



C/O Newlyn School
Carne Road
Newlyn
Cornwall
TR18 5QA

Tel: 01736 363059

Email: newlyn@tpacademytrust.org

2025/26 Admissions Form

Confidential Admission Form:

The information given here will be recorded and maintained on the schools information management systems, this data will be accessible only to authorised personnel and subject to control under the data protection act.

We are collecting this personal information from you for the purposes of providing an education to your child and need to process data for the purposes of complying with a legal obligation or performing our public function. You have rights in relation to your personal data and these are set out in our privacy notice available at www.newlynschool.co.uk

NAME OF PARENT(S): (Full individual details to be included in the contact area below)				
PUPIL DETAILS				
Legal Forename:	Preferred Forename:			
Middle Name(s):				
Legal Surname:	Preferred Surname:			
Previous surname(s) if relevant:	Date of Birth: / /			
Age at Admission: Yrs ____ Mths ____	Gender: Male <input type="radio"/> Female <input type="radio"/>			
PASTORAL / REGISTRATION INFORMATION: FOR OFFICE USE ONLY				
Class:	House:			
Year Group:				
Enrolment Status:				
Admission Date:	Admission Number:			
UPN:	Attendance Mode: AM / PM / ALL DAY			
Part Time Details:	Start Date / / End Date / /			
Pupil Premium: <input type="radio"/>	SEN: <input type="radio"/>			
Birth Certificate Seen: <input type="radio"/>				
Early Years Attendance Patterns:				
MON: AM /	TUES: AM / PM / All day	WED: AM / PM / All day	THURS: AM / PM / All day	FRI: AM / PM / All day
Notes:				
CTF <input type="radio"/> Paper File <input type="radio"/> Documents <input type="radio"/> Assessment Data <input type="radio"/>				
PUPIL ADDRESS The address at which the child lives the majority of the time in a typical week.				
Post Code:	House Name/Number:			
Street/District:	Town/City:			
Tel (Home):				

FAMILY/HOME**Contact - Priority 1**

Title:	Forename:	Surname:		
Contact Type:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>		
Court Order <input type="checkbox"/> Please give details				
Phone Numbers (in order of priority)	Type	Notes (e.g. days worked)		
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>			
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>			
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>			

Email Address:

Address Details (if same as applicant just tick here)

Post Code:	House Name/Number:
Street/District:	Town/City:

Additional Information:

Contact - Priority 2

Title:	Forename:	Surname:		
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>		
Court Order <input type="checkbox"/> Please give details				
Phone Numbers (in order of priority)	Type	Notes (e.g. days worked)		
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>			
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>			
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>			

Email Address:

Address Details (if same as applicant just tick here)

Post Code:	House Name/Number:
Street/District:	Town/City:

Additional Information:

Contact - Priority 3

Title:	Forename:	Surname:		
Relationship to Pupil:		Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence <input type="checkbox"/>		
Court Order <input type="checkbox"/> Please give details				
Phone Numbers (in order of priority)	Type	Notes (e.g. days worked)		
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>			
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>			
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>			

Email Address:

Address Details (if same as applicant just tick here)

Post Code:	House Name/Number:
Street/District:	Town/City:

Additional Information:

Contact - Priority 4

Title:	Forename:	Surname:		
Relationship to Pupil:		<input type="checkbox"/> Parental responsibility <input type="checkbox"/> Pupil Report <input type="checkbox"/> Correspondence		
Court Order <input type="checkbox"/> Please give details				
Phone Numbers (in order of priority)		Type	Notes (e.g. days worked)	
1		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>		
2		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>		
3		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>		
Email Address:				
Address Details (if same as applicant just tick here) <input type="checkbox"/>				
Post Code:		House Name/Number:		
Street/District:		Town/City:		
Additional Information:				

FAMILY LINKS Please list brothers and sisters (including half/step family) currently at this school

Surname	Forename	Gender	Date of Birth	Same Address?
		M / F		Y / N
		M / F		Y / N
		M / F		Y / N

DIETARY INFORMATION

What meal arrangement will the child typically have? (Please tick one only) School Meal Packed Lunch
 Go home

The government provides a free meal for all school aged children in year 2 or below.

Do you believe the child would be eligible for a free meal if the government was not doing this? YES/NO

Please indicate any relevant food allergies or dietary needs:

MEDICAL INFORMATION

Emergency Medical Consent *(Ticking this box confirms that you authorise the school to initiate appropriate medical treatment in the event of an emergency).*

Medical Practice:

Practice Address:

Doctor's Name:

Practice Telephone:

Please indicate any known medical conditions below:

CHILDCARE PLACEMENT HISTORY (Childminder, Nursery etc)						
Previous Setting Name:		Previous Address:				
Previous Setting Tel Number:						
Dates Attended: From (dd/mm/yy): To: (dd/mm/yy):						
ETHNIC / CULTURAL INFORMATION						
Ethnicity:		Religion:				
First Language:		Home Language:				
Country of Birth:		Nationality:				
Additional Information:						
Traveller Status: Y / N If Yes, please provide the following: Traveller Status: <input type="checkbox"/> Gypsy/Roma (Housed) <input type="checkbox"/> Gypsy/Roma (Travelling) <input type="checkbox"/> Occupational (Traveller) <input type="checkbox"/> Traveller (Other) From (Date):						
EARLY YEARS FUNDING INFORMATION AND HOURS						
Please fill in the table below to let us know what hours you require. Thank you						
	Mon	Tues	Wed	Thurs	Fri	Total Hours
Government Funded Hours						
Extra Hours						
Wrap Around Hours						
EARLY YEARS FUNDING CONT'D						
Please indicate which type of government funding you are in receipt of? <input type="checkbox"/> 15 hours <input type="checkbox"/> 30 hours <input type="checkbox"/> 2 year old funding						
If you are in receipt of new funding please ensure you bring your child's passport or birth certificate so we can finalise the funding.						
If you believe you may eligible to receive 2 year old funding please apply with Cornwall Council via the following link— https://cornwall.cloud.servelec-synergy.com/SynergyWeb/						



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2024/25 Consent Form

This form encompasses a number of requests for which the school needs parents' consent. Please read through each section and sign where appropriate to enable your child to take part in a range of educational experiences and for us to share many special moments with you via Social Media.

Please complete each section and return it to the School Office.

(If you have more than one child in school, please complete one booklet for each child)

Your Child's Name: _____

Parent's email address _____

SECTION 1:

Newlyn School Home/School Agreement

Newlyn School will:

- Ensure your child's physical and social well-being while promoting confidence, self-worth and strong feelings of belonging.
- Deliver a balanced, creative and carefully planned curriculum that inspires a love of learning, meeting the needs of your child using the locality around us to offer exciting learning opportunities.
- Actively welcome parents/carers into the life of the school and ensure that teaching staff are available, by mutual agreement, to discuss any concerns you might have about your child's progress or general welfare.
- Keep you informed via email, the school website, Seesaw, school blog and Facebook (our school newsletter) about school policies, guidelines and all other aspects of school life including specific information regarding your child.
- Ensure that all teaching staff keep up-to-date with important educational developments and initiatives which might affect your child, and to inform you of these at given meetings where appropriate.
- Communicate successes of learning through the platform of Seesaw allowing active engagement of parents/carers.

Ms Lauren Connolly (Headteacher)

SECTION 5: Data and images:

Truro & Penwith Academy Trust – Media Consent Form

At Newlyn School we sometimes take photographs of pupils. We use these photos in the school's prospectus, on the school's website, on display boards around school, in newsletters, on school social media accounts and for the press.

As a TPAT School, Truro and Penwith Academy Trust would also like to use these photos on the trust's website, in newsletters, marketing materials, for the press and social media accounts.

We would like your consent to take photos of your child and use them in the ways described above. Note that the period of consent will cover while they are on the school roll and up to five years after their leaving date.

We will accommodate your preferences please indicate by circling yes or no for all the items below and return the completed form to school.

I give consent for my child's photograph to appear in publications that the school or trust produce for promotional purposes such as a prospectus both printed and online.	Yes	No
I give consent for my child's photograph to appear in the school or trust newsletters (which may be published online).	Yes	No
I give consent for my child's image to be used on the school/trust website and social media.	Yes	No
I give consent for video of my child to be used on the school/trust website and social media.	Yes	No
I give consent for my child and their details to appear in the media. For example, in the local press, radio or TV. This may be printed or on their social media.	Yes	No
I give consent for my child to be included in any school/trust or class yearbook and other mementos on leaving the school/trust.	Yes	No
I give consent for my child's name to be released for publication such that they may be identified as an individual or as part of a small group to including sporting activities for fixtures and achievements. For example, raising money for charity that is recognised in the local media.	Yes	No
I give consent for my child to be photographed for school/trust group photos, that may be sent out and then bought by other families who have children in the photo.	Yes	No
I give consent for a professional photographer to take photographs and release to my family for sale.	Yes	No
Are there any reasons why your child cannot participate in events and performances that may be recorded or photographed and shared with the school/trust community? If yes, please contact school to explain your concerns.	Yes	No
Biometrics		
I give consent to information from the finger scan of my child (named above) being taken and used as part of an automated biometric recognition system for access to cashless dining facilities, library and in school/academy ICT services. I understand that I can withdraw this consent at any time in writing.	Yes	No

The Pupil: Please read and discuss this section with your child

At Newlyn School and Stepping Stones we aspire to be the best we can be. Pupils agree to our 6 virtues:

Perseverance, Responsibility, Respect, Truthfulness, Kindness & Courage

- > **Respect** others and treat everyone as they would like to be treated themselves.
- > **Value everyone, harnessing individuality and creativity knowing that kindness is our superpower.**
- > Be responsible with our belongings, school
- > **Work hard** and **try their best** remembering not to disrupt the learning time of other children
- > Be **courageous** in their **honesty** when they make mistakes, and take pride in being trustworthy
- > Actively engage in our **Responsibility Program** and become an active member of our school family.

I have discussed this section with my child. Signed (Parent/carer's): _____

SECTION 2: Parental Consent to allow children to take part in school activities

Consent for local educational visits

As part of Adventurous Curriculum, we enjoy taking children out of school for education experiences, sometimes at short notice where opportunities are too good to miss. For example to the local library, local sporting events or charity events in the village. Children will always be supervised at these events with the correct ratio of staff and parents will always be informed of such activities before the event takes place. However, to save asking for individual consent on each occasion, we would like you to sign this one consent for this academic year.

I give permission for my child to walk to and from local learning activities and events during the school day including Newlyn Village and Harbour, Newlyn & Penzance Prom and Beach, Penlee Park, Morrab Gardens & Penzance town centre (Library). Yes / No

PG Films

From time to time, staff are following topics for which there may be appropriate films to enhance the learning experience for children. Sometimes these are PG (Parental Guidance certificates.) Obviously we are not going to show anything inappropriate but it would be helpful to know that you are comfortable with us showing material which has this certificate.

I give permission for staff to show PG films and/or extracts of films to my child to support their learning.

Yes / No

Cookery

Children maybe be involved in a range of cooking activities as part of their curriculum.

I give permission for my child to taste the food that they make during DT lessons or as part of work they may undertake in class. Please note that all allergy information will be taken in to considerations. Yes / No

Signed (Parent/carer's): _____