



### ADMISSION FORM

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

**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.**

<b>PRIORITY 1</b> (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:		
<b>PRIORITY 2</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:		



**PRIORITY 3**

Surname: (Mr/Mrs/Miss/Ms/Dr) Relationship to Student:  
 Forename: Place of Work:  
 Home Address: Work Telephone Number:  
 Home Telephone Number:  
 Postcode: Parental Responsibility: YES / NO  
 Email:  
 Mobile Telephone Number:

**PRIORITY 4**

Surname: (Mr/Mrs/Miss/Ms/Dr) Relationship to Student:  
 Forename: Place of Work:  
 Home Address: Work Telephone Number:  
 Home Telephone Number:  
 Postcode: Parental Responsibility: YES / NO  
 Email:  
 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:  Service Children:  Looked After Student:  Parent in Exceptional Circumstances:  Adopted from Care:   
 Residency Orders:  Contact Orders:  Special Guardianship Orders:  Delegation of Authority Orders:  Dual Residency Arrangements:

*Please advise if Student NOT aware*

**CURRENT / PREVIOUS SCHOOL - Please complete**

Name of Current/Previous School: Town: Tel No:	UPN <i>(Please obtain from previous School)</i> Date of Admission: Date of Leaving:
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**CATERING –Please complete**

Free School Meals:  Previously Free School Meals  Non Free School Meals:  Would like to receive Free School Meal info:



**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  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"/>	First Language: <i>(Language spoken in early years)</i>
White Welsh <input type="checkbox"/>	Black/Asian <input type="checkbox"/>	
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  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 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.**

A large, empty rectangular box with a black border, intended for providing additional information.