RAMRIDGE PRIMARY SCHOOL

Admissions Procedure

Date:	September 2025	**Review Date:**	September 2027
Ratified:			

Ramridge Primary School is a community school therefore admissions to the school are managed by Luton Education Authority. Luton operates a catchment area system.

The standard number of admissions for Ramridge Primary School is 60 in any one school year. If there are more applications than this, places are allocated based on the following priorities:

- Pupils who are 'looked after' by a local authority
- Pupils living within the school's catchment area
- On medical grounds supported by medical evidence
- Pupils with sibling(s) already in the school
- Pupils from out of the school's catchment area who live at the shortest distance, measured in a straight line, between the central point of the main school site and the pupil's home address, with those living closest to the school being accorded higher priority.

Children with an Education Healthcare Plan do not need to comply with the above criteria.

DEFINITIONS

Siblings
The term 'siblings' includes both natural, adopted and stepsiblings. It also includes fostered siblings, where foster care has been arranged by Children and Family Services. Other family relationships such as cousins will not be considered under this criteria.

Medical Grounds
This refers to the health of the child for whom a place is being requested and for whom the requested school is the most suitable in the area to meet the child's medical needs. It must relate to a recognised medical condition for which the child is receiving treatment. Medical evidence must be provided to substantiate the claim. The medical evidence will be sent to the Health Authority for advice in determining whether the child should be prioritised on medical grounds with regard to admission to the requested school.

Home Address
The Local Authority regard a pupil's home address as where they spends the majority of the school week (i.e. Monday to Friday, including nights) with their parent or legal guardian. The address of a childminder or family member who look after the child before or after school cannot be used. All new admissions will be required to show proof of address.

Catchment Areas
Details of catchment areas can be found on the Council's website at www.luton.gov.uk/admissions. A catchment area list can be viewed via the link entitled *What's my catchment area school?*

Admissions to Ramridge Primary School

All admissions to Ramridge Primary School are managed by Luton Borough Council, with the exception of Nursery places.

For admission to our Nursery classes, parents can express interest in a place. These request forms are used to compile an admissions register which records each child's date of birth but also the date the application was received.

We have two cohorts of nursery pupils. We have the -1 cohort who will be starting Reception class the following September - our 'Starting School' pupils (Cherry Blossom). There are 60 30-hour spaces available in this cohort.

We also offer 20 -2 cohort spaces (morning or 30-hour for those eligible) for pupils who have just turned 3. (Apple Blossom)

Children who have applied and been offered a place in our nursery will be admitted during the first week of each half term during our intake weeks.

Admission to the Nursery is in line with the existing admission policy for the Primary School. Should there be more interest in the Nursery than places available, then the waiting list will be held in the following categories;

- Children with an Education Health Care Plan.
- Brothers and sisters of pupils attending the school or nursery unit when the pupil starts at the school.
- Those intending to apply for school place at Ramridge Primary School
- Pupils living in the catchment area of the school.
- On medical grounds supported by medical evidence.
- Children of staff who work at the school.
- On the shortest distance, measured in a straight line, between the main entrance of the school site and the pupil's home address, those living closer to the school being accorded higher priority.

Nursery pupils could be removed from the nursery roll if there is a significant period of non-attendance.

From the admissions list either from the Local Authority for school places or our own records in the case of admission to nursery, pupils are identified, a home visit will be arranged and a start date decided.

Once a child has been allocated a place at Ramridge, the following procedure will then take place:

SCHOOL ADMISSIONS CHECKLIST

PUPIL NAME …… CLASS …….

TASK	TIMESCALE	SIGN WHEN COMPLETED
Pre admission tasks		
Admissions officer receives basic admissions information from LBC.	To be completed within 2 working days	
Admissions Officer informs Head of Safeguarding and Inclusion to discuss any new admissions.		
The Inclusion Team arrange a home visit.		
Admission process		
Home visit - complete school admissions form. Offer a school tour and arrange a date if required. **Proof of identify, proof of address and any medical evidence MUST be collected at this point - start date cannot be given until this has been seen.** Enquire about any additional needs for SEND, healthcare plans or dietary/ medical needs.	To be completed within 1 week of the initial contact with family (Monday / Tuesday)	
Eligibility for FSM checked with parents.		
Give Induction pack parents/carers, including uniform requirements (direct to school website), school meals information, basic school details around timings of the day, PE requirements etc.		
Office manager to ensure book labels are prepared for the class teacher.		
Contact child's previous setting (if applicable) – safeguarding concerns, attendance, academic levels, SEND.	Within 2 days of home visit	
Office Manager to check eligibility / apply for FSM / 30 hours funding / EYPP.	Within 2 days of home visit	
Family Workers to inform class teacher of pupil's name, start date and basic information via the Teacher Information Form.	Within 2 days of home visit	
Admission of pupil		
Pupil starts school.	The Monday following the home visit	
Office manager to add pupil's full details (inc. previous setting name) are added to Arbor	On the child's first day	
Family Workers to add any admissions documentation and/or information added to CPOMS	Within 2 days of the child starting school	
Seen by Head of Safeguarding and Inclusion:		

SCHOOL ADMISSIONS FORM

Please complete all the information accurately to ensure that the information we hold on your child is correct.

START DATE …… YEAR …… CLASS …… UPN: ……

CHILD'S CORE INFORMATION

Legal Forename		**Legal Surname**	
Middle name		**Chosen Name**	
Date of birth		**Gender**	
Address including post code			

PROOF OF ADDRESS:

Type:	**Seen by:**

COUNTRY of birth:	

PERSONAL INFORMATION

ETHNICITY:

Definition: Ethnicity is a group of people who share a common cultural heritage, including factors like language, traditions, and ancestry.

Please tick ✓

White - British		White and Black Caribbean		Indian		Black-Caribbean	
White European		White and Black African		Pakistani		Black – African	
White Eastern European		White and Asian		Bangladeshi		Black – British	
Gypsy/Roma		Any other mixed background		Chinese		Any other black	
Albanian				Other Asian			
White – Other							

NATIONALITY: **(As stated on Passport)**	

PROOF OF IDENTITY

Document type:	Issue date:
Document number:	Expiry date:
Seen by:	

RELIGION

Please tick ✓

Buddhist		Jewish		No Religion	
Christian		Muslim		Other Religion	
Hindu		Sikh		Refused	

PARENT/CARER DETAILS (If you have guardianship of the child you will need to provide documentation to support this)

Person	Contact 1	Contact 2
Mr/Mrs/Miss/Ms		
Full Name		
Relationship to pupil		
Address		
Mobile number		
Work number		
Email address		
Parental Responsibility	**Yes / No**	**Yes / No**
Permission to take home	**Yes / No**	**Yes / No**

ADDITIONAL EMERGENCY CONTACTS Please give details of persons you wish to be contacted in the event of an emergency

Person	Contact 3	Contact 4
Mr/Mrs/Miss/Ms		
Full Name		
Relationship to pupil		
Address		
Contact number		
Email address		
Parental Responsibility	**Yes / No**	**Yes / No**
Permission to take home	**Yes / No**	**Yes / No**

Please note that we will not allow your child to leave school with anyone not listed unless we are informed beforehand. Without permission we do not allow children to leave with anyone under the age of 16.

PUPIL SIBLINGS

Name	Date of birth	School

HOME LANGUAGE **THIS IS THE LANGUAGE THAT YOUR CHILD WAS FIRST EXPOSED TO, AND MAY STILL BE SPOKEN REGULARLY AT HOME.**	
ANY OTHER LANGUAGES SPOKEN	

If English is an additional language, how fluent are they in speaking the language? (✓)

Fluent	Common words only	None	Language spoken

Does your child have any birth marks that may resemble bruising?

Yes No

If yes, provide details .....

.....

SCHOOL MEAL ARRANGEMENTS

Please select ✓

FREE school meal ALL children in Reception, Year 1 or Year 2 are entitled to Free School Meals.		**PAID school meal** (Years 3, 4, 5 and 6 and Nursery 30 hours)		**Packed lunch**	

Dietary Requirements	**Please ✓ if relevant:**			
Has your child any special dietary needs?	**Vegetarian**		**Kosher**	
	Vegan		**Halal**	
	Other			

Does your child suffer from any allergies? ***If YES – Please attach medical evidence***	

Is your child looked after, been previously looked after, privately fostered or subject to a special guardianship order? Please tick ✓	
Yes	**No**
If 'yes' please provide/attach details	

Have you or your family at ANY time been involved with Social Care or Family Partnership?
YES / NO
If yes please provide/attach details:

……

……

……

Are there any court orders relating to either you, your child or your family in place? (✓/x) ☐
If yes, copies are required to hold on file. Please attach or provide details.

……

MEDICAL DETAILS

Child's NHS Number	
Medical Practice Name	
Address	

Dental Practice Name	
Address	

Does your child have any medical conditions or disabilities? **Does your child have a care plan?** ***Medical evidence to support this.***	

Any other special needs - Please specify	

Outside Agencies	**Please ✓ if relevant:**			
Are any of the following agencies currently involved in your child's care?	**Child Development Centre**		**SENS services**	
	Speech and Language Therapy		**CAMH**	
	Hospital / Medical services			
If involved with outside agencies, please provide any reports.	**Other:**			

Have any concerns been raised about your child's development? YES / NO
If yes please provide/attach details:

……..

……

During the course of the academic years ahead we will be carrying out assessments to track your child's progress. If we are concerned with your child's development and progress it may be necessary to seek advice from other professional bodies. If this is the case, we will speak to you about our concerns before progressing.

PERMISSIONS

Off-site activities

- For **most** off-site activities offered by our school which are part of our curriculum – for example, year-group visits during the day to local amenities – we will:
    - Tell you in advance what they are and when they will happen
    - Give you the chance to *withdraw* the consent which you're giving via this form
- For off-site activities that are **residential** or require **specific consent**, we will instead:
    - Tell you in advance what they are and when they will happen
    - Ask you to separately *confirm or withdraw your consent* for your child to attend
- You can withdraw consent at any time for any school trips or activities

I give my permission for my child to: Please tick ✓

Take part in school trips and other activities that take place off school premises, including: ○ All visits (including residential trips) which take place during the holidays or at a weekend ○ Adventure activities at any time ○ Off-site sporting fixtures outside the school day I am aware that I will have an opportunity to re-confirm or withdraw my consent before any residential trips, or any other trips that need specific consent.	

Medical consent

I give my permission for: Please tick ✓

My child to be given first aid by a trained member of staff during any on-site or off-site activity	
My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity. In an emergency: • The school can consent on behalf of your child (on the basis of 'loco parentis') • Medical professionals can consent on behalf of your child	
A member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted.	
Plasters to be applied to my child	
My child to use anti-bacterial hand gel	
My child to be assisted in applying sunscreen, if necessary	

FOR EARLY YEARS ONLY – SCHOOL MILK Please tick ✓	**YES**	**NO**
Children in Early Years are entitled to free milk every day at school. Please indicate if you would like your child to receive milk.		

HEALTH AND SAFETY IN P.E Please tick ✓	**AGREE**	**DO NOT AGREE**
Jewellery, with the exception of watches and earring studs, should NOT be worn. However, if watches and earring studs are worn they must be removed for all PE and swimming lessons.		

Occasionally, we take photographs and video recordings of the children at our school to record and enhance their enjoyment of the curriculum. We also use these images as part of school displays and sometimes in other printed publications. We may also use them on our school website, and school social media sites such as our Twitter account and Facebook page to communicate with parents/carers about important school news and for marketing purposes. From time to time we may also send images to the news media, or our school may be visited by the media who will take their own photographs or film footage (for example, of a visiting dignitary or other high-profile event). We will only do this if we have your consent. You can give your consent, or withhold it, and you can change your mind at any time. Please note:

- The images we take will be of activities that show the school and children in a positive light.
- We will make every effort to ensure that we do not allow images to be taken of any children for whom we do not have permission or who are 'at risk'.
- We will take all reasonable measures to ensure the images are used solely for the purposes for which they are intended.

I consent to photographs of my child being used in/on: Please tick ✓	**Agree**	**Do not agree**
Audio/ photo/ video use		
Prospectuses, brochures, leaflets, banners and signs for marketing the school		
School displays or exhibitions		
School Newsletters		
Social media/ internet-based information e.g. school website, school Twitter feed, school Facebook page		
School Photographer - I understand this printed/digital photograph can be purchased only by the parent/carer.		

EDUCATIONAL HISTORY

Previous School name and address	
Previous School Telephone:	

Pupil Premium

Your child is eligible for free school meals if you're in receipt of one of the following benefits:

- Universal Credit
- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under Part 6 of the Immigration and Asylum Act 1999
- The guarantee element of Pension Credit
- Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)
- Child Tax Credit (with no Working Tax Credit)

If your child is eligible for free school meals, they'll remain eligible until they finish the phase of schooling (primary or secondary) they're in.

Please tick the box if you think your child may be eligible for Pupil Premium Funding (this will ensure that your child will always have a free school).	Yes	No
Benefits received		

PARENT/CARER DETAILS

	Parent/Carer 1	**Parent/Carer 2**
Last name		
First Name		
Date of Birth	D M Y	D M Y
National Insurance Number*		

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	

I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	□
I agree to providing a full change of clothes to be kept at school in case of accidents.	□
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	□
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	□
I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	□

Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used for Local Authority purposes. I agree to the Local Authority using this information to enable Ramridge Primary School to claim the Early Years Pupil Premium and/or validate the 30 hours free childcare code. If any of the above information changes, I will inform the school as soon as possible.

Name of parent / carer	
Signature of parent /carer	
Signature of staff member	
Date	

Data Protection Act 2018: The school is registered under the Data Protection Act for holding personal Data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the Department of Education

FOR NURSERY ADMISSIONS ONLY

Is your child talking?	
Can your child dress/undress them self?	
Can your child put on their own coat?	
Will your child ask for help if he/she needs it?	
Is your child toilet trained?	

If not, at what stage of the process are they? .....

.....

How does your child behave at home? .....

.....

How does your child behave when he/she is with other children? .....

.....

Do you have any concerns with regard to any of the following?

Feeding?	
Sleeping?	
Sight?	
Hearing?	
Movement?	

If yes, please give further details .....

.....

EARLY YEARS PUPIL PREMIUM / 30 HOURS FREE CHILDCARE

We would like to collect information about you and your child. This will help us to provide the best education and support for your child by making sure that if your child is eligible for the Early Years Pupil Premium (EYPP) that we receive this funding. We would be grateful if you could complete this form. Please note that completion of this form is voluntary and non-completion will not affect your child's eligibility for their place at nursery. However, if you do not complete this form, we may not be able to identify whether your child is eligible for the EYPP and we may not receive additional funding to support your child.

PARENT/CARER DETAILS

	Parent/Carer 1	**Parent/Carer 2**
Last name		
First Name		
Date of Birth	D M Y	D M Y
National Insurance Number*		

Teacher information form for In Year Admissions

PERSONAL INFORMATION

Name		**Date of Birth**	
Gender		**Start date session**	

ETHNICITY Please tick ✓

White - British		White and Black Caribbean		Indian		Black-Caribbean	
White European		White and Black African		Pakistani		Black – African	
White Eastern European		White and Asian		Bangladeshi		Black – British	
Gypsy/Roma		Any other mixed background		Chinese		Any other black	
Albanian				Other Asian			
White – Other							

HOME LANGUAGE **THIS IS THE LANGUAGE THAT YOUR CHILD WAS FIRST EXPOSED TO, AND MAY STILL BE SPOKEN REGULARLY AT HOME.**	
ANY OTHER LANGUAGES SPOKEN	

If English is an additional language, how fluent are they in speaking the language? (✓)

Fluent	Common words only	None	Language spoken

RELIGION Please tick ✓

Buddhist		Jewish		No Religion	
Christian		Muslim		Other Religion	
Hindu		Sikh		Refused	

Dietary Requirements	**Please ✓ if relevant:**			
Has your child any special dietary needs?	**Vegetarian**		**Kosher**	
	Vegan		**Pork free**	
	Halal		**No Dairy**	

MEDICAL DETAILS

Does your child have any medical conditions or disabilities? ***Medical evidence to support this.***	
Any other special needs - **Please specify**	

Does your child suffer from any allergies? ***If YES – Please attach medical evidence***	

Does your child have any birth marks that may resemble bruising?

Yes No

If yes, provide details .....

.....

PUPIL SIBLINGS

Name	Date of birth	School

Who will be responsible for collecting your child from school?

.....

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Please email the Office Manager to inform them of what house the child needs to be in.