



ADMISSION FORM

Legal Surname: Chosen Name: <i>(if different from Forename)</i> Date of Birth: Home Address: Postcode:	Legal Forename Middle Name: Surname at Birth if Different: <i>(Please provide copy of Birth certificate)</i> Male/Female <i>(please delete as applicable)</i> Main Daytime Contact Number:	For Office Use Admission Date: Year: Tutorial:
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CONTACTS: Please list in the order in which you wish contact to be made in the case of an emergency. Please ensure that you record ALL addresses and telephone numbers where they differ from the above, if they are the same please write 'as above'. Please be aware that ALL persons with parental responsibility MUST be declared as a contact on this form, including absent parents. Additional contacts can be submitted by letter. **PLEASE COMPLETE ALL INFORMATION.**

PRIORITY 1 (The first person the school will contact with concerns/emergencies)		
Surname: _____	(Mr/Mrs/Miss/Ms/Dr)	Relationship to Student:
Forename: _____		Place of Work: _____
Home Address: _____		Work Telephone Number: _____
Postcode: _____		Home Telephone Number: _____
Email: _____		Parental Responsibility: YES / NO
Mobile Telephone Number: _____		Residency/Court Order in place: YES / NO
		<i>(Please provide a copy)</i>
PRIORITY 2		
Surname: _____	(Mr/Mrs/Miss/Ms/Dr)	Relationship to Student:
Forename: _____		Place of Work: _____
Home Address: _____		Work Telephone Number: _____
Postcode: _____		Home Telephone Number: _____
Email: _____		Parental Responsibility: YES / NO
Mobile Telephone Number: _____		Residency/Court Order in place: YES / NO
		<i>(Please provide a copy)</i>
PRIORITY 3		
Surname: _____	(Mr/Mrs/Miss/Ms/Dr)	Relationship to Student:
Forename: _____		Place of Work: _____
Home Address: _____		Work Telephone Number: _____
Postcode: _____		Home Telephone Number: _____
Email: _____		Parental Responsibility: YES / NO
Mobile Telephone Number: _____		Residency/Court Order in place: YES / NO
		<i>(Please provide a copy)</i>

ADDITIONAL INFORMATION – Please complete and provide additional details by letter				
Young Carer: <input type="checkbox"/>	Service Children: <input type="checkbox"/>	Looked After Student: <input type="checkbox"/>	Parent in Exceptional Circumstances: <input type="checkbox"/>	Adopted from Care: <input type="checkbox"/>
<i>Please advise if Student NOT aware</i>				

CURRENT / PREVIOUS SCHOOL - Please complete	
Name of Current/Previous School:	UPN
Town:	<i>(Please obtain from previous School)</i>
Tel No:	Date of Admission:
	Date of Leaving:



CATERING –Please complete			
Free School Meals: <input type="checkbox"/>	Previously Free School Meals <input type="checkbox"/>	Non Free School Meals: <input type="checkbox"/>	Would like to receive Free School Meal info: <input type="checkbox"/>

TRAVEL TO SCHOOL – Please complete					
Car <input type="checkbox"/>	Dedicated School Bus <input type="checkbox"/> Route No	Walk <input type="checkbox"/>	Public Transport <input type="checkbox"/> Route No	Bicycle <input type="checkbox"/>	Taxi <input type="checkbox"/>

MEDICAL INFORMATION - Please also complete the enclosed medical form	
Surgery Name:	Surgery Address:
Surgery Telephone Number:	Medical Conditions : No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Please provide details on separate Medical Form</i>

CULTURAL INFORMATION - Please tick as appropriate			
White English <input type="checkbox"/>	White/Chinese <input type="checkbox"/>	Home Language: <i>(Language Spoken in the Home)</i>	
White Scottish <input type="checkbox"/>	White/Asian <input type="checkbox"/>	Nationality:	
White Irish <input type="checkbox"/>	Indian <input type="checkbox"/>	First Language: <i>(Language spoken in early years)</i>	
White Welsh <input type="checkbox"/>	Black/Asian <input type="checkbox"/>	Country of Birth:	
Other White British <input type="checkbox"/>	Black African <input type="checkbox"/>	Religion: <i>(if none put No Religion)</i>	
Bangladeshi <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>		
Pakistani <input type="checkbox"/>	Filipino <input type="checkbox"/>		
Any Other Black <input type="checkbox"/>	Other White <input type="checkbox"/>		
Background Chinese <input type="checkbox"/>	Other Asian <input type="checkbox"/>		
White/Pakistani <input type="checkbox"/>	Other Black <input type="checkbox"/>		
White/Black African <input type="checkbox"/>	Other Mixed Background <input type="checkbox"/>		
White/Black Caribbean <input type="checkbox"/>	Traveller <input type="checkbox"/>		
White Eastern European <input type="checkbox"/>	Gypsy/Romany <input type="checkbox"/>		
White Western European <input type="checkbox"/>	Any Other Ethnic Group <input type="checkbox"/>		
Thai <input type="checkbox"/>	Prefer not to give <input type="checkbox"/>		

SPECIAL NEEDS – Please complete if relevant				
Does your child have any special needs: No <input type="checkbox"/> Yes <input type="checkbox"/> <i>(if 'yes' please specify stage and type below)</i>				
Stage:	Education Health Care Plan <input type="checkbox"/>	SEN Support (Prev SA / SA+) <input type="checkbox"/>	Statement <input type="checkbox"/>	My Plan / My Plan + <input type="checkbox"/>
Type:	Behaviour <input type="checkbox"/>	Learning <input type="checkbox"/>	Disability/Impairment <input type="checkbox"/>	Medical <input type="checkbox"/> Other <input type="checkbox"/>

IMAGING INFORMATION – Please read
Newent Community School and Sixth Form Centre makes frequent use of photography and video around the school, the school website and newspapers, to enhance teaching and learning as well as celebrate our activities. All photography and video is carried out subject to the strict control of School Policy on the Use of Images, which guarantees responsible and safe handling of images.
If permission is NOT granted for your child to be photographed, please tick here <input type="checkbox"/>

DATA PROTECTION – Please read
Information held by the School on computer will be used for the purposes of our business as registered under the Data Protection Act 1984. Access to personal information can be obtained may submitting a Subject Access Application Form. Information held may also be shared with other agencies involved with the students' education or welfare. It will also be used to provide statistical data in anonymised form.

Signature: _____ Print Name: _____
Relationship to student: _____ Date: _____