

Student Admission Form



ACADEMY	Sandhill View		Southmoor	
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PUPIL INFORMATION

Legal forename*		Legal surname*	
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**The pupil's name will need to be verified by sight of an original valid passport or birth certificate.*

Middle name(s)	
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Preferred forename		Preferred surname	
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Date of birth		Gender	
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Does your child have a disability?**	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child have special educational needs?**	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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***If you have selected 'yes' to any of these questions, we will contact you for further details, on a confidential basis.*

MEAL INFORMATION

Is your child entitled to free school meals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Has your child been entitled to free school meals in the last six years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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HEALTH ISSUES

Does your child have any of the following health issues?*					
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Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other medical conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Eczema	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child wear glasses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Fainting/Blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child receive medical		
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Allergies (e.g. nuts)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Speech difficulty	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child receive	<input type="checkbox"/>	<input type="checkbox"/>
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Hearing difficulty	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does your child take prescribed medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**If you have selected 'yes' to any of these statements and questions, we will contact you for further details, on a confidential basis.*

Please use this space to provide any additional information.

If your child develops a medical condition in the future, or the information you tell us here changes, you must inform us, so we can update our records. Letting us know will enable us to help provide the best care and support we can.

MEDICAL CONTACT DETAILS

Name of child's GP	
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Name & full address of GP's surgery	
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GP's telephone contact number	
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ETHNICITY, NATIONALITY & LANGUAGE				
Country of birth		Nationality		
Home/first language		English an additional Language	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ethnicity				
White: British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish heritage <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Any other White background <input type="checkbox"/>		Mixed Background: White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Black or Black British: Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/> Any other Ethnic Origin <i>(please state)</i> Prefer not to state: <input type="checkbox"/>		
Asian or Asian British: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/>				
Chinese: <input type="checkbox"/>				
RELIGIOUS AFFILIATION				
To which religion is your child affiliated?				
Anglican <input type="checkbox"/>	Christian <input type="checkbox"/>	Methodist <input type="checkbox"/>	Other <i>(please state)</i> <input type="checkbox"/>	
Baptist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>		
Buddhist <input type="checkbox"/>	Islam <input type="checkbox"/>	Sikh <input type="checkbox"/>		
Catholic <input type="checkbox"/>	Jewish <input type="checkbox"/>	No Religion <input type="checkbox"/>	Prefer not to state <input type="checkbox"/>	
MODE OF TRAVEL				
How does your child travel to school?				
Bus <input type="checkbox"/>	Car <input type="checkbox"/>	Taxi <input type="checkbox"/>		
Train <input type="checkbox"/>	Walks <input type="checkbox"/>	Other <input type="checkbox"/>		
PREVIOUS SCHOOL				
Has your child attended a previous school?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please state name of school			Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>
Name of Local Authority				
SIBLINGS				
Does your child have any siblings who attend the Academy?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Forename	Surname	Year	Relationship	
PHOTOGRAPH & VIDEO CONSENT				
Taking photographs or videos				
School to take photos or videos of my child			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Publication of photographs or videos				
In and around the Academy, in places that might be seen by visitors			Yes <input type="checkbox"/>	No <input type="checkbox"/>
On the Academy website			Yes <input type="checkbox"/>	No <input type="checkbox"/>
On the Academy social media feeds			Yes <input type="checkbox"/>	No <input type="checkbox"/>
In wider marketing materials used by the Academy			Yes <input type="checkbox"/>	No <input type="checkbox"/>
In local news releases			Yes <input type="checkbox"/>	No <input type="checkbox"/>
For internal pupil records			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note that under GDPR, the School can only accept a completed Yes box above as proof of consent; we cannot infer consent from incomplete entries, or accept verbal consent. You have the right to change your consent option for any or all of the above at any time. To do so please contact the School Office on 0191 5949992 (Sandhill View Academy) or, 0191 5949991 (Southmoor Academy).

CARE STATUS & CONTACT INFORMATION					
The child being admitted is in the care of an English Local Authority			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state name of Local Authority					
Has the child ceased to be looked after because of: <i>NB: Disclosure will attract pupil premium funding to support pupils.</i>	Adoption*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	A Special Guardianship Order	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	A Child Arrangements Order	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	*disclosure is optional and evidence must be provided.				
Carer Details - only for children in the care of a Local Authority.					
CARER 1			CARER 2		
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>			Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>		
Forename			Forename		
Surname			Surname		
Address			Address		
Postcode			Postcode		
Home telephone			Home telephone		
Mobile telephone			Mobile telephone		
Work telephone			Work telephone		
Email address			Email address		
Child resides with this person at this address	Full <input type="checkbox"/> Part <input type="checkbox"/> Time Time		Child resides with this person at this address	Full <input type="checkbox"/> Part <input type="checkbox"/> Time Time	
If part time, please provide details of days/times			If part time, please provide details of days/times		
PARENTAL RESPONSIBILITY & CONTACT INFORMATION					
<p>Who has parental responsibility</p> <p>A mother automatically has parental responsibility for her child from birth.</p> <p>A father usually has parental responsibility if he's either:</p> <ul style="list-style-type: none"> married to the child's mother listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in) <p>You can apply for parental responsibility if you do not automatically have it.</p> <p>Births registered in England and Wales</p> <p>If the parents of a child are married when the child is born, or if they've jointly adopted a child, both have parental responsibility. They both keep parental responsibility if they later divorce.</p> <p>Unmarried parents</p> <p>An unmarried father can get parental responsibility for his child in 1 of 3 ways:</p> <ul style="list-style-type: none"> jointly registering the birth of the child with the mother (from 1 December 2003) getting a parental responsibility agreement with the mother getting a parental responsibility order from a court <p>Births registered in Scotland</p> <p>A father has parental responsibility if he's married to the mother when the child is conceived, or marries her at any point afterwards. An unmarried father has parental responsibility if he's named on the child's birth certificate (from 4 May 2006).</p> <p>Births registered in Northern Ireland</p> <p>A father has parental responsibility if he's married to the mother at the time of the child's birth. If a father marries the mother after the child's birth, he has parental responsibility if he lives in Northern Ireland at the time of the marriage. An unmarried father has parental responsibility if he's named, or becomes named, on the child's birth certificate (from 15 April 2002).</p> <p>Births registered outside the UK</p> <p>If a child is born overseas and comes to live in the UK, parental responsibility depends on the UK country they're now living in.</p> <p>Same-sex parents</p> <p>Civil partners</p> <p>Same-sex partners will both have parental responsibility if they were civil partners at the time of the treatment, e.g. donor insemination or fertility treatment.</p> <p>Non-civil partners</p> <p>For same-sex partners who are not civil partners, the 2nd parent can get parental responsibility by either:</p> <ul style="list-style-type: none"> applying for parental responsibility if a parental agreement was made becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth 					

PARENTAL RESPONSIBILITY & CONTACT INFORMATION CONT...				
<i>Please provide details of ALL those with parental responsibility.</i>				
PERSON WITH PARENTAL RESPONSIBILITY 1		PERSON WITH PARENTAL RESPONSIBILITY 2		
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>		
Forename		Forename		
Surname		Surname		
Relationship to child		Relationship to child		
Address		Address		
Postcode		Postcode		
Home telephone		Home telephone		
Mobile telephone		Mobile telephone		
Work telephone		Work telephone		
Email address		Email address		
Child resides with this person at this address	Full <input type="checkbox"/> Part <input type="checkbox"/> No <input type="checkbox"/> Time Time	Child resides with this person at this address	Full <input type="checkbox"/> Part <input type="checkbox"/> No <input type="checkbox"/> Time Time	
If part time, please provide details of days/times		If part time, please provide details of days/times		
PERSON WITH PARENTAL RESPONSIBILITY 3		PERSON WITH PARENTAL RESPONSIBILITY 4		
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>		
Forename		Forename		
Surname		Surname		
Relationship to child		Relationship to child		
Address		Address		
Postcode		Postcode		
Home telephone		Home telephone		
Mobile telephone		Mobile telephone		
Work telephone		Work telephone		
Email address		Email address		
Child resides with this person at this address	Full <input type="checkbox"/> Part <input type="checkbox"/> No <input type="checkbox"/> Time Time	Child resides with this person at this address	Full <input type="checkbox"/> Part <input type="checkbox"/> No <input type="checkbox"/> Time Time	
If part time, please provide details of days/times		If part time, please provide details of days/times		
<i>Please add details of any further persons with parental responsibility on an additional sheet.</i>				
SERVICE CHILDREN - This information attracts additional funding to assist with pastoral support.				
Are either of the child's parents service personnel serving in regular HM Forces or have done so since January 2015?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the child in receipt of pensions under the Armed Forces Compensation Scheme (AFCS) and the War Pensions Scheme (WPS)*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*Evidence must be provided.				

ADDITIONAL CONTACTS

At times, it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness or in an emergency. Please list below the details of at **least two** people we can contact on such occasions.

Priority No.	Name	Parental Responsibility		Daytime Contact Details	
1		Yes	<input type="checkbox"/>	Address	
	Relationship to child				
		No	<input type="checkbox"/>	Home telephone	
	Mobile telephone				
2		Yes	<input type="checkbox"/>	Address	
	Relationship to child				
		No	<input type="checkbox"/>	Home telephone	
	Mobile telephone				
3		Yes	<input type="checkbox"/>	Address	
	Relationship to child				
		No	<input type="checkbox"/>	Home telephone	
	Mobile telephone				

CIVIL COURT ORDERS - This information is needed to comply with our duties under the Children Act 1989.

Order Name	In Place				Attached			
Child Arrangements Order	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Domestic Violence Protection Notices & Protection Orders	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Non-Molestation Order	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Prohibited Steps Order	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Restraining Order	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Specific Issue Order	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other e.g. Injunctions, Exclusion Order (please specify)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please keep us informed of any changes in relation the orders above, including new orders.

YOUR CONSENT

You should note that we require the information you have provided on this form for us to be able to undertake our legal obligations as an educational establishment. We do not require your consent for us to process this information.

Our full privacy notice is available on either of the Academy websites:

http://www.sandhillview.com/wp-content/uploads/2015/05/Privacy_Notice_Pupils-Sandhill-View.pdf

http://www.southmoorschool.co.uk/wp-content/uploads/Privacy_Notice_Pupils-Southmoor-Academy.pdf

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY FOR THE CHILD

I declare the above information to be correct to the best of my knowledge at the time of completion.

I agree to notify the school of any change in my child's circumstances.

Full name		Signature	
Relationship to child		Date	

OFFICE USE ONLY

Date of admission			
Valid passport or birth certificate sighted <input type="checkbox"/>	Staff name:		
	Date		
SENDSCO contacted (if applicable) <input type="checkbox"/>	Staff signature		
DSL contacted (if applicable) <input type="checkbox"/>			

