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| **CONFIDENTIAL ADMISSION FORM** The information given here will be recorded and maintained on the school’s information management systems, this data will be accessible only to authorised personnel and subject to control under the data protection act.**Please note –** **Filling out this form does not constitute an offer of admission.** |
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| **PUPIL DETAILS** |
| Legal Forename: | Preferred Forename: |
| Legal Surname:  | Preferred Surname: |
| Middle Names: |  |
| Previous Surname/s if relevant: |
| Date of Birth: | Gender: Male 🞏 Female 🞏 |

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| **PASTORAL / REGISTRATION INFORMATION: FOR OFFICE USE ONLY** |
| Registration Group: | House: |
| Admission Date: | Enrolment Status: |
| Admission Number: | UPN: |
| Pupil Premium: 🞏 SEN: 🞏 Birth Certificate Seen: 🞏 | Part-time dates: |
| **Early Years Attendance Patterns:** |
| MON: AM / PM / All day | TUES: AM / PM / All day | WED: AM / PM / All day | THURS: AM / PM / All day | FRI: AM / PM / All day |
| Notes: |
| CTF 🞏 Paper File 🞏 Documents 🞏 Assessment Data 🞏 Options 🞏 Timetable 🞏 |

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| **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 | County: |

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| **CONTACTS**  |
| **Contact/Priority 1**  |
| Title: | Forename: | Surname: |
| Relationship to Pupil: | Parental responsibility 🞏 Pupil Report 🞏 Correspondence 🞏 |
| Court Order 🞏 Please give details  |
| **Phone Numbers (in order of priority)** | **Type**  | **Notes (eg days worked)** |
| 1 |  | Home 🞏 Mobile 🞏 Work 🞏 |  |
| 2 |  | Home 🞏 Mobile 🞏 Work 🞏 |
| 3 |  | Home 🞏 Mobile 🞏 Work 🞏 |
| 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 🞏 Pupil Report 🞏 Correspondence 🞏 |
| Court Order 🞏 Please give details  |
| **Phone Numbers (in order of priority)** | **Type**  | **Notes (eg days worked)** |
| 1 |  | Home 🞏 Mobile 🞏 Work 🞏 |  |
| 2 |  | Home 🞏 Mobile 🞏 Work 🞏 |
| 3 |  | Home 🞏 Mobile 🞏 Work 🞏 |
| Email Address: |
| **Address Details (if same as applicant just tick here)** 🞏 |
| Post Code: | House Name/Number: |
| Street/District: | Town/City |
| Additional Information: |

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| **Contact/Priority 3**  |
| Title: | Forename: | Surname: |
| Relationship to Pupil: | Parental responsibility 🞏 Pupil Report 🞏 Correspondence 🞏 |
| Court Order 🞏 Please give details  |
| **Phone Numbers (in order of priority)** | **Type**  | **Notes (eg days worked)** |
| 1 |  | Home 🞏 Mobile 🞏 Work 🞏 |  |
| 2 |  | Home 🞏 Mobile 🞏 Work 🞏 |
| 3 |  | Home 🞏 Mobile 🞏 Work 🞏 |
| Email Address: |
| **Address Details (if same as applicant just tick here)** 🞏 |
| Post Code: | House Name/Number: |
| Street/District: | Town/City |
| Additional Information: |

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| **Contact/Priority 4**  |
| Title: | Forename: | Surname: |
| Relationship to Pupil: | Parental responsibility 🞏 Pupil Report 🞏 Correspondence 🞏 |
| Court Order 🞏 Please give details  |
| **Phone Numbers (in order of priority)** | **Type**  | **Notes (eg days worked)** |
| 1 |  | Home 🞏 Mobile 🞏 Work 🞏 |  |
| 2 |  | Home 🞏 Mobile 🞏 Work 🞏 |
| 3 |  | Home 🞏 Mobile 🞏 Work 🞏 |
| Email Address: |
| **Address Details (if same as applicant just tick here)** 🞏  |
| 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 |

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| **DIETARY INFORMATION** |
| What meal arrangement will the child typically have? (Please tick one only) □ School Meal □ Packed Lunch □ Go home |
| **If the child is Year 2 or below:** The government provides a free meal for all 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? | **Y / N** |
| Please indicate any relevant food allergies or dietary needs: |

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| **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** |
| **□ No Medical Conditions** □ Epilepsy□ Diabetes□ Asthma□ Eczema | □ Myalgic Encephalopathy□ Tuberculosis□ Chronic Fatigue Syndrome□ Osteoporosis**□ Other – Please specify below** | □ Post Viral Fatigue Syndrome□ Arthritis□ Multiple Sclerosis□ ADHD**□ Allergies – Please specify below** |
| **Additional Information:****Please note any details that will enable us to better support your child whilst attending this school. If you need more space please use an additional sheet of paper and tick here to confirm that you have done so:** □ |
| **SCHOOL HISTORY**  |
| Previous School Name: | Previous School Address: |
| Previous School Tel Number |
| Dates Attended : From (dd/mm/yy): To: (dd/mm/yy): |
| **ETHNIC / CULTURAL INFOMATION** |
| Ethnicity: | Religion: |
| First Language: | Home Language: |
| Country of Birth: | Nationality: |
| Additional Information: |
| Traveller Status: **Y / N**If Yes, please provide the following: Traveller Status: 🞏 Gypsy/Roma (Housed) 🞏 Gypsy/Roma (Travelling) 🞏 Occupational (Traveller) 🞏 Traveller (Other)  From (Date): ……………………………………………………. |

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| **ADDITIONAL INFOMATION** |
| Mode of Transport - Please state the mode your child will use most regularly to travel to and from school. |
| 🞏 Public Bus Service🞏 Car Share (with child/children) | 🞏 Car/Van 🞏 Dedicated School Bus | 🞏 Taxi🞏 Cycle | 🞏 Walks |
| □ Youth Support Services Agreement  | *(Ticking this box confirms that you authorise the school to share relevant data with agencies to support the applicant with career guidance).*  |

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| **PUPIL PREMIUM Is the pupil entitled to Pupil Premium Funding?** |
| Has either of the applicant’s parents been in a Service Profession in the last four years?  | **Y / N** |
| Is the applicant currently In Care, or has he/she ever been In Care (this includes adopted from care)? | **Y / N** |
| Is the applicant currently eligible for Free School Meals | **Y / N** |
| Has the applicant been eligible for Free School Meals within the last 6 years? | **Y / N** |
| If you have answered Yes, please give full details below. You will also need to provide us with documentary evidence. Please attach a copy or bring in an original document so we can copy it for our files.    |
|  |  □ Documentation included |

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| **PARENTAL / CARER CONSENTS: I/We confirm that I consent/do not consent to the items listed below** |
| Copyright Permission:   |  Y / N |
| Internet Access:   |  Y / N |
| Photograph Pupil / Media Consent |  Y / N |
| Sex Education  |  Y / N |
| Data Exchange  |  Y / N |
| School Trips and Visits |  Y / N |
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| **SIGNATURES** | **PRINT NAME** | **DATE** |
| **Parent/Carer 1:**  |  |  |  |
| **Parent/Carer 2:**  |  |  |  |

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| **Thank you for completing this form. Please return it to the school office as soon as possible** |