extended categories:

Please tick one box only

DfES

Main Category

Code

Extended Category

White

WA ALB
WBOS
WBRI
WCRO
WGRE
WROM
WIRI
WKOS
WSER
WIRT
WTUR
WEEU
WWEU
WOTW

Albanian
Bosnian - Herzegovinian
British
Croatian
Greek/Greek Cypriot
Gypsy/Roma
Irish
Kosovan
Serbian
Traveller of Irish Heritage
Turkish/ Turkish Cypriot
White Eastern European
White Western European
White Other

Mixed

MWBC
MWBA
MWAS
MOTH

White and Black Caribbean
White and Black African
White and Asian
Any other mixed background

Asian or Asian British

AIND
APKN
ABAN
AOTH

Indian
Pakistani
Bangladeshi
Any other Asian background

Black or Black British

BCRB
BGHA
BNGN
BSOM
BAOF
BOTH

Caribbean
Ghanaian
Nigerian
Somali
Other Black African
Any other black background

Chinese

CHNE

Any other ethnic group

OOTH

Refused

REFU

Information not yet obtained

NOBT



Ethnic / Cultural			
Religion followed			
Buddhism		Judaism	
Christianity		Sikhism	
Hinduism		No religion	
Islam		Other (Please specify)	
First language			
Home language			
National identity			
Country of birth			

Consent	
<p><u>Please indicate whether you have given your consent in each case by circling your response below</u></p> <p>The information will be used throughout your child's time at our school. You may withdraw your consent at any time by contacting the school.</p>	
I give permission for my child to use the internet in line with the school's acceptable usage policy (page 14)	Yes / No
<p>I consent/do not consent to the full use of photographic material by the school in any form and in any medium which reasonably promotes the aims of the school.</p> <p>The photography/video will not be used for any other purpose.</p>	Consent / Do not consent

<p>Thank you for completing this admissions form.</p> <p>Please confirm that you have read and understood all of the above and that by circling "yes" you give your permission for the school to process the data you have provided.</p>	Yes
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Additional Student Information

Are there any behavioural issues or concerns you would like to make WSFG aware of?

Are there any issues with other students in school? (This can include students of all ages)

Would your child like to study Spanish or French? (There is no guarantee that the option will be selected).

What is your child's favourite subject?

What is your child's least favourite subject?

Does your child currently participate in any extra curricular activities?

Is your child nervous or excited to start secondary school?



Are there any safeguarding concerns? (Temporary housing / hardship fund / anything else).	
Does your child have any medical or dietary requirements? Please give details including any medication and if student has an IHP	
Does your child have internet access and IT equipment at home?	



<p>Who lives at the home address with student? (Family members/any member with additional needs)</p>	
<p>Does your child have any support at current school? (Support in lessons from a learning mentor / counsellor / other)</p>	
<p>Are there any external agencies involved with your child outside of school? (Mental health team / therapist / other)</p>	



<p>If there are any external agencies, please provide contact details for lead person (Full name and contact details):</p>	
<p>Any other information you would like to share with WSFG?</p>	
<p>Parents/carers will need to bring students full birth certificate to the school office before student starts in September 2024</p> <p>A photocopy will be taken and saved on file</p> <p>The school office is open Monday – Saturday 10am – 2pm</p>	



ACCEPTABLE USE OF THE SCHOOL'S ICT SYSTEMS AND INTERNET: AGREEMENT FOR STUDENTS AND PARENTS/CARERS

Name of student:

I will read and follow the rules in the acceptable use agreement policy.

When I use the school's ICT systems (like computers) and get onto the internet in school I will:

Always use the school's ICT systems and the internet responsibly and for educational purposes only

Only use them when a teacher is present, or with a permission at times where use is allowed

Keep my usernames and passwords safe and not share these with others

Keep my private information safe at all times and not give my name, address or telephone number to anyone without the permission of my teacher or parent/carer

Tell a teacher or other staff member immediately if I find any material which might upset, distress or harm me or others

Always log off or shut down a computer when I've finished working on it

I will not:

Access any inappropriate websites including: social networking sites, chat rooms and gaming sites unless my teacher has expressly allowed this as part of a learning activity
Open any attachments in emails, or follow any links in emails, without first checking with a teacher

Use any inappropriate language when communicating online, including in emails

Create, link to or post any material that is pornographic, offensive, obscene or otherwise inappropriate

Log in to the school's network using someone else's details

Arrange to meet anyone offline without first consulting my parent/carer, or without adult supervision

I agree that the school will monitor the websites I visit and that there will be consequences if I don't follow the rules.

Signed (student):

Date:

Parent/carer's agreement: I agree that my child can use the school's ICT systems and internet. I agree to the conditions set out above for students using the school's ICT systems and internet, and for using electronic devices in school, and will make sure my child understands these.

Signed (parent/carer):

Date: