



## ADMISSION FORM

<b>Legal Surname:</b>  <b>Chosen Name:</b> <i>(if different from Forename)</i>  <b>Date of Birth:</b>  <b>Home Address:</b>  <b>Postcode:</b>	<b>Legal Forename</b>  <b>Middle Name:</b>  <b>Surname at Birth if Different:</b> <i>(Please provide copy of Birth certificate)</i>  <b>Male/Female</b> <i>(please delete as applicable)</i>  <b>Main Daytime Contact Number:</b>	For Office Use  Admission Date:  Year:  Tutorial:
--	---	---

**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.**

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



<b>PRIORITY 3</b>			
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
		(Please provide a copy)	

<b>PRIORITY 4</b>			
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
		(Please provide a copy)	

<b>ADDITIONAL INFORMATION – Please complete and provide additional details by letter</b>				
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>				

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

<b>CATERING –Please complete</b>			
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"/>

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

**MEDICAL INFORMATION - Please also complete the enclosed medical form**

Surgery Name:

Surgery Address:

Surgery Telephone Number:

Medical Conditions : No  Yes  *Please provide details on separate Medical Form***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"/>	
White Irish <input type="checkbox"/>	Indian <input type="checkbox"/>	Nationality:
White Welsh <input type="checkbox"/>	Black/Asian <input type="checkbox"/>	
Other White British <input type="checkbox"/>	Black African <input type="checkbox"/>	First Language: <i>(Language spoken in early years)</i>
Bangladeshi <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	
Pakistani <input type="checkbox"/>	Filipino <input type="checkbox"/>	Country of Birth:
Any Other Black <input type="checkbox"/>	Other White <input type="checkbox"/>	
Background Chinese <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Religion: <i>(if none put No Religion)</i>
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  Yes  *(if 'yes' please specify stage and type below)*

Stage: Education Health Care Plan  SEN Support (Prev SA / SA+)  Statement  My Plan / My Plan +

Type: Behaviour  Learning  Disability/Impairment  Medical  Other

**DATA PROTECTION – Please read**

Information held by the School will be used for the purposes of our business as registered under the General Data Protection Regulation (GDPR) and the expected provisions of the Data Protection Act 2018 (DPA 2018) as set out in the Data Protection Bill. A copy of our Privacy Notice explains how we collect, store and use personal data about you and your child is available on the School's website.

We use some web-based products purchased from approved suppliers, as well as subject-specific learning sites. Some sites require us to upload student first and last names and e-mail addresses to their website to access material and/or allow monitoring of student progress. In order to comply with the General Data Protection Regulation we will seek your/your child's permission (once they becomes 16 years old) to use the details in this way.

**All parents:** I agree to Newent Community School and Sixth Form Centre using my child's first and last names and school e-mail address with external software suppliers for educational purposes only, please sign below.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_



**Consent Form – Use of Data, taking and using photographs / videos**

At Newent Community School and Sixth Form Centre we feel it is important to promote the excellent work that the school and, in particular, our students do. To assist with this promotion we sometimes take photographs and short videos of students. We use these images in the school’s prospectus / marketing publications / within slideshows and presentations for Parents’ Evenings and Open Evenings, in press releases, on the school’s website, on the School’s official social media account and on display boards around school.

We would like your consent to take photos and videos of your child and use them in the ways described above. Please note that where we are promoting the achievement of a student we may use their name as well as their image.

If you’re not happy for us to do this, that’s no problem – we will accommodate your preferences.

Please tick the relevant box(es) below and return this form to school.

- I am happy for the school to take photographs and short videos of my child
- I am happy for photographs / short videos of my child to be used on the school website
- I am happy for photographs of my child to be used in the school prospectus / marketing publications / slideshows and presentations
- I am happy for photographs of my child to be used in internal displays
- I am happy for photographs of my child to be used press releases
- I am happy for photographs and short videos to be used on social media
- I am **NOT** happy for the school to take or use photographs of my child
- I am **NOT** happy for the school to take or use short videos of my child

If you change your mind at any time, you can let us know by emailing [admin@newent.gloucs.sch.uk](mailto:admin@newent.gloucs.sch.uk), calling the school on 01531 820550, or just popping in to Reception.

If you have any other questions please get in touch.

Name of Child : .....

Name of Parent / Carer : .....

Signature of Parent / Carer : .....

Date : .....