



Sandhill View Academy Student admission / contact form - 2020/21

We require all sections below to be completed in full.

Child's Surname: _____ Child's Forenames: _____

Date of Birth : _____ Gender: _____

Child's Address: _____

Postcode: _____

Home number: _____ Mobile number: _____

E-mail: _____

Who has parental responsibility for the child named above:

Full name/s	1.	2.
Address: (if different from the one above)		
Daytime contact number:		
Relationship to child:		

If your child is unwell we may need to contact someone who could look after them. This could be yourself or a relative. Please provide the emergency contact details below **only if they are different from those above**:

	1 st Emergency contact	2 nd Emergency contact
Full name/s		
Address: (if different from the one above)		
Daytime contact number:		
Relationship to child:		

Details of brothers / sisters

Name	Age	School

Name of your child's doctor: _____ Surgery Tel: _____

Address: _____

Is your child eligible to receive free school meals? Yes No

To which religion (if any) is your family affiliated? _____

Which languages are spoken at home? _____

To which ethnic group do you consider you belong to? (please tick)

White		Mixed		Asian or Asian British	
British		White and Black Caribbean		Indian	
Irish		White and Asian		Pakistani	
Traveller		White and Black African		Bangladeshi	
Gypsy/Roma		Any other mixed background		Chinese	
Any other white background				Any other Asian background	
Black or Black British		Any other ethnic background (please state)			
Caribbean					
African					
Any other Black background					

Is there anything else that you would like to share with us that you consider would be helpful, e.g. court orders affecting contact; looked after child etc?

Signed (parent/guardian): _____ Date: _____

For office use only

Birth certificate/passport seen: Yes No

Sighted by: _____ Date: _____

Date of admission: _____ Admission number: _____