

# Cwmfelin Primary School

Maesteg Road  
Cwmfelin  
Maesteg  
Bridgend  
CF34 9LD  
Tel: 01656 815525

Eager to Learn. Proud to Achieve.



Awyddus i Ddysgu. Balch i Gyflawni.

<b>Office use only:</b>	
<b>Admission Date:</b>	
<b>Class:</b>	
<b>Admission No.:</b>	

## PUPIL ADMISSION FORM

### PUPIL INFORMATION

Child's Legal Surname ..... Preferred Surname .....

Forename(s) ..... Preferred Forename .....

Middle Name(s).....

Date of Birth ..... Gender .....

Address: .....

..... Postcode .....

Was your child born outside the UK? (Y/N) .....

(If yes please give place of birth and date of arrival in UK?) .....

### EMERGENCY CONTACTS

#### Priority 1 contact

Surname: ..... Forename: .....

Title: ..... Parental Responsibility (Y/N) ..... Relationship to Child: .....

Home Tel No. ....

Work Tel No. .... Mobile Tel No. ....

Address (If different from Above) .....

..... Postcode .....

Email .....

#### Priority 2 contact

Surname: ..... Forename: .....

Title: ..... Parental Responsibility (Y/N) ..... Relationship to Child: .....

Home Tel No. ....

Work Tel No. .... Mobile Tel No. ....

Address (If different from Above) .....

..... Postcode .....

Email .....

**Priority 3 contact**

Surname: ..... Forename: .....

Title: ..... Parental Responsibility (Y/N) ..... Relationship to Child: .....

Home Tel No. ....

Work Tel No. .... Mobile Tel No. ....

Address .....

..... Postcode .....

Email .....

**Priority 4 contact**

Surname: ..... Forename: .....

Title: ..... Parental Responsibility (Y/N) ..... Relationship to Child: .....

Home Tel No. ....

Work Tel No. .... Mobile Tel No. ....

Address .....

..... Postcode .....

Email .....

**PLEASE STATE IF THERE IS A COURT ORDER IN RESPECT OF YOUR CHILD WHICH RESTRICTS PARENTAL RESPONSIBILITY, IF SO PLEASE GIVE DETAILS:**

.....

.....

.....

**Please state any family circumstances the school should be aware of.**

.....

.....

.....

**If you wish to give details about contacts who have special needs e.g. visual impairment / mobility problems etc., please state below. We will then do our best to meet the special requirements of anyone visiting the school.**

.....

.....

.....

**PREVIOUS SCHOOL DETAILS**

Has your child previously attended school/Nursery? (Y/N) .....

Name of previous school/Nursery .....

Address: .....

.....

Tel No. .... Date of Leaving: .....

**DETAILS OF BROTHERS/SISTERS IN SCHOOL**

Name ..... Date of Birth ..... School Attending .....

Name ..... Date of Birth ..... School Attending .....

Name ..... Date of Birth ..... School Attending .....

**MEDICAL INFORMATION**

Doctors Name: ..... Tel No. ....

Address: .....

Does your child take any regular medication? (Y/N) \* .....

Please list any medical conditions that the school should be aware of, including known allergies and dietary requirements i.e. Asthma, Nut allergy, Vegetarian etc

.....

.....

Please inform us of any developmental problems you are aware of such as Sight, Hearing, Speech or Behaviour

.....

.....

**\*Please note you are required to complete a separate form for medication to be kept or administered at school**

**USUAL LUNCH ARRANGEMENTS**

Please tick appropriate option

Free School Meal ..... Paid Meal ..... Sandwiches .....

## SERVICE CHILDREN

Is your child a service child? (Y/N) .....

**A 'Service child' has parent(s) – or person(s) with exercising parental responsibility – who is/are Service personnel serving:**

- **in HM Regular Armed Forces**
  - **in full commitment as part of the full-time Reserve service**
  - **is a veteran who has been in Service within the last two years**
  - **one of their parents died whilst serving in the Armed Forces and the pupil receives a pension under the Armed Forces Compensation Scheme or the War Pensions Scheme.**
- Or, A person whose parent, or carer, serves in the regular armed forces, or as a reservist, or has done at any point during the first 25 years of that person's life \*and does not meet the criteria of definition 1.**

**Please tick if you do not wish information regarding the Service Children to be recorded .....**

## HOME LANGUAGE

Please give your child's home spoken language .....

Can your child speak Welsh? (Y/N) ..... Does your child speak Welsh fluently? (Y/N) .....

Only answer the following questions if your child can speak welsh:-

Does your child speak Welsh at home (Y/N) ..... If yes please tick one of the following:-

Speaks welsh with one parent/guardian only .....

Speaks welsh with both parents/guardians .....

Speaks Welsh with siblings .....

Does not speak welsh at home .....

**Please tick if you do not wish information regarding the Welsh language to be recorded .....**

## RELIGION

**Please state your child's religion, tick only one**

Buddhist ..... Christian ..... Hindu..... Jewish ..... Muslim .....

No Religion ..... Other Religion..... Sikh.....

**Please tick if you do not wish information regarding Religion to be recorded.....**

## NATIONAL IDENTITY

Please state your child's National Identity, tick only one

Welsh.....	English .....	Scottish .....	Irish .....
British .....	Other (please specify).....		
<b>Please tick if you do not wish information regarding National Identity to be recorded .....</b>			
This information was provided by (please tick) Parent/Guardian .....		Pupil .....	

## ETHNICITY

Please tick only one box and indicate who provided the information

<b>(a) White</b>	
White – British	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>
'New' Traveller	<input type="checkbox"/>
Occupational Traveller	<input type="checkbox"/>
Other Traveller	<input type="checkbox"/>
British Gypsy/ Gypsy Roma	<input type="checkbox"/>
Gypsy/Gypsy Roma from Other Countries	<input type="checkbox"/>
Other Gypsy/Gypsy Roma	<input type="checkbox"/>
Albanian	<input type="checkbox"/>
Bosnian-Herzegovinian	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek/Greek Cypriot	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Kosovan	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Maltese	<input type="checkbox"/>
Montenegrin	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Scandinavian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovakian	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Turkish/Turkish Cypriot	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
White European Other	<input type="checkbox"/>
Other White	<input type="checkbox"/>

<b>(b) Mixed</b>	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
White and Chinese	<input type="checkbox"/>
White and Any Other Ethnic Group	<input type="checkbox"/>
Asian and Black	<input type="checkbox"/>
Asian and Chinese	<input type="checkbox"/>
Asian and Any Other Ethnic Group	<input type="checkbox"/>
Black and Chinese	<input type="checkbox"/>
Black and Any Other Ethnic Group	<input type="checkbox"/>
Chinese and Any Other Ethnic Group	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>

<b>(d) Asian or Asian British</b>	
Indian	<input type="checkbox"/>
Mirpuri Pakistani	<input type="checkbox"/>
Other Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
African Asian	<input type="checkbox"/>
Kashmiri	<input type="checkbox"/>
Nepali	<input type="checkbox"/>
Sinhalese	<input type="checkbox"/>
Sri Lankan Tamil	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>

**ETHNICITY Cont/d**

<b>(e) Black or Black British</b>	
Caribbean	<input type="checkbox"/>
Ghanaian	<input type="checkbox"/>
Nigerian	<input type="checkbox"/>
Sierra Leonian	<input type="checkbox"/>
Somali	<input type="checkbox"/>
Sudanese	<input type="checkbox"/>
Other Black African	<input type="checkbox"/>
Black European	<input type="checkbox"/>
Black North American	<input type="checkbox"/>
Other Black	<input type="checkbox"/>

<b>(f) Chinese or Chinese British</b>	
Hong Kong Chinese	<input type="checkbox"/>
Malaysian Chinese	<input type="checkbox"/>
Singaporean Chinese	<input type="checkbox"/>
Taiwanese	<input type="checkbox"/>
Other Chinese	<input type="checkbox"/>

<b>(g) Any other ethnic background</b>			
Afganistani	<input type="checkbox"/>	Libyan	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Lebanese	<input type="checkbox"/>
Egyptian	<input type="checkbox"/>	Malay	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	Moroccan	<input type="checkbox"/>
Irani	<input type="checkbox"/>	Polynesian	<input type="checkbox"/>
Iraqi	<input type="checkbox"/>	Thai	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Korean	<input type="checkbox"/>	Yemeni	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
Latin/South/Central American	<input type="checkbox"/>		

**Please tick if you do not wish information regarding Ethnicity to be recorded .....**

This information was provided by (please tick) Parent/Guardian ..... Pupil .....

## FIRST LANGUAGE

Please tick only one box and indicate who provided the information

English and/or Welsh	<input type="checkbox"/>	Nepali	<input type="checkbox"/>
Afrikaans	<input type="checkbox"/>	Norwegian	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	* Other Language	<input type="checkbox"/>
Arabic (Any Other)	<input type="checkbox"/>	Pampangan	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	Panjabi	<input type="checkbox"/>
Bengali (Any Other)	<input type="checkbox"/>	Pashto/Pakhto	<input type="checkbox"/>
British Sign Language	<input type="checkbox"/>	Persian/Farsi	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>	Persian/Farsi (Any Other)	<input type="checkbox"/>
Chechen	<input type="checkbox"/>	Persian (Dari)	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Chinese (Any Other)	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Chinese (Cantonese)	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Caribbean Creole English	<input type="checkbox"/>	Romanian	<input type="checkbox"/>
Caribbean Creole French	<input type="checkbox"/>	Romanian (Moldova)	<input type="checkbox"/>
Czech	<input type="checkbox"/>	Romanian (Romanian)	<input type="checkbox"/>
Danish	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Dutch/Flemish	<input type="checkbox"/>	Serbian/Croatian/Bosnian	<input type="checkbox"/>
Estonian	<input type="checkbox"/>	Bosnian	<input type="checkbox"/>
French	<input type="checkbox"/>	Croatian	<input type="checkbox"/>
German	<input type="checkbox"/>	Serbian	<input type="checkbox"/>
Greek	<input type="checkbox"/>	Shona	<input type="checkbox"/>
Greek (Other)	<input type="checkbox"/>	Slovenian	<input type="checkbox"/>
Gujarati	<input type="checkbox"/>	Slovak	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	Somali	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Sotho/Sesotho	<input type="checkbox"/>
Italian (Any Other)	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	Swedish	<input type="checkbox"/>
Korean	<input type="checkbox"/>	Tamil	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	Tagalog/Filipino	<input type="checkbox"/>
Kurdish (Any Other)	<input type="checkbox"/>	Filipino	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>	Tagalog	<input type="checkbox"/>
Maltese	<input type="checkbox"/>	Telugu	<input type="checkbox"/>
Malay/Indonesian	<input type="checkbox"/>	Thai	<input type="checkbox"/>
Malayalam	<input type="checkbox"/>	Tonga/Chitonga (Zambia)	<input type="checkbox"/>
Maori	<input type="checkbox"/>	Tongan (Oceania)	<input type="checkbox"/>
Marathi	<input type="checkbox"/>	Traveller Irish/Shelta	<input type="checkbox"/>
Mauritian/Seychelles Creole	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Ndebele	<input type="checkbox"/>	Ukrainian	<input type="checkbox"/>
Ndebele (South Africa)	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
Ndebele (Zimbabwe)	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>

\* If Other Language please advise .....

Please tick if you do not wish information regarding First Language to be recorded .....

This information was provided by (please tick) Parent/Guardian ..... Pupil .....

Please note it is the responsibility of the Parent/Guardian to keep the school fully informed of any changes to the information on this form throughout the time your child is at school

## General Data Protection Regulation (GDPR)

The information provided in the New Starter Pack will be used for the purpose of pupil administration but may be used for the wider purpose(s) of the provision of education services.

The school handles all personal data in line with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, ensuring that information is collected, used, and stored securely and only for appropriate educational and administrative purposes. **We are committed to being transparent about how we use your data, and we encourage parents to review our full Privacy Notices, which are available on our website or upon request.**

There are strict controls on who can see your information. We will not share your data if you have advised us that you do not want it shared unless it's the only way, we can make sure you stay safe and healthy, or we are legally required to do so.

We share pupil information with:

- Welsh Government.
- Estyn.
- Other Schools that pupils have attended/will attend.
- NHS.
- Welfare services (such as social services).
- Law enforcement officials such as police, HMRC.
- Local Authority Designated Officer.
- Professional advisors such as lawyers and consultants.
- Support services (including insurance, IT support, information security).
- Providers of learning software.
- The Local Authority.
- Schools within the cluster.
- External organisations that work in conjunction with the school providing educational lessons e.g. Libraries, Sports Organiser, etc

Information will be provided to those agencies securely or anonymised where possible. The recipient of the information will be bound by confidentiality obligations; we require them to respect the security of your data and to treat it in accordance with the law. We do not share information about our pupils with anyone without consent unless otherwise required by law.

Please sign below to confirm that you have read and understood the information provided.

Parent Signature ..... Date: .....