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| **Academy** | Sandhill View |  | Southmoor |  |

**Student Admission Form**

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| **PUPIL INFORMATION** | | | | |
| Legal forename\* |  | Legal surname\*  Legal Surname: |  |
| *\*The pupil’s name will need to be verified by sight of an original valid passport or birth certificate.* | | | | |
| Preferred forename |  | Preferred surname |  |
| Middle name(s) |  | Date of birth |  |
| Sex  (as recognised by law) | Male 🗌 Female 🗌 | Gender Identity |  |
| Does your child have a disability?\*\* | Yes 🗌 No 🗌 | Does your child have special educational needs?\*\* | Yes 🗌 No🗌 |
| *\*\*If you have selected ‘yes’ to any of these questions, we will contact you for further details, on a confidential basis.* | | | | |

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| **PARENTAL RESPONSIBILITY & CONTACT INFORMATION** |
| **Who has parental responsibility**  A mother automatically has [parental responsibility](https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility) for her child from birth.  A father usually has parental responsibility if he’s either:   * 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)   You can [apply for parental responsibility](https://www.gov.uk/parental-rights-responsibilities/apply-for-parental-responsibility) if you do not automatically have it.  **Births registered in England and Wales**  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.  **Unmarried parents**  An unmarried father can get parental responsibility for his child in 1 of 3 ways:   * 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   **Births registered in Scotland**  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).  **Births registered in Northern Ireland**  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).  **Births registered outside the UK**  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.  **Same-sex parents**  **Civil partners**  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.  **Non-civil partners**  For same-sex partners who are not civil partners, the 2nd parent can get parental responsibility by either:   * 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 |

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| **PARENTAL RESPONSIBILITY & CONTACT INFORMATION CONT…** | | | | | | | | | | | | | | | |
| *Please provide details of ALL those with parental responsibility.* | | | | | | | | | | | | | | | |
| PERSON WITH PARENTAL RESPONSIBILITY 1 | | | | | | | | | PERSON WITH PARENTAL RESPONSIBILITY 2 | | | | | | |
| Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other 🗌 | | | | | | | | | Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other 🗌 | | | | | | |
| Forename |  | | | | | | | | Forename |  | | | | | |
| Surname |  | | | | | | | | Surname |  | | | | | |
| Relationship to child |  | | | | | | | | Relationship to child |  | | | | | |
| Address |  | | | | | | | | Address |  | | | | | |
| Postcode |  | | | | | | | | Postcode |  | | | | | |
| Home telephone |  | | | | | | | | Home telephone |  | | | | | |
| Mobile telephone contact |  | | | | | | | | Mobile telephone |  | | | | | |
| Work telephone |  | | | | | | | | Work telephone |  | | | | | |
| Email address |  | | | | | | | | Email address |  | | | | | |
| Child resides with this person at this address | Full Time | | 🗌 | | Part Time | 🗌 | No | 🗌 | Child resides with this person at this address | Full Time | 🗌 | Part Time | 🗌 | No | 🗌 |
| 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 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other 🗌 | | | | | | | | | Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other 🗌 | | | | | | |
| Forename |  | | | | | | | | Forename |  | | | | | |
| Surname |  | | | | | | | | Surname |  | | | | | |
| Relationship to child |  | | | | | | | | Relationship to child |  | | | | | |
| Address |  | | | | | | | | Address |  | | | | | |
| Postcode |  | | | | | | | | Postcode |  | | | | | |
| Home telephone |  | | | | | | | | Home telephone |  | | | | | |
| Mobile telephone contact |  | | | | | | | | Mobile telephone |  | | | | | |
| Work telephone |  | | | | | | | | Work telephone |  | | | | | |
| Email address |  | | | | | | | | Email address |  | | | | | |
| Child resides with this person at this address | Full Time | 🗌 | | Part Time | | 🗌 | No | 🗌 | Child resides with this person at this address | Full Time | 🗌 | Part Time | 🗌 | No | 🗌 |
| If part time, please provide details of days/times |  | | | | | | | | If part time, please provide details of days/times |  | | | | | |
| *Please add details of any further persons with parental responsibility on an additional sheet.* | | | | | | | | | | | | | | | |

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| **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 | 🗌 | No | 🗌 |
| Is the child in receipt of pensions under the Armed Forces Compensation Scheme (AFCS) and the War Pensions Scheme (WPS)\* | Yes | 🗌 | No | 🗌 |
| *\*Evidence must be provided.* | | | | |
| **YOUNG CARER** | | | | |
| Is the child a young carer? A young carer is a person under 18 who provides or intends to providing care and support at home. | Yes | 🗌 | No | 🗌 |

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| **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 | 🗌 | Address |  |
| Relationship to child |
|  | No | 🗌 | Mobile telephone |  |
| Priority No. | Name | Parental Responsibility | | Daytime Contact Details | |
| 2 |  | Yes | 🗌 | Address |  |
| Relationship to child |
|  | No | 🗌 | Mobile telephone |  |
| Priority No. | Name | Parental Responsibility | | Daytime Contact Details | |
| 3 |  | Yes | 🗌 | Address |  |
| Relationship to child |
|  | No | 🗌 | Mobile telephone |  |

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| **CARE STATUS & CONTACT INFORMATION** | | | | | | | | | | | | | | |
| The child being admitted is in the care of an English Local Authority | | | | | | | | Yes | 🗌 | | No | | 🗌 | |
| If Yes, please state name of Local Authority | | |  | | | | | | | | | | | |
| Has the child **ceased** to be looked after because of: | | | Adoption\* | | | | | Yes | 🗌 | | No | | 🗌 | |
| A Special Guardianship Order | | | | | Yes | 🗌 | | No | | 🗌 | |
| *NB: Disclosure will attract pupil premium funding to support pupils.*  *\*disclosure is optional and evidence must be provided.* | | | A Child Arrangements Order | | | | | Yes | 🗌 | | No | | 🗌 | |
| A Residence Order | | | | | Yes | 🗌 | | No | | 🗌 | |
| Adopted from state care outside of England and Wales | | | | | Yes | 🗌 | | No | | 🗌 | |
| Carer Details - *only for children in the care of a Local Authority.* | | | | | | | | | | | | | | |
| CARER 1 | | | | | | CARER 2 | | | | | | | | |
| Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other 🗌 | | | | | | Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other 🗌 | | | | | | | | |
| Forename |  | | | | | Forename |  | | | | | | | |
| Surname |  | | | | | Surname |  | | | | | | | |
| Address |  | | | | | Address |  | | | | | | | |
| Postcode |  | | | | | Postcode |  | | | | | | | |
| Home telephone |  | | | | | Home telephone |  | | | | | | | |
| Mobile telephone contact |  | | | | | Mobile telephone |  | | | | | | | |
| Work telephone |  | | | | | Work telephone |  | | | | | | | |
| Email address |  | | | | | Email address |  | | | | | | | |
| Child resides with this person at this address | Full Time 🗌 | 🗌 | Part Time | 🗌 |  | Child resides with this person at this address | Full Time | | 🗌 | Part Time | | 🗌 |  |  |
| If part time, please provide details of days/times |  | | | | | If part time, please provide details of days/times |  | | | | | | | |

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| **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 | 🗌 | No | 🗌 | Yes | 🗌 | No | 🗌 |
| Domestic Violence Protection Notices & Protection Orders | Yes | 🗌 | No | 🗌 | Yes | 🗌 | No | 🗌 |
| Non-Molestation Order | Yes | 🗌 | No | 🗌 | Yes | 🗌 | No | 🗌 |
| Prohibited Steps Order | Yes | 🗌 | No | 🗌 | Yes | 🗌 | No | 🗌 |
| Restraining Order | Yes | 🗌 | No | 🗌 | Yes | 🗌 | No | 🗌 |
| Specific Issue Order | Yes | 🗌 | No | 🗌 | Yes | 🗌 | No | 🗌 |
| Other e.g. Injunctions, Exclusion Order (*please specify*) | Yes | 🗌 | No | 🗌 | Yes | 🗌 | No | 🗌 |
| *Please keep us informed of any changes in relation the orders above, including new orders.* | | | | | | | | |

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| **MEAL INFORMATION** | | | | | | |
| Is your child entitled to free school meals? | | | | | Yes 🗌 | No 🗌 |
| Has your child been entitled to free school meals in the last six years? | | | | | Yes 🗌 | No 🗌 |
| **HEALTH ISSUES** | | | | | | |
| Does your child have any of the following health issues?\* | | | | | | |
| Asthma | Yes 🗌 | | No 🗌 | Other medical conditions | Yes 🗌 | No 🗌 |
| Eczema | Yes 🗌 | | No 🗌 | Does your child wear glasses? | Yes 🗌 | No 🗌 |
| Fainting/Blackouts | Yes 🗌 | | No 🗌 |
| Epilepsy | Yes 🗌 | | No 🗌 | Does your child receive medical treatment (e.g. at hospital)? | Yes 🗌 | No 🗌 |
| Allergies (e.g. nuts) | Yes 🗌 | | No 🗌 |
| Diabetes | Yes 🗌 | | No 🗌 |
| Speech difficulty | Yes 🗌 | | No 🗌 | Does your child receive specialist support (e.g. occupational therapy)? | Yes 🗌 | No 🗌 |
| Hearing difficulty | Yes 🗌 | | No 🗌 |
| Does your child take prescribed medication? | | | | | Yes 🗌 | No 🗌 |
| *\*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 | |  | | | | |
| Name & full address of GP’s surgery | |  | | | | |
| GP’s telephone contact number | |  | | | | |

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| **ETHNICITY, NATIONALITY & LANGUAGE** | | | | | | | |
| Country of birth |  | | Nationality | |  | | |
| Home/first language |  | | English an additional Language | | Yes 🗌 | | No 🗌 |
| Ethnicity | | | | | | | |
| **White:** | |  | | **Mixed Background:** | |  | |
| British | | 🗌 | | White and Black Caribbean | | 🗌 | |
| Irish | | 🗌 | | White and Black African | | 🗌 | |
| Traveller of Irish heritage | | 🗌 | | White and Asian | | 🗌 | |
| Gypsy/Roma | | 🗌 | | Any other mixed background | | 🗌 | |
| Any other White background | | 🗌 | |  | |  | |
|  | |  | | **Black or Black British:** | |  | |
| **Asian or Asian British:** | |  | | British | | 🗌 | |
| British | | 🗌 | | Caribbean | | 🗌 | |
| Indian | | 🗌 | | African | | 🗌 | |
| Pakistani | | 🗌 | | Any other Black background | | 🗌 | |
| Bangladeshi | | 🗌 | |  | |  | |
| Any other Asian background | | 🗌 | | **Any other Ethnic Origin** *(please state)* | |  | |
|  | |  | |
| **Chinese:** | | 🗌 | | **Prefer not to state:** | | 🗌 | |

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| **RELIGIOUS AFFILIATION** | | | | | | | | | | | | | | | | | | | | | |
| To which religion is your child affiliated? | | | | | | | | | | | | | | | | | | | | | |
| Anglican | | 🗌 | | Christian | | | 🗌 | | Methodist | | | 🗌 | | | Other *(please state)* | | | | | 🗌 | |
| Baptist | | 🗌 | | Hindu | | | 🗌 | | Muslim | | | 🗌 | | |
| Buddhist | | 🗌 | | Islam | | | 🗌 | | Sikh | | | 🗌 | | |  | | | | |  | |
| Catholic | | 🗌 | | Jewish | | | 🗌 | | No Religion | | | 🗌 | | | Prefer not to state | | | | | 🗌 | |
| **MODE OF TRAVEL** | | | | | | | | | | | | | | | | | | | | | |
| How does your child travel to school? | | | | | | | | | | | | | | | | | | | | | |
| Bus | 🗌 | | | | Car | | | 🗌 | | Taxi | | | | | 🗌 | | | | | | |
| Train | 🗌 | | | | Walks | | | 🗌 | | Other | | | | | 🗌 | | | | | | |
| **PREVIOUS SCHOOL Please** *DO NOT complete this section if your child is adopted or is in the process of being adopted.* | | | | | | | | | | | | | | | | | | | | | |
| Has your child attended a previous school? | | | | | | | | | | | Yes  8 | | | | | 🗌 | No | | | | 🗌 |
| If YES, please state name of school | | | | | |  | | | | | Primary | | | | | 🗌 | Secondary | | | | 🗌 |
| Name of Local Authority  🗌  Walks | | | | | |  | | | | | | | | | | | | | | | |
| **SIBLINGS** | | | | | | | | | | | | | | | | | | | | | |
| Does your child have any siblings who attend the Academy? | | | | | | | | | | | Yes  8 | | | | | 🗌 | No | | | | 🗌 |
| Forename | | | Surname | | | | | Year | | | | | | Relationship | | | | | | | |
|  | | |  | | | | |  | | | | | |  | | | | | | | |
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| **PHOTOGRAPH & VIDEO CONSENT** | | | | | | | | | | | | | | | | | | | | | |
| Taking photographs or videos  8 | | | | | | | | | | | | | | | | | | | | | |
| School to take photos or videos of my child | | | | | | | | | | | | | Yes | | | 🗌 | | No | 🗌 | | |
| Publication of photographs, videos and student name | | | | | | | | | | | | | | | | | | | | | |
| In and around the Academy, in places that might be seen by visitors | | | | | | | | | | | | | Yes | | | 🗌 | | No | 🗌 | | |
| On the Academy website | | | | | | | | | | | | | Yes | | | 🗌 | | No | 🗌 | | |
| On the Academy social media feeds | | | | | | | | | | | | | Yes | | | 🗌 | | No | 🗌 | | |
| In wider marketing materials used by the Academy | | | | | | | | | | | | | Yes | | | 🗌 | | No | 🗌 | | |
| In local news releases | | | | | | | | | | | | | Yes | | | 🗌 | | No | 🗌 | | |
| For internal pupil records | | | | | | | | | | | | | Yes | | | 🗌 | | No | 🗌 | | |

*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).*

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| **DATA PROTECTION & PRIVACY** | | | | | |
| You should note that we require the information you have provided in this form for us to be able to undertake our legal obligations as an educational establishment. We will process the personal data and sensitive personal data (also known as ‘special categories of personal data’) that you have provided in accordance with our Data Protection Policy and in accordance with data protection laws.  Please refer to our Privacy Notice for Pupils and Parents which explains what personal data we will hold about you, how we collect it, and how we will use and may share information about you and your child. We are required to notify you of this information under data protection legislation. Our Privacy Notice is available on the [Data Protection page](https://aspirenortheast.co.uk/index.php/elementor-1417/) of the Aspire North East MAT website at: [www.aspirenortheast.co.uk](http://www.aspirenortheast.co.uk) | | | | | |
| **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 | | 🗌 | Staff name: | |  |
| Date | |  |
| SENDCO contacted *(if applicable)* | | 🗌 | Staff signature | |  |