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**MARIA FIDELIS CATHOLIC SCHOOL FCJ**

**E N R O L M E N T F O R M (Other than Year 6)**

We are required to collect certain information about you and your child. For more detail on why we collect this data, how we use, store and share it, and your rights in relation to your personal data, please see our privacy notice provided with these forms. It is also available on the school’s website, along with our data protection policy which describes our responsibilities as a Data Controller under current data protection legislation.

**If you require this form in another format, e.g. electronic version or large print, please contact the school on 0207 387 3856.**

|  |
| --- |
| **Student Details** |
| Surname |  | Forename |  |
| Middle name |  | Preferred name |  | Date of Birth |  |
| Gender | Male [ ]  Female [ ]  | Residential Borough |  |
| Address |  |
|  | Postcode |  |

Please give details of all persons who have parental responsibility and anyone else you wish to have contacted in an emergency. **PLACE THEM IN THE ORDER YOU WISH THEM TO BE CONTACTED IN AN EMERGENCY.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Parent/Carer Name** | Title |  | Forename |  | Surname |  |
| Home phone |  | Work phone |  | Mobile |  |
| Email |  | First language |  |
| Address ***(if different from student)*** |  |
|  | Postcode |  |
| **Relationship to student** | Parent [ ]  | Carer [ ]  | Other [ ]  ***(please specify)*** |  |
| **Please tick appropriate boxes** | Parental Responsibility [ ]  | Correspondence [ ]  | Student Report [ ]  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2. Parent/Carer Name** | Title |  | Forename |  | Surname |  |
| Home phone |  | Work phone |  | Mobile |  |
| Email |  | First language |  |
| Address ***(if different from student)*** |  |
|  | Postcode |  |
| **Relationship to student** | Parent [ ]  | Carer [ ]  | Other [ ]  ***(please specify)*** |  |
| **Please tick appropriate boxes** | Parental Responsibility [ ]  | Correspondence [ ]  | Student Report [ ]  |
|  |

|  |  |
| --- | --- |
| **3. Name of Present School** |  |
| Year Group |  | Address of Present School  |  |
| Name of Previous Primary School  |  |
|  |  |
| Date of Baptism |  | Place of Baptism  |  |
| Home Borough |  |
|  |

Please name 2 **additional** people who can be contacted in case of emergency this could be another relative or a family friend.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4. Emergency Contact Name** | Title |  | Forename |  | Surname |  |
| Home phone |  | Mobile |  |
| Work phone |  | Relationship to student |  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5. Emergency Contact Name** | Title |  | Forename |  | Surname |  |
| Home phone |  | Mobile |  |
| Work phone |  | Relationship to student |  |
|  |

|  |  |
| --- | --- |
| **Has your child ever been eligible for free school meals (FSM)?** | Yes [ ]  No [ ]   |
| Please complete and return the free school meals form, even if your child has not been eligible before. **Is your child currently eligible for free school meals?** Yes [ ]  No [ ]   |
|  |

|  |  |
| --- | --- |
| **Sibling(s) in school** | Yes [ ]  No [ ]  |
| Name |  | Class |  |
| Name |  | Class |  |
| Name |  | Class |  |
|  |

|  |
| --- |
| **6. Other Children in Family** |
| **Name** | **Age**  | **School Attended** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **7. Children Known at Maria Fidelis Catholic School**  |
| **Name** | **Year Group** |
|  |  |
|  |  |
|  |  |

**MEDICAL INFORMATION**

Please complete this page with as much detail as possible

|  |  |  |  |
| --- | --- | --- | --- |
| GP Name |  | Telephone |  |
| Practice Name |  |
| GP Address |  |
|  | Postcode |  |
| Does your child have a disability? | Yes [ ]  No [ ]  | Please give details |  |
|  |
|  |
|  |

**Health Questionnaire**

Does your child now have or has your child ever experienced any of the following *(please tick all that apply)*:

[ ]  Any sustained injuries/illnesses

[ ]  Asthma or other respiratory problems

[ ]  Chest pains

[ ]  Diabetes

[ ]  Epilepsy

[ ]  Family history of heart disease

[ ]  Difficulty with any form of physical exercise

[ ]  Migraine/dizziness

[ ]  Muscular/joint problems

[ ]  Recent surgeries

[ ]  Severe allergic reaction *(please provide further information below)*

[ ]  Currently taking any medication

If you ticked any of the above please give details i.e. severity of condition, frequency of medication, etc. *(continue on a separate page if necessary).*

**Allergic reactions**

Known allergens *(including food)* \_\_\_\_\_\_ \_\_\_\_\_\_\_

How does your child react to the allergen(s)?

Does your child have an epi-pen? Yes [ ]  No [ ]

What treatment has been used to date for this reaction? \_\_\_

Please can you identify any other medical condition that your child suffers from that has **not** been listed.

If you require the school to store any medication for your child or if your child needs to carry any medication on them, you must complete the appropriate forms – available on our website or from the school Reception.

**Other**

Does your child wear glasses? Yes [ ]  No [ ]

**ETHNIC MONITORING**

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

Please study the list below and tick one box only to indicate the **ethnic background** of the child named above. Please also tick the Religion and Home Languages section, and who filled in the form.

**ETHNIC ORIGIN**

**White** British Irish

Traveller of Irish Heritage

Gypsy/Roma

**Any Other White Background**

Greek

Greek Cypriot Turkish Turkish/Cypriot

Albanian (excluding Kosovan)

Kosovan

White European

White Other

**Mixed**

White & Black African

White & Asian

White & Black Caribbean

Other mixed background

**Asian or Asian British**

Bangladeshi

Indian

Pakistani

Any other Asian

**Black or Black British**

Caribbean Somali Nigerian Congolese

Other Black African

Any other Black background

**Chinese**

**Any Other Ethnic Background** Latin/South/Central American Kurdish

**Other Ethnic Group**

I do not wish an ethnic background category to be recorded

**Country of Origin:**

**Length of time in the UK:**

**HOME LANGUAGES**

Albanian

Amharic

Arabic

Bengali

Chinese

Danish

Dutch/Flemish

English

Finnish

French

Gaelic (Scotland) Gaelic/Irish German

Greek

Gujarati

Hebrew

Hindi

Italian

Japanese

Korean

Kurdish Norwegian

Panjabi

Persian/Farsi

Polish

Portuguese

Russian

Serbian/Croatian/Bosnian

Somali

Spanish

Swahili/Kiswahili

Swedish

Tamil

Turkish

Urdu

Vietnamese Welsh/Cymraeg

Yoruba

Other please specify:

**RELIGION**

Buddhist

Roman Catholic

Christian ***(other)*** Hindu Jewish Muslim

Sikh

No Religion

Not specified

Other please specify:

**Information provided by**

Parent/Carer

Student

**THE DISABILITY AND EQUALITY ACT**

**Disability Monitoring**

Maria Fidelis Catholic School FCJ prides itself on being a fully inclusive school. We would like to ensure that parents/carers and students have full access to the school and the curriculum. If you consider that you, or your son/daughter, has a disability, please fill in this section.

*‘A person has a disability if he or she has a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities. This includes people with HIV, cancer and multiple sclerosis from the point of diagnosis.’*

Long term means that the effect of the impairment has lasted, or is likely to last, for at least 12 months.

**STUDENT PARENT/CARER Do you consider yourself to be disabled? Yes No Yes No**

If Yes, please tick the box which best describes your condition below:

|  |  |  |  |
| --- | --- | --- | --- |
| Dyslexia |   |  | 01 |
| Blind/partially sighted |  |  | 02 |
| Deaf/hearing difficulties |  |  | 03 |
| Wheelchair/mobility difficulties |  |  | 04 |
| Personal care support |  |  | 05 |
| Mental health difficulties |  |  | 06 |
| Unseen disability e.g. diabetes |  |  | 07 |
| Multiple disabilities |  |  | 08 |
| Autistic Spectrum Disorder |  |  | 09 |
| Other – please specify: |  |  | 10 |

**Are you registered as disabled?** Yes No Yes No

**Registered Number (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

It can help us to ensure effective inclusion of everyone if we can identify anything that poses a barrier to your full participation. What are the biggest barriers for you in doing what you want to do in this school?
***(Please tick any that apply)****.*

**STUDENT PARENT/CARER**

|  |  |  |
| --- | --- | --- |
| Access to buildings, streets and transport vehicles  |   |   |
| Written information or communication |   |   |
| Verbal or audible information/communication |   |   |
| People’s attitudes to you because of your physical or mental impairment |   |   |
| Lack of reasonable adjustments |   |   |
| Policies or procedures such as the fire evacuation procedures |   |   |
| Other barriers (*please specify):* | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

**Additional Needs**

Help received at Secondary School / involvement of any other agencies.

Help that may be needed / other relevant information.

**Additional Information**

Extra-Curricular interests:

Any skills parent/carer could offer:

Any skills parent/carer would like support with:

**Transport to School**

Please write in your post code and tick the box that best describes how your son/daughter will get to school. There may be more than one way.

**Student Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Walk  Car Share  Tram/Light rail

Public Bus Service  Cycle  Taxi

Car/Van  London Underground  Other ***(please specify)***

**Name of person who is filling out this form:**

**Relationship to child:**

**Sign: Date:**

**For Official Use Only:**

**Transfer Form received : Yes** **[ ]  No** **[ ]  School LA**

**Place offered : Yes** **[ ]  No** **[ ]**

**Place accepted : Yes** **[ ]  No** **[ ]**

**Interview Date: Time:**

**Tutor Group: House:**

**This form should be returned**

**to Maria Fidelis Catholic School FCJ**

 **1 - 39 Drummond Crescent,**

**London**

**NW1 1LY**

**For the attention of Ms. Leanna Morris, Executive PA to Headteacher**

**Email:** **admissions@mariafidelis.camden.sch.uk**

**ROMAN CATHOLIC SCHOOL**

**RECOGNITION AND ACCEPTANCE OF THE SCHOOL’S**

**ROMAN CATHOLIC RELIGIOUS ETHOS**

1. MARIA FIDELIS Roman Catholic School has been founded to provide for the educational needs of Catholic families in this part of the diocese of Westminster.
2. The constitution of the school states:

“Religious observance and education in the school shall be in accordance with the Rites and practice and doctrines of the Roman Catholic Church”.

1. The bishops, the trustees who are the Society of the Faithful Companions of Jesus, and the Governors of the school intend that pupils should receive an education of a high standard provided by teachers dedicated to the task of the Christian formation of children and young people in an atmosphere pervaded by Gospel values and the message of Christ.
2. This means that Religious Education, while given full expression in the prayer life of the school, its acts of worship and instruction in the faith, is not limited to these.

As the Bishops have said, “The beliefs and values it communicates should inspire and unify every aspect of school life. It should provide the context for, and substantially shape, the school curriculum, and offer living experiences of the life and faith in its practical expression.” (Statement from Bishops’ Conference 1988)

Partnership with parents, the primary educators of their children, has long been a principle embedded in Catholic education. The Governors value and welcome, above all, the co-operation of parents in seeking to achieve these aims for pupils attending the school.

1. The Governors have agreed that all parents seeking a place at this school should be asked to signify that they understand and accept this statement of purpose and aims for pupils at the school.
2. I ……………………………………………………………………………………………………………

have read and understand the statement of aims and purpose made above which I agree to support for my child(ren), should I be offered the pupil place(s) I have requested.

 **Signed: ..……………………………………………… Parent(s): ………………………………………………………………….**

**Date: ……………………………………..**