

# Admission Form

STUDENT DETAILS			
Legal Surname:		Preferred Surname:	
Legal Forenames:		Preferred Forenames:	
Date of Birth:		Gender:	Male / Female

Home Address:	
Home Telephone Number:	

NAMES OF ALL ADULTS WITH PARENTAL RESPONSIBILITY (see attached information sheet)			
Forename:		Title:	Mr/Mrs/Ms/Miss/ Other:
Surname:			
Relationship to child:			

Forename:		Title:	Mr/Mrs/Ms/Miss/ Other:
Surname:			
Relationship to child:			

Person(s) to whom correspondence should be addressed (e.g. both parents; mother only; father only)	
If copies of correspondence are to be posted to parent at a separate address please specify	
Are there any Court Orders under section 8 of the Children Act? Please give details	

<b>SERVICE CHILDREN IN EDUCATION:</b>	Please indicate if Parent/Carer is a member of Armed Forces - YES / NO
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<b>NAMES OF SIBLINGS WHO HAVE ATTENDED/ARE ATTENDING HINDE HOUSE 2-16 ACADEMY:</b>

FOR OFFICE USE ONLY:				
Admission Date:	UPN:	Registration Group:	Birth Certificate/ Passport seen:	Proof of Address:

## CONTACT DETAILS

**Please list Parent/Carer as first contacts.**

We are required by law to obtain this information and request a minimum of 2 contacts:

<b>CONTACT 1</b> (This person will be contacted first in cases of illness or emergency)		
<b>Forename:</b>		<b>Title:</b> Mr/Mrs/Ms/Miss/ Other:
<b>Surname:</b>		
<b>Relationship to pupil:</b>		
<b>Address:</b>		
<b>Telephone (Home):</b>		<b>Telephone (Mobile):</b>
<b>Telephone (Work):</b>		<b>Email:</b>

<b>CONTACT 2</b> (This person will be contacted if contact 1 is not available)		
<b>Forename:</b>		<b>Title:</b> Mr/Mrs/Ms/Miss/ Other:
<b>Surname:</b>		
<b>Relationship to pupil:</b>		
<b>Address:</b>		
<b>Telephone (Home):</b>		<b>Telephone (Mobile):</b>
<b>Telephone (Work):</b>		<b>Email:</b>

<b>CONTACT 3</b> (This person will be contacted if contact 2 is not available)		
<b>Forename:</b>		<b>Title:</b> Mr/Mrs/Ms/Miss/ Other:
<b>Surname:</b>		
<b>Relationship to pupil:</b>		
<b>Address:</b>		
<b>Telephone (Home):</b>		<b>Telephone (Mobile):</b>
<b>Telephone (Work):</b>		<b>Email:</b>

<b>CONTACT 4</b> (This person will be contacted if contact 3 is not available)		
<b>Forename:</b>		<b>Title:</b> Mr/Mrs/Ms/Miss/ Other:
<b>Surname:</b>		
<b>Relationship to pupil:</b>		
<b>Address:</b>		
<b>Telephone (Home):</b>		<b>Telephone (Mobile):</b>
<b>Telephone (Work):</b>		<b>Email:</b>

<b>PREVIOUS SCHOOLS:</b>	New into the UK?	<b>Yes</b>	<b>No</b>
<b>Name of previous School:</b>			
<b>Dates attended:</b>	From:	To:	
<b>MEDICAL:</b>			
<b>Name of child's Doctor:</b>		<b>Address:</b>	
<b>Medical History:</b>			
In the event of an emergency, I agree to the school taking appropriate medical action		<b>Yes</b>	<b>No</b>
1.	Should he/she wear glasses?	<b>Yes</b>	<b>No</b>
2.	Does he/she suffer from hearing loss?	<b>Yes</b>	<b>No</b>
<i>If yes please give details .....</i>			
3.	Does he/she suffer from asthma?	<b>Yes</b>	<b>No</b>
Does he/she take any medication for asthma?		<b>Yes</b>	<b>No</b>
<i>If yes please give details .....</i>			
4.	Does he/she suffer from epilepsy?	<b>Yes</b>	<b>No</b>
Does he/she take any medication for epilepsy?		<b>Yes</b>	<b>No</b>
<i>If yes please give details .....</i>			
5.	Does he/she suffer from allergies?	<b>Yes</b>	<b>No</b>
<i>If yes please give details .....</i>			
6.	Does he/she regularly take medication for any other condition?	<b>Yes</b>	<b>No</b>
<i>If yes please give details .....</i>			
Any other information: ..... ..... .....			

<b>DIETARY NEEDS: (Please tick)</b>													
Artificial Colouring Allergy:		Gluten Free:		Halal:		Kosher:		No Dairy:		No Nuts:		No Pork:	
No Seafood:		Vegetarian:		Other:									

<b>TRAVEL ARRANGEMENTS: (Please tick)</b>													
Dedicated School Bus:		Public Bus:		Car/Van:		Car Share:		Cycle:		Private Taxi:		Walk:	
LA provided transport:		Other (please specify):											

**NATIONALITY/ETHNICITY:** We are required by the DfES to obtain the following information -

ETHNICITY : (Please tick)									
ABAN	Bangladeshi		CHNE	Chinese		WBRI	White British		
AIND	Indian		OYEM	Yemeni		WIRI	White Irish		
APKN	Pakistani		MWAS	White & any other Asian		WIRT	Traveller - Irish Heritage		
AOTH	Any other Asian Background		MWBA	White & Black African		WEEU	White Eastern European		
BCRB	Black Caribbean		MWBC	White & Black Caribbean		WROM	Roma		
BAOF	Other Black African		MWAP	White & Pakistani		WOTW	Any other White Background		
BSOM	Black Somali		MOTH	Any other Mixed Background		REFU	Refused		
BOTH	Any other Black Background		OOEG	Any other Ethnic Group					

FIRST LANGUAGE : (Please tick)											
Arabic:		Bengali:		Cantonese:		Chinese:		English:		Farsi:	
French:		Greek:		Hindi:		Italian:		Malay:		Panjabi:	
Pashto:		Polish:		Portuguese:		Roma:		Slovak:		Somalian:	
Spanish:		Turkish:		Urdu:							
Other (please specify):											
<b>Are any other languages spoken at home? (please specify) :</b>											

<b>ENGLISH AS AN ADDITIONAL LANGUAGE?</b>	<b>YES / NO</b>
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RELIGION : (Please tick)											
Christian:		Hindu:		Jewish:		Muslim:		Sikh:		No Religion:	
Other Religion (please specify):											

**I certify that the information given is correct to the best of my knowledge and belief.**

**If the information on this form becomes out of date or changes, it is important that school is informed and a new form completed**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**THIS FORM CAN ONLY BE SIGNED BY SOMEONE WITH PARENTAL RESPONSIBILITY**

**Please see accompanying information sheet**

This Form is designed to help us to provide the best care for your child. If and when necessary, we may share this information with others to help support your child and their development, e.g. with the Health Visitor, with their next Nursery, School and/or College etc. The Information will be held by us in compliance with the Data Protection Act 2018 for the safeguarding of the children in the school. It may be passed on to other bodies, e.g. the Local Authority, Ofsted, or other appropriate agencies.