



SEVA School, Coventry, West Midlands

## ADMISSION FORM

Name:- \_\_\_\_\_

SEVA School

Eden Road, Walsgrave, Coventry, CV2 2TB

Telephone:- 02477 987619

[sevakeducationtrust.org](http://sevakeducationtrust.org)

## Student Details

PLEASE FILL IN ALL THE FOLLOWING DETAILS USING BLOCK CAPITALS

1. STUDENT'S LEGAL FORENAME.....
2. MIDDLE NAMES .....
3. STUDENT'S LEGAL SURNAME.....
4. STUDENT'S PREFERRED NAME.....
5. DATE OF BIRTH .....
6. GENDER .....
7. ADDRESS .....
8. PREVIOUS SCHOOL AND ADDRESS .....

## Parental Responsibility 1

This section asks for details of parents and others with legal status as parents/carers.

Parents/Carers at home – Please give details of all with parental responsibility where the student lives. Full names and date of birth required for attendance letters.

MR  MRS  MISS  MS  OTHER  Please Specify

FULL NAME .....

RELATIONSHIP ..... DOB .....

ADDRESS ..... POSTCODE .....

MOBILE PHONE No ..... HOME PHONE .....

EMAIL ADDRESS .....

WORK PLACE/ADDRESS .....

WORK PHONE .....

OCCUPATION .....

## Parental Responsibility 2

Parents/Carers at home – Please give details of all with parental responsibility where the student lives. Full names and date of birth required for attendance letters.

MR  MRS  MISS  MS  OTHER  Please Specify

FULL NAME .....

RELATIONSHIP ..... DOB .....

ADDRESS ..... POSTCODE .....

MOBILE PHONE ..... HOME PHONE .....

EMAIL ADDRESS .....

WORK PLACE/ADDRESS .....

WORK PHONE .....

OCCUPATION .....

Others with parental responsibility if address is different to student – please give details of anyone else with parental responsibility who lives elsewhere. All parents are entitled to information about their children’s progress at school and we have a duty to pass this on.

MR       MRS       MISS       MS       OTHER       Please Specify

FULL NAME .....

RELATIONSHIP ..... DOB .....

ADDRESS ..... POSTCODE .....

MOBILE PHONE No ..... HOME PHONE .....

EMAIL ADDRESS .....

WORK PLACE/ADDRESS .....

WORK PHONE .....

OCCUPATION .....

I am happy for this person to be an emergency contact      YES/NO

**Any other contact**

In an emergency we would try to contact parent/carers at home or work. If no-one is available from the contacts above, is there a friend/relative who we could contact?

Please fill out two contacts if possible.

**EMERGENCY CONTACT**

NAME MR/MRS/MISS/MS .....

DAYTIME PHONE NO .....

In the event of an emergency, please list order of contact:-

1. ....
2. ....
3. ....
4. ....

**EMERGENCY CONSENT**

- Giving this consent enables the school to act on behalf of the parent/carer in the event of an emergency

**Special Dietary Needs**

- |  |   |
|--|---|
| <input type="checkbox"/> Artificial colouring allergy      | <input type="checkbox"/> Gluten free                  |
| <input type="checkbox"/> No dairy produce                  | <input type="checkbox"/> No nuts of any type/quantity |
| <input type="checkbox"/> Other – please give details ..... |   |

## GENERAL

### Home/First Language

English  Punjabi

Other Language – please state:- .....

### Second Language used at home

English  Punjabi

Other Language – please state:- .....

**Country of Birth:-** .....

**Nationality:-** .....

### Religion

Sikh  No Religion

Christian  Buddhist

Hindu  Refused

Jewish  Roman Catholic

Muslim  Other Religion – please state:- .....

### Ethnicity

Please read the following notes carefully. Accurate information helps the school to support all students in achieving their potential.

Our ethnic background describes how we think of ourselves. This may be based on many things including language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old 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. Pupils aged 16 or over can make this decision for themselves.

Please tick one box from the list below and tick if the form was filed out by the parent.

- |                             |                          |                             |                          |
|-----------------------------|--------------------------|-----------------------------|--------------------------|
| Any other Asian Background  | <input type="checkbox"/> | Chinese                     | <input type="checkbox"/> |
| Any other Black Background  | <input type="checkbox"/> | Gypsy Roma                  | <input type="checkbox"/> |
| Any other Ethnic Background | <input type="checkbox"/> | Indian                      | <input type="checkbox"/> |
| Any other Mixed Background  | <input type="checkbox"/> | Pakistani                   | <input type="checkbox"/> |
| Any other White Background  | <input type="checkbox"/> | Traveller of Irish Heritage | <input type="checkbox"/> |
| Black African               | <input type="checkbox"/> | White & Black African       | <input type="checkbox"/> |
| Black Caribbean             | <input type="checkbox"/> | White & Black Caribbean     | <input type="checkbox"/> |
| Bangladeshi                 | <input type="checkbox"/> | White British               | <input type="checkbox"/> |
| White Irish                 | <input type="checkbox"/> | White & Asian               | <input type="checkbox"/> |

I do not wish an ethnic background category to be recorded

This information was provided by:- Parent  Pupil

Asylum Status:-

Asylum seeker  Refugee  Not Applicable

### **Meal Arrangements**

Free School Meal  School Meal  Packed Lunch

### **Travel to School**

Please tick the normal daily method of travel

Travel Plan  Car  Taxi

Walk  Bicycle  Bus

Service Children in Education YES/NO

## **In Care Details**

Start Date ..... Young Carer .....  
End Date .....  
Care Authority ..... Disabilities .....

## Relationship and Sex Education

As recommended by Coventry City Council, we deliver the core package for relationships and sex education to all secondary year groups. This is in line with lessons being delivered across the city. If you do not wish your child to participate in these lessons, please inform us in writing.

## Collective Worship and RE

All children will participate in Collective Worship and RE. If you do not wish your child to participate in these, please inform us in writing.

The Head Master reserves the right to rule on what is appropriate to wear to school. The Head Master's decision is final.

We are very proud of the high level of expectation at Seva; students will succeed and achieve by demonstrating an exemplary attitude towards their behaviour and learning.



## Medical Information Form

Name of Child:- .....

Year:- .....

Name of Family Doctor:- .....

Phone number:- .....

Doctor's Address:-

.....

.....

Does your child suffer from any of the following? If yes, please tick which one applies to you.

Asthma

Diabetes

Epilepsy

Allergies

If yes, please give details including any medication required:- .....

.....

Does your child have a health care plan?

Yes

No

If your child is suffering from asthma:-

- We would prefer that the school is provided with an extra inhaler as a backup
- An additional consent form for the administration of emergency Salbutamol inhaler needs to be completed

Does your child have any other medical conditions we should be aware of, for example, migraines, eczema?

Yes

No

If yes, please give details:-

.....

Parental signature .....

Date .....

Please complete all sections and return to the school office as soon as possible.

## Medical Consent Form

Name of Child:- .....

Year:- .....

DOB:- .....

I consent to my son/daughter receiving the following medication/treatment if thought appropriate by the designated First Aider. (Please tick appropriate box).

The provision of Hypoallergenic plasters      Yes       No

Cold compress      Yes       No

I undertake to notify the school in writing, should I decide to withdraw my consent.

Name of Parent/Guardian:- .....

Signature of Parent/Guardian:- .....

Date:- .....

Please complete all sections and return to the school office as soon as possible.

## Image Consent Form

USE OF PHOTOS	TICK CONSENT (YES)	TICK DO NOT CONSENT (NO)
I am happy for the school to take photos of my child.		
I am happy for photos of my child to be used on the school website.		
I am happy for photos of my child to be used in the school newsletter.		
I am happy for photos of my child to be used in printed school materials, for example, the school prospectus.		
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 the media, for example local newspapers.		
I am happy for photos of my child to be used on social media, for example Twitter.		
I am happy for the school to take videos of my child.		
I am happy for the school to use videos of my child for promotional purposes, such as on the school website.		
I am happy for my child to have a class photo		
<b>I am NOT happy for the school to take or use any photos or videos of my child.</b>		
I am happy for my child to have a Biometric Fingerprint. Specifically, we only use your child's fingerprints to register for Parent Pay when your child has taken a school dinner.		

Pupil Name: \_\_\_\_\_ Year: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete all sections in capital letters and return to the school office as soon as possible.

**School Closure Arrangements**

**IMPORTANT - Arrangements in the event of un-planned School Closure**

If we are faced with having to close the school we need to be as prepared as possible and therefore ask for your assistance by selecting one of the options below;

**For pupils who use school transport:**

- Send my child on the school bus (we will have arrangements in place on their arrival)
  
- Please keep my child in school until I can collect them, or the named person below can collect them

**For pupils who walk home or are collected:**

- Allow my child to walk home (we will have arrangements in place on their arrival)
  
- Please keep my child in school until I can collect them, or the named person below can collect them

Other Named contacts who can transport my child:

.....  
.....

Please complete all sections and return to the school office as soon as possible

## Collection of Children Authorisation Form

The following will be authorised to collect my child from Reception.

Name of Child:- \_\_\_\_\_

Year Group:- \_\_\_\_\_

1. Name:- \_\_\_\_\_

Relationship to child:- \_\_\_\_\_

2. Name:- \_\_\_\_\_

Relationship to child:- \_\_\_\_\_

3. Name:- \_\_\_\_\_

Relationship to child:- \_\_\_\_\_

4. Name:- \_\_\_\_\_

Relationship to child:- \_\_\_\_\_

5. Name:- \_\_\_\_\_

Relationship to child:- \_\_\_\_\_

**Off-Site Visit Consent School Copy**

I consent for my child to partake in any school organised event other than any residential activity within a 50 mile radius.

Name of Child: .....

Year Group/Class.....

Parental Consent:

Name: ..... Sign: .....

Medical information – *please advise if there are any medical conditions to be considered when planning trips/activities for your child.*

Any Medical Conditions: .....

Diagnosed: .....

Other Medical Condition: .....

Diagnosed: .....

Other Medical Condition: .....

Diagnosed: .....

Medication Requirements:

.....  
.....  
.....  
.....

**Consent form for school trips and other off-site activities whilst at Seva School.**

By signing the consent form above you consent for your child to take part in organised school trips and other activities that take place off school premises within a 50 mile radius during their time with us.

## ***Off-Site Consent Parent Copy***

Details of each activity will be sent to you allowing time for you to notify us should you prefer for your child not to take part in the visit.

**Please consider the following important information before signing this form:**

- The trips and activities covered by this consent include;
  - ***all*** visits within a 50 mile radius
  - adventure activities at any time
  - off-site sporting fixtures outside the school day
  
- The school will send you information about each trip or activity before it takes place and should you prefer for your child ***NOT*** to join that activity you must contact the school office at least 5 days prior to the trip/activity date

Please note additional written consent ***WILL*** be requested for any residential trips.

Please keep the guidance above for your own records.





Dear Parent/Carer

To assist our school systems, may we please request that you complete a number of documents and return them to us. Please be assured that in line with the Data Protection Act 1998, the information that you share will be under restricted access and is subject to the provisions of the Data Protection Act 1998. The information will be disclosed only to the Education Authority, Health and Welfare Agencies, where law or an emergency necessitates a disclosure.

Information for you to complete and return to us include:-

- Medical Information Form
- Medical Consent Form
- Image Consent Form
- Off-Site Visit Consent Form
- Collection of Children Authorisation Form
- School Closure Arrangements
- Home School Agreement

Please return your completed forms to the class teacher either by hand or by post. Should you require any further assistance, please do not hesitate to contact any of our friendly office team who are happy to help.

Yours faithfully

Miss R Saggu  
**Head Teacher**

**Seva School, Link House, Eden Road, Walsgrave Triangle, Coventry, CV2  
2TB. Tel: 024 7798 7619**



Service, excellence, virtues and aspiration...

Dear Parent/Carer

Re:- Your Child's Current School

We would like to ask your current child's school to release your child's personal information to Seva School in order that we may ensure a high quality provision for your child in September. Please complete the slip below and either hand it in to your child's school or give it to Seva staff who will send it for you.

Yours faithfully

Ms R Saggu  
**Head Teacher**

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I (Parent Name) -----

Parent of (Child's Name) -----

Parent Address -----

Authorise (School Name) -----

To release all documentation and information regarding my child to Seva School.

- Records of Achievement
- Progress Data especially that which has been submitted either to the Local Authority or the DfE, such as EYFS Assessments, Phonics for Year 1/Year 2 and Year 6 SATS.
- My child's UPN
- Any other information that will help us to ensure that a high quality provision can be structured for my child in September

I understand that Seva School will make contact with you over the next few weeks to arrange the collection or delivery of this information.

**Seva School, Link House, Eden Road, Walsgrave Triangle, Coventry, CV2 2TB, Tel: 024 7798 7619**