



ADMISSION FORM

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

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. ***Please ensure you enclose a copy of your child's birth certificate.*** Additional contacts can be submitted by letter or in the box on the back page of this Admission Form. **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:		
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:		

**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:		

PRIORITY 4

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:		

ADDITIONAL INFORMATION – Please complete this section as appropriate. Please provide a copy of any relevant document and write additional details on the back page of this Admission Form.

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"/>
Residency Orders: <input type="checkbox"/>	Contact Orders: <input type="checkbox"/>	Special Guardianship Orders: <input type="checkbox"/>	Delegation of Authority Orders: <input type="checkbox"/>	Dual Residency Arrangements: <input type="checkbox"/>

Please advise if Student NOT aware

CURRENT / PREVIOUS SCHOOL - Please complete

Name of Current/Previous School:	UPN
Town:	(Please obtain from previous School)
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"/>
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**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"/>
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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 Scottish <input type="checkbox"/> White Irish <input type="checkbox"/> White Welsh <input type="checkbox"/> Other White British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Any Other Black <input type="checkbox"/> Background Chinese <input type="checkbox"/> White/Pakistani <input type="checkbox"/> White/Black African <input type="checkbox"/> White/Black Caribbean <input type="checkbox"/> White Eastern European <input type="checkbox"/> White Western European <input type="checkbox"/> Thai <input type="checkbox"/>	White/Chinese <input type="checkbox"/> White/Asian <input type="checkbox"/> Indian <input type="checkbox"/> Black/Asian <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Filipino <input type="checkbox"/> Other White <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Black <input type="checkbox"/> Other Mixed Background <input type="checkbox"/> Traveller <input type="checkbox"/> Gypsy/Romany <input type="checkbox"/> Any Other Ethnic Group <input type="checkbox"/> Prefer not to give <input type="checkbox"/>	Home Language: <i>(Language Spoken in the Home)</i> <hr/> First Language: <i>(Language spoken in early years)</i> <hr/> Religion: <i>(if none put No Religion)</i>
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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"/>	

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 become 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: _____



Please use this page to include additional detail relating to any answer on the Admission Form or any further information that you feel would be helpful for the school to be aware of.