



CHELLASTON INFANT OR JUNIOR SCHOOL

Pupil Admission Form 2025/26

Student Details

Sight of your child's **birth certificate or passport** is required to confirm name and date of birth. We will also need to see proof of your address.

Legal first name _____

Preferred name (if different): _____

Middle names: _____

Legal surname: _____

Preferred surname (if different): _____

Date of birth: _____ Girl / Boy (please circle)

ID provided: passport or birth certificate number: _____

Seen by office staff _____

Student address: _____

Country of Birth

Ethnicity

Nationality

Religion

Languages
spoken

Native/First:

Home:

Other (can speak/understand):

If parents are separated, who has custody of the child? (Please circle) **Mother / Father / 50/50**

Mother's name: Address: (if different to child's) Post code: Mobile: Work number: E-mail address: Occupation: Parental responsibility - Yes/No Emergency Contact Position: (1 st / 2 nd / etc)	Father's name: Address: (if different to child's) Post code: Mobile: Work number: E-mail address: Occupation: Parental responsibility - Yes/No Emergency Contact Position: (1 st / 2 nd / etc)
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Family Details and Other Information

Family Situation Two adults / single parent / foster family	Two adults ☐ Single parent ☐ Foster family ☐
In Care Status Is this child in care?	☐ Yes ☐ No
Traveller Status Is this child a traveller?	☐ Yes ☐ No
Armed Forces Does this child have a parent in the armed forces?	☐ Yes ☐ No

Siblings in Chellaston Infant and/or Junior School Note: The names of this child's siblings in the infant and/or junior school, if any and their class/year group	
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What is the name of your child's current/last school?

Name of School	Date of leaving
Why do you want your child to move to this school?	

To help us make sure your application is dealt with quickly please complete the following:

Does your child have a Statement of special education needs or an Education, Health and Care Plan?	Yes / No
Does your child have any mobility/physical disabilities? If 'Yes', please give details:	Yes / No
Is your child 'looked after' by the Local Authority? If 'Yes' please give the name of the Local Authority responsible for the care of your child.	Yes / No
Has your child ever been permanently excluded from school? If 'Yes' please give the name of the school: Date of permanent exclusion –	Yes / No

Emergency Contact Details

Please give the names of the people we should contact in case of an emergency in the order of contact

Contact Name <i>Note: Title, First name and surname</i>	
Relationship <i>Note: Contact's relationship to this child</i>	
Responsibility <i>Note: Does this person have parental responsibility?</i>	☐ Yes ☐ No
Permission to Collect <i>This person has permission to collect this child without prior arrangement</i>	☐ Yes ☐ No
Address <i>Does this contact have the same address as the child?</i>	
☐ Yes ☐ No	
Mobile Number	
Work Phone Number	
Home Phone Number	
Email Address	

Contact Name <i>Note: Title, First name and surname</i>	
Relationship <i>Note: Contact's relationship to this child</i>	
Responsibility <i>Note: Does this person have parental responsibility?</i>	☐ Yes ☐ No
Permission to Collect <i>This person has permission to collect this child without prior arrangement</i>	☐ Yes ☐ No
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☐ Yes ☐ No	
Mobile Number	
Work Phone Number	
Home Phone Number	
Email	

Doctor's Contact Details

Surgery / Practice Name	
Doctor's Name	
Address	
Surgery Telephone Number	
NHS Number	

Any physical or educational needs that your child has that we need to be aware of.

Following the introduction of the Equality Act 2010 schools are required to gather some information about our children and families regarding disability. The Equality Act states that someone is disabled if 'they have a mental or physical impairment which has substantial and long term adverse effect on their ability to carry out normal day to day activities'.

Any medical condition? (eg asthma, diabetes, sickle cell etc)**Condition**

Critical Yes ☐ No ☐

Emergency Action

Dietary Information**Note:**

any dietary information regarding this child, including allergies, intolerances (Proof required) or religious reasons.

Do you think you may be entitled to free school meals? (please circle) **Yes / No**
(This will be checked at point of admission)

FREE SCHOOL MEALS Our Online Eligibility Checking Service

The Government provides schools with additional funding for any pupil who has been eligible for free schools meals within the last 6 years. Checking eligibility for free school meals benefits both the child/child's family AND the school. Some families may be entitled to free school meals which could save parents nearly £15 per week, per child, which is nearly £600 per year per child at school.

We have a system that enables us to check any parents' eligibility against the data held by the Department for Education's Eligibility Checking Service (ECS). As pupils' circumstances may change at any time, once we have entered a parent's details, the system will regularly update and we will have access to up-to-date information without ever needing to contact you again.

This service offers a number of benefits for parents/carers, including:-

- Offering a faster, simpler and more convenient application process
- Delivering instant notification of entitlement
- Reducing application errors through computer assisted validation
- Removing the need for reapplication where eligibility continues
- Removing the need for face-to-face meetings as these will no longer be required for application
- Removing the need for parents having to go to Derby City Council's offices, as everything will be done at CJS.

All we require is your name, date of birth and National Insurance Number. Please complete the slip at the end of this form and return it to school.

Alternatively, you can register yourself by logging on to <https://www.cloudforedu.org.uk/ofsm/link2ict> or call in at the school office and let a member of the office team help you by logging on whilst you complete your check.

Pupil Premium and Free School Meal Funding Checking Service

I am/am not in receipt of any of the above benefits and give consent to you using the information below to check eligibility for funding.

Parent's name	Parent's DOB	Parent's NI Number
Parent's name	Parent's DOB	Parent's NI Number

I confirm that:

- I wish to make an application for a place at **Chellaston Infant/Junior School**.
- I certify that I am the person with parental responsibility for the child named on Page 1 of this form and that all the information given on this form is correct.
- I understand that my child's place may be withdrawn if it is proven to have been obtained on the basis of fraudulent or misleading information.
- **I enclose proof of permanent residency for the home address given on the application.**

Note: All information provided will remain with your child, unless you change it.

Signed _____ (parent/carer) Date _____

Print name _____

Please return this application to:

Mrs J Davis, Chellaston Junior School, Maple Drive, Chellaston, DERBY, DE73 6PZ