



Admissions booklet

The information we need
to help your child succeed



Shoshannah Thompson, Headteacher, says...

It is great news that your child is starting at our wonderful school. Thank you for selecting us!

We need some information from you

We need some information from you, so could you please follow the steps in this admissions booklet.

Answering your questions

If you have any questions, please contact the school office on 020 7265 8061 and we will be happy to help!

Parental consent

On page 9 is an important consents form we need you to complete. Please note: parents/carers may withdraw their consent at any time.

Welcome

Welcome to Halley Primary School and I look forward to getting to know you and your child.

SECTION 1: PUPIL INFORMATION

Halley Primary School

Please complete all sections of the admission form, if you have any queries contact the school:
admin@halley.towerhamlets.sch.uk

Pupil details			
Legal surname		Preferred surname	
First name		Known name	
Middle names		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	/ /		

Ethnicity - optional (please tick)			
<input type="checkbox"/>	White: British	<input type="checkbox"/>	Asian or Asian British: Indian Asian
<input type="checkbox"/>	White: Irish	<input type="checkbox"/>	Asian British: Pakistani Asian
<input type="checkbox"/>	White: Traveller of Irish Heritage	<input type="checkbox"/>	Asian British: Bangladeshi Asian
<input type="checkbox"/>	White: Other	<input type="checkbox"/>	Asian British: Other
<input type="checkbox"/>	White: Gypsy / Roma	<input type="checkbox"/>	Black or Black British: Caribbean
<input type="checkbox"/>	Mixed: White and Black Caribbean	<input type="checkbox"/>	Black or Black British: African
<input type="checkbox"/>	Mixed: White and Black African	<input type="checkbox"/>	Black or Black British: Other
<input type="checkbox"/>	Mixed: White and Asian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Mixed: Other	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Any other ethnic group (please state):		

Previous school			
Name of previous school			
Address			
		Postcode	
Telephone number			
Last attended	/ /		

**PLEASE NOTIFY THE SCHOOL IMMEDIATELY
 IF YOU CHANGE YOUR ADDRESS OR CONTACT NUMBER(S)**

SECTION 1: PUPIL INFORMATION FORM

Parent/carers 1 - contact details and emergency contacts

Surname		First name	
Title		Gender	
Relationship to child		Parental responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
		Postcode	
Home phone		Mobile	
Work/day phone		Email	
Emergency ranking	1	Teacher to Parents	

Parent/carers 2 - contact details and emergency contacts

Surname		First name	
Title		Gender	
Relationship to child		Parental responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
		Postcode	
Home phone		Mobile	
Work/day phone		Email	
Emergency ranking	2	Teacher to Parents	

Parent/carers 3 - contact details and emergency contacts

Surname		First name	
Title		Gender	
Relationship to child		Parental responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
		Postcode	
Home phone		Mobile	
Work/day phone		Email	
Emergency ranking	3		

Parent/carers 4 - contact details and emergency contacts

Surname		First name	
Title		Gender	
Relationship to child		Parental responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
		Postcode	
Home phone		Mobile	
Work/day phone		Email	
Emergency ranking	4		

Please detail any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

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SECTION 1: PUPIL INFORMATION FORM

Siblings - please list the names and dates of birth of other children in the family

First name	Surname	Date of birth	School

Medical contact details

GP name			
Medical practice name			
Practice address			
	Postcode		
Telephone number			
Do you give permission for the school to call the doctor in an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you give permission for the school to administer first aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Health Professionals

Which health professionals are involved with your child?

Physiotherapist (Physio)	<input type="checkbox"/>	Speech & Language Therapist (SALT)	<input type="checkbox"/>
Occupational Therapist (O/T)	<input type="checkbox"/>	Dietician	<input type="checkbox"/>
Audiologist	<input type="checkbox"/>	Ophthalmologist	<input type="checkbox"/>
Other	Please specify		

Which hospitals is your child known to? Please name consultants, professionals and departments, if known.

Hospital	Department	Professional/consultant	Notes



SECTION 2: HEALTH / MEDICAL INFORMATION

More about your child and medical details

How does your child communicate?

How do you know when your child wants something?

Does your child have any special words i.e. for 'toilet', 'drink' etc.?

Does your child require a special diet?

☐ Yes

☐ No

For reasons of

☐ Health

☐ Religion

☐ Vegetarian/Vegan

Please list the foods / drinks your child is **NOT ALLOWED** to eat / drink:

Does your child need help with eating?

☐ Yes

☐ No

Is your child tube fed?

☐ Yes

☐ No

If yes, please confirm how your child is fed:

☐ Gravity bolus

☐ Pump fed

If pump fed, what is the dose and rate of feed?

Does your child use a special cup?

☐ Yes

☐ No

Please list any special feeding / drinking requirements e.g. type of cup / consistency of liquid / food etc.:

Type of milk?

What are the times of feeding?

Known Food Intolerances: **Please list below**

Special likes and dislikes:

SECTION 2: HEALTH / MEDICAL INFORMATION

Medical details

Does your child have a medical diagnosis / syndrome(s)

☐

Yes

☐

No

If yes, please give the name(s):

Name(s), Dosage(s) and Time(s) of any regular medication given:

NB: School will only administer medication prescribed for more than three times daily

Name

Dosage

Time

Are your child's immunisations up to date?

☐

Yes

☐

No

☐

Not sure

Known Allergies **Please list below**

Is an Epi Pen required?

☐

Yes

☐

No

Does your child have asthma?

☐

Yes

☐

No

Do they require an inhaler whilst in school?

☐

Yes

☐

No

Does your child have epilepsy?

☐

Yes

☐

No

If yes, describe the type of seizure. **Please describe below**

Is emergency medication required?

☐

Yes

☐

No

SECTION 2: HEALTH / MEDICAL INFORMATION

Medical details	
Does your child have hearing impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does your child wear hearing aids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was your child's last hearing test?	/ /
Does your child have visual impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does your child wear glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was your child's last vision test?	/ /
Does your child require incontinence pads?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nappy / pad size?	
(NB: Please ensure you have read the Intimate Care Policy and signed the consent form)	

Mobility	
Has your child received physiotherapy treatment previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give the name of the physiotherapist and the practice:	
Is your child able to walk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how far and do they use any mobility aids e.g. walking frame?	
Does your child wear any specialist boots or have any other splints e.g. AFOs, hand splints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details:	
Can your child stand / bear weight for transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: PARENTAL CONSENT

Consent

Consent type	Permission		Notes
	Denied	Granted	
I am happy for photos of my child to be used in internal displays.			
I am happy for photos of my child to be used in printed school materials e.g. the school prospectus.			
I am happy for photos of my child to be used in the media e.g local Newspapers.			
I am happy for photos of my child to be used in the school newsletter and Literature.			
I am happy for photos of my child to be used on the school website.			
I am happy for the school to use videos of my child during assembly times.			
I am happy for the school to use videos of my child for the purpose of assessment e.g. Annual reviews, reports etc.			
Videos - for special events in school, including where parents and other visitors may attend.			
Videos - for special events in school, including where parents and other visitors may attend.			
I am happy for School to take my child on Educational visits to the local environment, without notifying in advance.			
To be seen by the Dental Hygienist.			
To be seen by the Eye Clinic.			

Free School Meals

Is your child entitled to Free School Meals?

This does not include Universal Infant Free School Meals where all children in Years Reception, 1 and 2 are eligible, Mayors/meals.

☐ Yes ☐ No ☐ Not sure

If 'yes', please provide evidence.

If you believe your child may be entitled to free school meals, you will need to apply to the London Borough of Tower Hamlets for entitlement. If you believe your child may be entitled to free school meals, you will need to apply to the London Borough of Tower Hamlets for entitlement. If you have made a claim for housing and/or council tax benefit (this will also counts as a claim for free school meals – you do not need to complete a separate form in this case.

If your child prefers a home prepared meal to eat at school, or is entitled to Mayors meals - you can still apply for free school meals if entitled. This enables the school to apply for Pupil Premium payments, which are a government initiative to provide extra funding to schools, which benefits the children.

Parents can call: 020 7364 5000 – alternately a form can be collected from school. For more information please visit: https://www.towerhamlets.gov.uk/ignl/education_and_learning/school_finance_and_support/free_school_meals.aspx

SECTION 4: FUNDING

Funding			
Does the child have a parent currently serving in the UK military?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
If Yes, please provide your PStat Cat Number (Personal Status Category number): (Optional)			
Is the child in care?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child have any post looked after arrangements? If so, please state the reason why the child has left care:			
Adoption		Special guardianship order (SGO)	
Residence order (RO)		Child arrangement order (CAO)	
Known to Social Care			
<i>If any of the questions below apply to your child, please also complete the 'Parent, Guardian or Carer's information for funding eligibility'</i>			

Parent, Guardian or Carer's information for Pupil Premium	
<i>If you believe your child is eligible for Pupil Premium please provide your details below so that we can carry out eligibility checks.</i>	
Parent/Guardian 1	
First name	
Surname	
Date of birth	<div style="text-align: center;">/ /</div>
National insurance no.	<div style="display: flex; justify-content: space-around;"> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>

We use personal data about pupils to ensure that we fulfil our legal obligation to offer educational opportunities to our pupils, and are able to look after their needs and requirements.

For more information on the legal basis why we gather this information, why we keep it and how it is stored, please access the How we use your Child's personal data for Parents and Carers stored on our website via:

<https://www.halley.towerhamlets.sch.uk/our-school/policies>

SECTION 5: ADDITIONAL INFORMATION

Transport

What Transport arrangements are in place for your child?

Drive to school		Walk to school	
Cab to school		Other	

Is there any other information you would like us to know about your child?

Please tell us as much as you can about your child, this will enable us to assist in settling them into the School and deal with any issues that may arise.

Language and Communication Between School and Parent/Carer

Your first language	
Language spoken at home (specify dialect)	
Do you find reading English difficult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require and interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there someone in the family who could write in the home / school book?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is this person?	
Does either parent / carer consider themselves to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please specify who and type of disability.

Are there any barriers to you or another parent / carer accessing the school or information provided by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please give details:

Please note you will be automatically added to 'Teachers to Parents', a portal used to communicate important information to you about the school.

SECTION 6: DECLARATION

I confirm that the information supplied in this form is correct:

Print name	
Signature	
Date	/ /

The information on this form will be processed in accordance with the General Data Protection Regulation (EU) 2016/679

We use personal data about pupils to ensure that we fulfil our legal obligation to offer educational opportunities to our pupils, and are able to look after their needs and requirements.

For more information on the legal basis why we gather this information, why we keep it and how it is stored, please access the How we use your Child's personal data for Parents and Carers stored on our website via:
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Proof of address and identity

Please provide proof of address and identity

Please tick	Notes	School authorisation	
		Seen	By
<input type="checkbox"/> Utility bill			
<input type="checkbox"/> Bank statement			
<input type="checkbox"/> DWP letter			
<input type="checkbox"/> Copy of child's birth certificate			
<input type="checkbox"/> Copy of child's passport			
<input type="checkbox"/> FSM entitlement			
<input type="checkbox"/> 30 hour code			



OUR INTENT

OUR VALUES



OUR VISION

Provide a safe, supportive, and stimulating environment that enables and encourages highest standards of achievement (**ambition**).

Broad, balanced and **creative** curriculum which makes the most of the learning opportunities offered by the richness and diversity of the **cultures** and environment on our doorstep.

Provide an **enriched practical** curriculum based on excellence and **enjoyment** which allows for **exploration**, **enquiry**, and opportunities to ask questions.

OUR AIMS



All of our children are to become **successful, independent** learners.



All of our children are to be equipped with skills and knowledge to meet their current and future needs and **creative** potential.



All of our children are to be **confident** individuals who can live safe and **healthy** lives.



All of our children are to **respect** and value each other's contributions irrespective of race, gender, religion or ability.



All of our children are to be **self-aware** and able to manage their own behaviour, understanding that it has an impact on others.



All of our children are to be active and motivated **citizens** within the wider school community.



SECTION 7: HOME SCHOOL AGREEMENT

The school:

We will:

1. respect the Rights of the Child as expressed in the United Nations Conventions on the Rights of the Child;
2. ensure a safe, happy, respectful environment where every child is valued as an individual and encouraged to achieve their full potential as a valued member of the school community;
3. promote high standards of learning and behaviour, and provide clear guidelines for learners and parents;
4. provide a balanced and broad curriculum to meet your child's individual needs;
5. encourage children to be physically active and have a healthy lifestyle;
6. teach children about honesty, positive behaviour, respect, equality and fairness;
7. arrange regular meetings with parents to discuss your child's progress and provide regular progress reports
8. contact you if we have any concerns, and keep you informed about your child's progress and how you can help them at home;
9. be open and welcoming at all times.

Headteacher signature		Date	1 st September 2022
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The Parent/Guardian

I will:

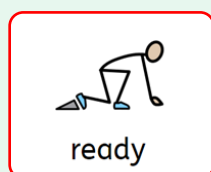
1. be positive and supportive in all aspects of my child's education, working with the School to resolve any concerns
2. ensure that my child attends School every day and on time and keep the School informed of reasons for absences
3. arrange holidays outside of school time
4. ensure my child is correctly dressed in school uniform, including PE/swimming;
5. inform the School of any relevant information as soon as possible i.e. changes in phone numbers, home circumstances, medication etc, anything which may affect your child's health or wellbeing
6. return reading diaries (if appropriate) with a comment or at least a signature to say they have been read.
7. make the school aware of any concerns or problems that might affect my child's behaviour.
8. support my child with his/her homework and home learning opportunities and ensure my child completes his/her homework on time;
9. attend teacher parents' conferences, workshops, learning celebrations and sports days
10. support the School's policies and guidelines for Behaviour and discipline.

Parent/Guardian signature		Date	
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Home School Learning Agreement for the Learner

I will:

1. be *ready*
2. be *respectful*
3. be *safe*



Pupil signature		Date	
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Office use only

Date on roll	/ /								
Year group									
Class									
Admission Form Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No								
CTF Received					UPN				
Parents Interview Date	/ /								
Care Plan in Place	/ /								
Primary SEN Need									
Secondary SEN Need									
Other SEN Need/s									
All Forms Filled		Integris		Pupil Folder		CPOMS		Medical Tracker	

Notes

