

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.*

Preferred forename		Preferred surname	
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Middle name(s)		Date of birth	
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Sex (as recognised by law)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Gender Identity	
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Does your child have a disability?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child have special educational	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.*

PARENTAL RESPONSIBILITY & CONTACT INFORMATION

Who has parental responsibility

A mother automatically has 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 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

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 <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 contact		Mobile telephone	
Work telephone		Work telephone	
Email address		Email address	
Child resides with this person at this address	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No <input type="checkbox"/>	Child resides with this person at this address	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No <input type="checkbox"/>
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 contact		Mobile telephone	
Work telephone		Work telephone	
Email address		Email address	
Child resides with this person at this address	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No <input type="checkbox"/>	Child resides with this person at this address	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No <input type="checkbox"/>
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.***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.*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 <input type="checkbox"/>	No <input type="checkbox"/>
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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 <input type="checkbox"/>	Address	
	Relationship to child	No <input type="checkbox"/>	Mobile telephone	
2		Yes <input type="checkbox"/>	Address	
	Relationship to child	No <input type="checkbox"/>	Mobile telephone	
3		Yes <input type="checkbox"/>	Address	
	Relationship to child	No <input type="checkbox"/>	Mobile telephone	

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. *disclosure is optional and evidence must be provided.</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"/>
	A Residence Order	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Adopted from state care outside of England and Wales	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 contact		Mobile telephone	
Work telephone		Work telephone	
Email address		Email address	
Child resides with this person at this address	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Child resides with this person at this address
If part time, please provide details of days/times			If part time, please provide details of days/times

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 (<i>please specify</i>)	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.

MEAL INFORMATION

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

HEALTH ISSUES

Does your child have any of the following health issues?*					
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other medical conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eczema	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child wear glasses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fainting/Blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child receive medical treatment (e.g. at hospital)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies (e.g. nuts)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Speech difficulty	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child receive specialist support (e.g. occupational therapy)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing difficulty	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Does your child take prescribed medication?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

*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	

ETHNICITY, NATIONALITY & LANGUAGE

Country of birth		Nationality	
Home/first language		English an additional Language	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnicity			
White:		Mixed Background:	
British <input type="checkbox"/>		White and Black Caribbean <input type="checkbox"/>	
Irish <input type="checkbox"/>		White and Black African <input type="checkbox"/>	
Traveller of Irish heritage <input type="checkbox"/>		White and Asian <input type="checkbox"/>	
Gypsy/Roma <input type="checkbox"/>		Any other mixed background <input type="checkbox"/>	
Any other White background <input type="checkbox"/>			
Asian or Asian British:		Black or Black British:	
British <input type="checkbox"/>		British <input type="checkbox"/>	
Indian <input type="checkbox"/>		Caribbean <input type="checkbox"/>	
Pakistani <input type="checkbox"/>		African <input type="checkbox"/>	
Bangladeshi <input type="checkbox"/>		Any other Black background <input type="checkbox"/>	
Any other Asian background <input type="checkbox"/>			
Chinese:		Any other Ethnic Origin (please state)	
<input type="checkbox"/>			
		Prefer not to state:	<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 (please state) <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 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 <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

DATA PROTECTION & PRIVACY			
<p>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 of the Aspire North East MAT website at: www.aspirenortheast.co.uk</p>			
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		