

# ADMISSION FORM

**Early Birds and Night Owls club  
Hamp Nursery and Infant school  
Rhode Lane  
Bridgwater  
TA6 6JB  
01278 427992 Club / Nursery  
01278 422012 : School**

The information requested is being collected under the Education (Pupil Registration) Regulations 2000. Under the provision of the Data Protection Act 1998, it will be used only for the purpose of pupil administration, will be held securely and will only be disclosed to staff in the school or the Education Department who have a right of access, to the Social Services Department, where this is appropriate and to the Department for Education and Skills. If a disclosure elsewhere becomes necessary, we will contact you before doing this. When no longer required it will be disposed of in a manner appropriate to its sensitivity.

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## Pupil Details

**Legal Surname:**

Legal Surname is the name that appears on the child's birth certificate

**First Name:**

**Middle Name(s):**

**Date of Birth:**

**Home Address:**

**Post Code:**

**Email Address:**

**Home Telephone Number:**

**Parent Details**

	<b>Mother</b>	<b>Father</b>
<b>Name:</b>		
<b>Home Address:</b>		
<b>Postcode:</b>		
<b>Home Tel. No:</b>		
<b>Mobile Tel No:</b>		
<b>Work Tel No:</b>		

**People to contact in an Emergency** (if parents are not available)

<b>Emergency Contact 1:</b>		<b>Emergency Contact 2</b>							
<b>Relationship to child:</b>		<b>Relationship to child:</b>							
<b>Address:</b>		<b>Address:</b>							
<b>Telephone Nos:</b>	<table border="1"> <tr><td>Home:</td></tr> <tr><td>Mobile:</td></tr> <tr><td>Work:</td></tr> </table>	Home:	Mobile:	Work:	<b>Telephone Nos:</b>	<table border="1"> <tr><td>Home:</td></tr> <tr><td>Mobile:</td></tr> <tr><td>Work:</td></tr> </table>	Home:	Mobile:	Work:
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**Password:**.....

**Does your child have any allergies / dietary requirements? Please list below**

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**Hamp Nursery and Infant School  
Early Birds and Night Owls club  
Consent Form**

**Full Name of Child** .....

**Emergency First Aid** In case of necessity, I give permission for a qualified paediatric first aider to perform emergency first aid on my child. I confirm that I have advised the school if my child has a medical condition.

Signed

**EpiPen** In the event of an severe allergic reaction, I give permission for a qualified paediatric first aider, in consultation with Emergency Services, to administer an EpiPen injection to my child.

Signed

**Plasters** In the event of a minor accident, I give permission for my child to have a plaster on an open wound. My child is not allergic to sticking plasters.

Signed

**Showers** In case of necessity, I give permission for my child to have a shower.

Signed



Hamp Nursery & Infants' School  
Rhode Lane  
Bridgwater  
TA6 6JB

Tel: 01278 422012  
Email: office@hnschool.uk

## Consent Form for the Recording and Use of Images

During the course of the school year, we may wish to take photographs or video of children in school or on school trips, either for our own records or for inclusion in our promotional material such as the school prospectus. The school may invite an external photographer to the school each year to take official school photographs and the school may also invite the media to the school to take photographs for publication.

In order to comply with the Data Protection Act 1998, we need to ask your consent before the school or the media record any images of your child. Please answer the questions below and then sign and date the form.

- May we use your child's photograph on the school's website? **YES / NO\***
- May we use your child's photograph on the school's online learning platform, Google Classroom? **YES / NO\***
- Are you happy for your child's image to appear in the media, e.g. local newspaper and their website, and the school's social media page? **YES / NO\***
- Are you happy for your child's first name to appear with the image? **YES / NO\***
- Are you happy for photographs of your child to appear in displays around the school? **YES / NO\***

**Please ensure that you have read and understood the  
"Conditions of Use" overleaf prior to signing this form.**

Signed ..... Date .....

Child's Name ..... Relationship to Child.....

\*Delete as appropriate

## CONDITIONS OF USE

- This form is valid for the duration of your child remaining a pupil at this school. If you change your mind about giving consent to any of the statements overleaf during the course of the school year, please contact the school **immediately**.
- If we decide to take photographs or recordings for any other purpose than those listed, we will ask for additional specific consent.
- Images of children will be stored securely in school. Please be aware that the school has no control over the way external photographers and the media store images.
- The school will not use or retain photographs of your child after they cease to be a pupil at this school. Please be aware that the school has no control over the way external photographers or the media retain or use photographs of your child after they leave school.
- We will not include any personal details such as home phone numbers or e-mail addresses of pupils in our publications without seeking specific separate permission from you in advance.
- We will only use photographs of pupils who are suitably dressed, in order to minimise any risk of misuse.
- We may use photographs of a whole class with a general label, where individual children are not identified.

