

Admission Form

* Required

1. Student Details

Surname *

2. Forename *

3. Middle Name(s)

4. Gender *

5. Date of Birth *

6. Address *

7. Postcode *

8. Telephone Number *

Next of Kin

9. Next of Kin 1

Title *

10. Surname *

11. Forename *

12. Mobile Number *

13. Email *

14. Daytime Tel Number *

15. Home Address *

16. Postcode *

17. Home Tel Number *

18. Relationship to Student *

19. Parental Responsibility *

Yes

No

20. Contact Priority *

1

2

21. Disability Indicator *

Yes

No

Unwilling to State

22. Next of Kin 2

Title *

23. Surname *

24. Forename *

25. Mobile Number *

26. Email *

27. Daytime Tel Number *

28. Postcode *

29. Home Address *

30. Home Tel Number *

31. Relationship to Student *

32. Parental Resposibilty *

Yes

No

33. Contact Priority *

1

2

34. Disability Indicator *

Yes

No

Unwilling to State

Other Emergency Contact

Please give details of anyone else who could be contacted should an emergency arise when you are unavailable and who is able to collect your child from school if necessary.

35. Title *

36. Surname *

37. Forename *

38. Relationship to Child *

39. Mobile Telephone Number *

40. Daytime Telephone Number *

41. Home Address *

42. Postcode *

43. Parental Responsibility *

Yes

No

Siblings

If there are elder brothers or sisters in the school, please give the name and current year group.

44. Sibling Name

45. Sibling's Current Tutor / Year Group

Medical Information

46. Doctor's Surgery *

47. Doctor's Address *

48. Medical Condition(s) (Please ensure a Health Care Form is completed, if necessary.)

Ethnicity and Language

49. Ethnic Origin *

50. Religion *

51. Home Language *

52. First Language *

53. English as an Additional Language (EAL) *

- Yes
- No
- N/A

54. Country of Birth *

55. Nationality *

Lunchtime Arrangements

56. Please select the most likely choice (tick one only) *

School Meals

Packed Lunch

57. Is your child currently eligible for Free School Meals *

Yes

No

58. Have you claimed Free School Meals in the last six years? *

Yes

No

Adoption From Care *(Completion optional)*

59. Has your child been adopted from care, or are they under a special guardianship or residential order?

Yes

No

60. Please give details

61. Date of adoption / guardianship / residential order



Service Children

62. Please indicate if either parent currently a member of the Armed Forces? *

Yes

No

Young Carer

Young carers are young people who provide, or intend to provide, care, assistance or support to another family member who is disabled, physically or mentally ill, or has a substance misuse problem.

63. Is your child a young carer? *

Option 1

Option 2

64. If yes, please give brief details

Previous School

65. Previous School Name *

66. Date of Admission *

67. Date of Leaving *

68. Previous School Address *

Permission to Travel (School Minibus / Private Vehicle)

69. I give permission for my son/daughter to travel for school-arranged events in:

- i) the school minibus
- ii) a member of staff's vehicle
- iii) another parent's / guardian's / governor's vehicle
- This is on the condition that:
 - a) the driver has passed the appropriate driving test AND
 - b) the school has obtained written confirmation that the driver has the necessary
- This should be signed by someone with Parental Responsibility.

*

I agree

I disagree

Communication Preferences

We contact parents/carers via mobile for absence-related matters and email for communication. We can only use ONE mobile number and ONE email address.

70. Primary Mobile Number (for electronic communication) *

71. Primary Email Address (for electronic communication) *

72. Date *

73. Print Name *

Declaration and Signature

74. Declaration

I confirm that the information provided is correct to the best of my knowledge and belief.

I agree

75. Name

76. Date

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