

Admission Form

Admission Date:

Year:

Reg:

Registration (Single or Dual):

Pupil Information

First Name

Middle Name(s)

Legal Surname

Preferred Surname

Preferred Forename

Date of Birth

Gender

Name of last school

Pupils' name will need to be verified by an official document, such as a passport or birth certificate.

Does your child have a disability?*

Yes No

Does your child have special educational needs?*

Yes No

Has your child been Adopted from Care?*

Yes No

Is your child registered as Pupil Premium student?

Yes No

Is your child entitled to free school meals?*

Yes No

**If you answer 'yes' to any of these questions, we will contact you for further details, on a confidential basis*

Lunchtime Arrangements

Is your child entitled to free school meals?

Yes* No

If your child is entitled to free school meals please complete the following:

Parent name*

Parent NI No*

Parent DOB*

Food Allergies

Does your child have any food allergies?

Yes No

Please specify :

**Only if you answer 'yes', please provide the required information.*

If your child's allergies change, or develop over time, please let us know. Letting us know will enable us to help provide the best care we can.

Main contact for texts and email communications

First Name

Surname

Mobile

Email

The Academy often uses electronic communication for newsletters, reports and letters home. Please ensure you have provided a main email address and a main mobile phone number, for texts

Does your child have any siblings who attend the Academy? Yes No

First Name

Surname

Year

Relationship

Parental and Next of Kin Information				
Parent or Carer #1 Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Please specify:				
Title		First Name		Surname
Home address				
Post Code				
Phone - Home		Mobile		
Email				
Does your child live at this address? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'no' with whom?				
Work contact				
Place of work		Contact number		
Are you in the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Title includes Mrs, Miss, Ms, Mr, Dr, etc.

Parent or Carer #2 Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Please specify:				
Title		First Name		Surname
Home address				
Post Code				
Phone - Home		Mobile		
Email				
Does your child live at this address? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'no' with whom?				
Work contact				
Place of work		Contact number		
Are you in the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Title includes Mrs, Miss, Ms, Mr, Dr etc.

Additional Contact				
Please tell us the relationship to your child				
Title		First Name		Surname
Home address				
Phone - Mobile				

In the event that we cannot contact one of the people listed above, is there another person we can contact?

Medical Information	
Child's GP	
Address of Surgery	
Telephone no.	
Does your child have any medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give details:	

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

Ethnicity
<p>Ethnic Origin :</p> <p><input type="checkbox"/> White - English</p> <p><input type="checkbox"/> White - Irish</p> <p><input type="checkbox"/> Any other White Background - please specify:</p> <p><input type="checkbox"/> Traveller of Irish Heritage</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Asian and other ethnic group - please specify:</p> <p><input type="checkbox"/> Black - African</p> <p><input type="checkbox"/> Black - Caribbean</p> <p><input type="checkbox"/> Any other Black ethnic group - please specify:</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Chinese ethnic group - please specify:</p> <p><input type="checkbox"/> Traveller of Irish heritage</p> <p><input type="checkbox"/> Gypsy/Roma</p> <p><input type="checkbox"/> Any other ethnic - please specify:</p> <p><input type="checkbox"/> Preferred not to say</p>

If you would prefer not to tell us your child's ethnic origin, please select 'prefer not to say' at the bottom of the list

Home Language:	First Language:
<p>Proficiency in English :</p> <p><input type="checkbox"/> New to English</p> <p><input type="checkbox"/> Early Acquisition</p> <p><input type="checkbox"/> Developing Competence</p> <p><input type="checkbox"/> Competent</p> <p><input type="checkbox"/> Fluent</p>	

External Agencies
Please tick if your child has had support been subject to any of the following
<p><input type="checkbox"/> Child Protection Plan</p> <p><input type="checkbox"/> Child in Need</p> <p><input type="checkbox"/> Child in Need</p> <p><input type="checkbox"/> Early Help Plan</p> <p><input type="checkbox"/> CAR/Other Social Care</p> <p><input type="checkbox"/> CYPs/CAMHS</p> <p><input type="checkbox"/> Youth Offending Team</p> <p><input type="checkbox"/> Young Carers</p> <p><input type="checkbox"/> Other Family Support Agency (Please specify:)</p>

Childs Mode of Transport

Childs mode of transport to and from school (please tick one only)

- Walk
- Public Bus
- Metro
- Cycle
- School Bus
- Other
- Car/Van
- Taxi
- Car (share)
- Train

Divorced/Separated Parents

Please supply the above information as to where correspondence should be sent other than the priority contact listed above. Please visit the school website for our separated parents' policy.

Title	First Name	Surname
Home address		
Post Code		
Phone - Home	Mobile	
Email		

Your consent – our conditions for processing your personal data

The Academy uses a separate form to ask for your consent for us to be able to process your personal information. 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 the Academy's website: www.northgosforthacademy.org.uk

Final notices

- The Academy attempts to use electronic communication for newsletters, reports and letters home where possible. Please ensure you have provided a main email address and a main mobile phone number, for texts.
- If you are unable to receive communications, please let us know.
- If you have provided details of any medical issues (including allergies) for you child and they change in a way which may affect the medical help we give, please let us know. Also, if your child develops a medical condition after you have completed the admission process, please make sure you inform us.

Parent/Carer

Sign:

Print Name:

Date:

Office use only

Please ensure the following are complete and attached:

ID	Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/>
E-Safety Framework document	Received <input type="checkbox"/>
Consent for Participation	Received <input type="checkbox"/>
Home Agreement	Received <input type="checkbox"/>
UPN:	
Classes:	
Account details:	Username:
	Password:
	Email Address:
	Computing Teacher:
CTF:	Received <input type="checkbox"/>
Information passed to (if applicable):	SENCO <input type="checkbox"/> Medical <input type="checkbox"/>