**Learner Admission/ Data Collection Form**

\* As the name appears on their Birth Certificate or certified by Deed Poll.

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Forename\*: |  | Preferred Forename: |  |
| Legal Surname\*: |  | Preferred Surname: |  |
| Middle Name(s) |  |
| Date of Birth |  | Gender: |  |
| Country of birth: |  | Nationality: |  |
| If not born in the UK, date moved to UK: |  |
| Address: |  |
|  |
| Post code: |  | Email Address: |  |
| Telephone: |  |  |

**Emergency Contact / Parent/Carer Details**

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please the in the order that you wish for them to be contacted in an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name** | **Relationship** | **Home Address** |
|  |  |  |
| **Home Phone** | **Mobile Phone** | **Work Phone**  |
|  |  |  |
| **Email Address** | **Send Report? Y/N** | **Parental Responsibility? Y/N** |
|  |  | Yes 🞏 No 🞏 |
|  |
| **2** | **Name** | **Relationship** | **Home Address** |
|  |  |  |
| **Home Phone** | **Mobile Phone** | **Work Phone**  |
|  |  |  |
| **Email Address** | **Send Report? Y/N** | **Parental Responsibility? Y/N** |
|  |  | Yes 🞏 No 🞏 |
|  |  |  |  |
| **3** | **Name** | **Relationship** | **Home Address** |
|  |  |  |
| **Home Phone** | **Mobile Phone** | **Work Phone**  |
|  |  |  |
| **Email Address** | **Send Report? Y/N** | **Parental Responsibility? Y/N** |
|  |  | Yes 🞏 No 🞏 |

\* If there is another address which you would like us to hold on our database, please include this on a separate sheet of paper, giving an explanation of these arrangements, Residency Order, etc.

Do any of the contact people named above require a translator, should we need to contact them in an emergency? Yes 🞏 No 🞏

Are there any court orders applying to the child named above? Yes 🞏 No 🞏

If yes, please provide details.

**Medical Details**

|  |  |
| --- | --- |
| Medical Practice |  |
| GP Name |  |
| Address |  |
| Telephone Number  |  |

|  |  |
| --- | --- |
| Medical Condition(s) Please state all medical conditions. |  |
| Has your child been diagnosed with asthma? | Yes 🞏 No 🞏 | Does your child carry and inhaler? | Yes 🞏 No 🞏 |
| Does your child suffer from any allergies?  | Yes 🞏 No 🞏 | Does your child suffer from Epilepsy? | Yes 🞏 No 🞏 |
| Does your child suffer from Diabetes? | Yes 🞏 No 🞏 | Does your child carry and EpiPen? | Yes 🞏 No 🞏 |
| Does your child suffer from a cardiac/ heart condition? | Yes 🞏 No 🞏 | Does your child have bladder or bowel problems? | Yes 🞏 No 🞏 |
| If you answer yes to either Asthma question, please provide further information to the Academy |
| Does your child take any medication? | Yes 🞏 No 🞏 | Is your child in the Clinically Extremely Vulnerable category? | Yes 🞏 No 🞏 |
| List of Prescribed Medication(s) |  |

**Meal Arrangements**

|  |  |
| --- | --- |
| Is your child currently in receipt of Free School Meals? | Yes 🞏 No 🞏 |
| Has your child claimed free school meals in the last 6 years? | Yes 🞏 No 🞏 |
| Please provide the dates that free school meals were claimed: |  |
| Meal Type: Free Meal: Yes 🞏 No 🞏 Paid Meal: Yes 🞏 No 🞏 Sandwiches: Yes 🞏 No 🞏 |
| Does the child have a parent currently serving in the UK Military? Yes 🞏 No 🞏 |

**If the student is currently entitled to Free School Meals, please complete, and return the enclosed Free School Meal application form or apply online via our website.**

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| How does your child travel to and from the Academy?(Please select most often mode of travel) | Bicycle | Bus | Car Share |
| Car/Van | Taxi | Train |
| Walk | Other  |  |

|  |
| --- |
| Student disability details (Please tick all conditions that affect your child) |
| No Disability | Problems with mobility | Problems with hand function | Problems with personal care |
| Problems with eating/ drinking | Problems with medication | Problems with incontinence | Problems with communication |
| Problems with learning  | Problems with hearing | Problems with vision | Problems with behaviour  |
| Problems with consciousness | Problems with ASD/Asperger’s | Problems with palliative care need | Problems with any other condition or disability |
| Further Details regarding disability: |
| **Additional Educational Needs** |
| **Statement/ ECHP:** Yes 🞏 No 🞏 | **In Local Authority Care:** Yes 🞏 No 🞏 |
| **Please provide further information regarding your child’s additional educational need:** |
|  |
| **When was the additional need identified?** |  |
| **What is the reason for the additional need?** |  |
| Ethnicity (please circle one) |
| Bangladeshi | Black - African | Black - Caribbean | Chinese |
| Prefer not to say | Gypsy/Romany | Other Asian background | Indian |
| Other black background | Other ethnic background | Other mixed background | Pakistani |
| Other white background | Traveller of Irish heritage | White British | White - Irish |
| White/Asian | White/Black African | White/ Black Caribbean |  |
| English as an additional language |
| Is the first language your child speaks English?  | Yes 🞏 No 🞏 |
| If no, please state your child’s first language: |  |
| Please list any languages other than English your child can speak: |

Please give details of all schools your child has attended and please give details of any break in their education history. Please include attendance at a PRU or similar.

|  |  |  |
| --- | --- | --- |
| **Name of School/ Academy** | **Address** | **Dates From/To** |
|  |  |  |

Please give details of any siblings currently attending or have attended the Academy.

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Years Attended** |
|  |  |  |

|  |
| --- |
| **Examination Results (Please complete as fully as possible)** |
| **Key Stage 2 Results (End of Year 6)** | **English:** | **Maths:** | **Science:** |
| **Latest academic assessments:** |

|  |  |  |
| --- | --- | --- |
| ICT Access  | Does your child have access to the internet at home? | Yes 🞏 No 🞏 |
| What type of connection do you have? | Broadband🞏 5G/4G Mobile 🞏  |
| Does your child have access to a device at home for at least 1 hour per day to complete schoolwork? | 🞏Yes – Own device 🞏Yes – Shared device 🞏No – device not available for 1hour per day. 🞏No – no device available at all  |
| Please confirm which type of device your child has access to: | 🞏 iPad 🞏 Android/Chrome 🞏 Mac 🞏 Windows🞏Other |

**Parental/ Carer Consent**

|  |  |  |
| --- | --- | --- |
| Biometric Consent | Please confirm your consent for the above-named learner to have their biometric information registered onto the academy cashless catering system. The system is safe and secure and does not store an image of the individual’s fingerprint | Yes 🞏 No 🞏 |
| Note: If you do not wish or your child to be registered on the cashless catering system, please provide a written request to the data team for your child to be issued with a pin code instead. The responsibility for spend against the pin is always with the Learner. |
| In order to comply with Data Protection Law, a lawful basis is required before capturing images, which are classified as data, of a child or young person. Please provide your consent in the following ways: |
| Photographs & Film | I agree to the use of my child’s image for the purposes of celebrating success. | Yes 🞏 No 🞏 |
| I agree to the use of my child’s image on social media platforms | Yes 🞏 No 🞏 |
| I agree to the use of my child’s image in general publicity (Leaflets/ posters etc.) | Yes 🞏 No 🞏 |
| I agree to the use of my child’s image in the Academy prospectus | Yes 🞏 No 🞏 |
| I agree to the use of my child’s image in Newsletters | Yes 🞏 No 🞏 |
| I agree to the use of my child’s image around the Academy | Yes 🞏 No 🞏 |
| I agree to the use of my child’s image in Curriculum Documents | Yes 🞏 No 🞏 |
| I agree to the use of my child’s image in Training Materials | Yes 🞏 No 🞏 |
| I agree to the use of my child’s image for images made available commercially  | Yes 🞏 No 🞏 |
| I agree to the use of my child’s image in their learning journey/ portfolio | Yes 🞏 No 🞏 |
| I agree to their name being used alongside their image in the above areas | Yes 🞏 No 🞏 |
| Low Risk Activities | I agree that my child can take part in low-risk activities without consent from myself. I understand that there will be some activities such as sporting events, local visits that will take my child off site. If the activity is further afield or higher risk, further information will be provided. I understand that on occasion my child may be taken by a member of staff in his/her car to hospital or home or other activities. Parents will be informed where different arrangements are made. | Yes 🞏 No 🞏 |
| ICT | I agree that my child can use the Trust’s IT systems and internet and agree that my child understands the conditions for use in line with the IT Acceptable Use Policy. | Yes 🞏 No 🞏 |
| Medical | Do you give permission for the Academy to call the doctor in an emergency? | Yes 🞏 No 🞏 |
| Do you give permission for the Academy to administer first aid in an emergency? | Yes 🞏 No 🞏 |
| Do you give permission for the Academy to administer paracetamol? | Yes 🞏 No 🞏 |
| **You have the right to withdraw consent at any time by contacting the Academy** |

**I am/we are aware that it is my/our responsibility to keep the Academy advised of up-to-date contact information, medical conditions and any other relevant information relating to my/our child.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Data Protection:**

In accordance with our responsibilities under the Data Protection Act, your personal date will be processed in accordance with the principles of the Data Protection Law. The lawful basis for processing personal data is contained in our Privacy Notice (Pupil) and is available on our website.

**FOR OFFICE USE ONLY**

**Completed with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_ Reg Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CTF Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admission Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**