

# Student Admission Form



|         |               |  |           |  |
|---------|---------------|--|-----------|--|
| ACADEMY | Sandhill View |  | Southmoor |  |
|---------|---------------|--|-----------|--|

## Pupil Information

|                 |  |               |  |
|-----------------|--|---------------|--|
| Legal Forename* |  | Legal surname |  |
|-----------------|--|---------------|--|

\*The pupil's name will need to be verified by sight of an original valid passport or birth certificate

|                |  |
|----------------|--|
| Middle name(s) |  |
|----------------|--|

|                    |  |                   |  |
|--------------------|--|-------------------|--|
| Preferred forename |  | Preferred Surname |  |
|--------------------|--|-------------------|--|

|               |  |        |  |
|---------------|--|--------|--|
| Date of Birth |  | Gender |  |
|---------------|--|--------|--|

|                                       |                              |                             |  |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Does your child have a disability? ** | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does your child have special educational needs? ** | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---------------------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|

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

## PARENTAL RESPONSIBILITY & CONTACT INFORMATION

### Who has parental responsibility

A mother automatically has parental responsibility for her child from birth.

A father usually has parental responsibility if he's either:

- married to the child's mother
- listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)

You can apply for parental responsibility if you do not automatically have it.

### Births registered in England and Wales

If the parents of a child are married when the child is born, or if they've jointly adopted a child, both have parental responsibility.

They both keep parental responsibility if they later divorce.

### Unmarried parents

An unmarried father can get parental responsibility for his child in 1 of 3 ways:

- jointly registering the birth of the child with the mother (from 1 December 2003)
- getting a parental responsibility agreement with the mother
- getting a parental responsibility order from a court

### Births registered in Scotland

A father has parental responsibility if he's married to the mother when the child is conceived, or marries her at any point afterwards.

An unmarried father has parental responsibility if he's named on the child's birth certificate (from 4 May 2006).

### Births registered in Northern Ireland

A father has parental responsibility if he's married to the mother at the time of the child's birth.

If a father marries the mother after the child's birth, he has parental responsibility if he lives in Northern Ireland at the time of the marriage.

An unmarried father has parental responsibility if he's named, or becomes named, on the child's birth certificate (from 15 April 2002).

### Births registered outside the UK

If a child is born overseas and comes to live in the UK, parental responsibility depends on the UK country they're now living in.

### Same-sex parents

#### Civil partners

Same-sex partners will both have parental responsibility if they were civil partners at the time of the treatment, e.g. donor insemination or fertility treatment.

#### Non-civil partners

For same-sex partners who are not civil partners, the 2nd parent can get parental responsibility by either:

- applying for parental responsibility if a parental agreement was made
- becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth

**PARENTAL RESPONSIBILITY & CONTACT INFORMATION CONT...***Please provide details of ALL those with parental responsibility.*

| PERSON WITH PARENTAL RESPONSIBILITY 1   |   | PERSON WITH PARENTAL RESPONSIBILITY 2   |   |
|---|---|---|---|
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |   | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |   |
| Forename  |   | Forename  |   |
| Surname   |   | Surname   |   |
| Relationship to child   |   | Relationship to child   |   |
| Address   |   | Address   |   |
| Postcode  |   | Postcode  |   |
| Home telephone  |   | Home telephone  |   |
| Mobile telephone contact  |   | Mobile telephone  |   |
| Work telephone  |   | Work telephone  |   |
| Email address   |   | Email address   |   |
| Child resides with this person at this address  | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No <input type="checkbox"/> | Child resides with this person at this address  | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No <input type="checkbox"/> |
| If part time, please provide details of days/times  |   | If part time, please provide details of days/times  |   |

| PERSON WITH PARENTAL RESPONSIBILITY 3   |   | PERSON WITH PARENTAL RESPONSIBILITY 4   |   |
|---|---|---|---|
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |   | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |   |
| Forename  |   | Forename  |   |
| Surname   |   | Surname   |   |
| Relationship to child   |   | Relationship to child   |   |
| Address   |   | Address   |   |
| Postcode  |   | Postcode  |   |
| Home telephone  |   | Home telephone  |   |
| Mobile telephone contact  |   | Mobile telephone  |   |
| Work telephone  |   | Work telephone  |   |
| Email address   |   | Email address   |   |
| Child resides with this person at this address  | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No <input type="checkbox"/> | Child resides with this person at this address  | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No <input type="checkbox"/> |
| If part time, please provide details of days/times  |   | If part time, please provide details of days/times  |   |

*Please add details of any further persons with parental responsibility on an additional sheet.***SERVICE CHILDREN - This information attracts additional funding to assist with pastoral support.**

|  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Are either of the child's parents service personnel serving in regular HM Forces or have done so since January 2018?*    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the child in receipt of pensions under the Armed Forces Compensation Scheme (AFCS) and the War Pensions Scheme (WPS)* | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

*\*Evidence must be provided.***ADDITIONAL CONTACTS**

At times, it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness or in an emergency. Please list below the details of at least two people we can contact on such occasions.

| Priority | Name                  | Parental Responsibility |                          | Daytime Contact Details |  |
|----------|-----------------------|-------------------------|--------------------------|-------------------------|--|
| 1        |                       | Yes                     | <input type="checkbox"/> | Address                 |  |
|          | Relationship to child |                         |                          |                         |  |
|          |                       | No                      | <input type="checkbox"/> | Mobile telephone        |  |
| Priority | Name                  | Parental Responsibility |                          | Daytime Contact Details |  |
| 2        |                       | Yes                     | <input type="checkbox"/> | Address                 |  |
|          | Relationship to child |                         |                          |                         |  |
|          |                       | No                      | <input type="checkbox"/> | Mobile telephone        |  |
| Priority | Name                  | Parental Responsibility |                          | Daytime Contact Details |  |
| 3        |                       | Yes                     | <input type="checkbox"/> | Address                 |  |
|          | Relationship to child |                         |                          |                         |  |
|          |                       | No                      | <input type="checkbox"/> | Mobile telephone        |  |

### CARE STATUS & CONTACT INFORMATION

|   |  |                                    |                                    |   |                          |                                    |                                    |
|---|--|------------------------------------|------------------------------------|---|--------------------------|------------------------------------|------------------------------------|
| The child being admitted is in the care of an English Local Authority   |  |                                    |                                    | Yes   | <input type="checkbox"/> | No                                 | <input type="checkbox"/>           |
| If Yes, please state name of Local Authority  |  |                                    |                                    |   |                          |                                    |                                    |
| Has the child <b>ceased</b> to be looked after because of:<br><i>NB: Disclosure will attract pupil premium funding to support pupils.</i>         |  | Adoption*                          |                                    | Yes   | <input type="checkbox"/> | No                                 | <input type="checkbox"/>           |
|   |  | A Special Guardianship Order       |                                    | Yes   | <input type="checkbox"/> | No                                 | <input type="checkbox"/>           |
|   |  | A Child Arrangements Order         |                                    | Yes   | <input type="checkbox"/> | No                                 | <input type="checkbox"/>           |
| <i>*disclosure is optional and evidence must be provided.</i>   |  |                                    |                                    |   |                          |                                    |                                    |
| <b>Carer Details - only for children in the care of a Local Authority.</b>  |  |                                    |                                    |   |                          |                                    |                                    |
| CARER 1   |  |                                    |                                    | CARER 2   |                          |                                    |                                    |
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |  |                                    |                                    | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |                          |                                    |                                    |
| Forename  |  |                                    |                                    | Forename  |                          |                                    |                                    |
| Surname   |  |                                    |                                    | Surname   |                          |                                    |                                    |
| Address   |  |                                    |                                    | Address   |                          |                                    |                                    |
| Postcode  |  |                                    |                                    | Postcode  |                          |                                    |                                    |
| Home telephone  |  |                                    |                                    | Home telephone  |                          |                                    |                                    |
| Mobile telephone  |  |                                    |                                    | Mobile telephone  |                          |                                    |                                    |
| Work telephone  |  |                                    |                                    | Work telephone  |                          |                                    |                                    |
| Email address   |  |                                    |                                    | Email address   |                          |                                    |                                    |
| Child resides with this person at this  |  | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> | Child resides with this person at this address  |                          | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> |
| If part time, please provide details of days/times  |  |                                    |                                    | If part time, please provide details of days/times  |                          |                                    |                                    |

### CIVIL COURT ORDERS - This information is needed to comply with our duties under the Children Act 1989.

| Order Name  | In Place |                          |    |                          | Attached |                          |    |                          |
|---|----------|--------------------------|----|--------------------------|----------|--------------------------|----|--------------------------|
| Child Arrangements Order  | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Domestic Violence Protection Notices & Protection Orders  | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Non-Molestation Order   | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Prohibited Steps Order  | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Restraining Order   | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Specific Issue Order  | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Other e.g. Injunctions, Exclusion Order ( <i>please specify</i> )                                 | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes      | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <i>Please keep us informed of any changes in relation the orders above, including new orders.</i> |          |                          |    |                          |          |                          |    |                          |

## MEAL INFORMATION

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Is your child entitled to free school meals?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has your child been entitled to free school meals in the last six years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## HEALTH ISSUES

Does your child have any of the following health issues?\*

|   |                              |                             |   |                              |                             |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Asthma                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Other medical conditions  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Eczema                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does your child wear glasses?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fainting/Blackouts                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |                              |                             |
| Epilepsy                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does your child receive medical treatment (e.g. at hospital)?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Allergies (e.g. nuts)                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |                              |                             |
| Diabetes                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |                              |                             |
| Speech difficulty                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does your child receive specialist support (e.g. occupational therapy)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hearing difficulty                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |                              |                             |
| Does your child take prescribed medication? |                              |                             |   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

\*If you have selected 'yes' to any of these statements and questions, we will contact you for further details, on a confidential basis.

Please use this space to provide any additional information.

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

## MEDICAL CONTACT DETAILS

|                                     |  |
|-------------------------------------|--|
| Name of child's GP                  |  |
| Name & full address of GP's surgery |  |
| GP's telephone contact number       |  |

## ETHNICITY, NATIONALITY & LANGUAGE

|                     |  |                                |  |
|---------------------|--|--------------------------------|--|
| Country of birth    |  | Nationality                    |  |
| Home/first language |  | English an additional Language | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Ethnicity

|  |  |   |  |
|--|--|---|--|
| <b>White:</b>  |  | <b>Mixed Background:</b>                            |  |
| English <input type="checkbox"/>                     |  | White and Black Caribbean <input type="checkbox"/>  |  |
| Irish <input type="checkbox"/>                       |  | White and Black African <input type="checkbox"/>    |  |
| Traveller of Irish heritage <input type="checkbox"/> |  | White and Asian <input type="checkbox"/>            |  |
| Gypsy/Roma <input type="checkbox"/>                  |  | Any other mixed background <input type="checkbox"/> |  |
| Any other White background <input type="checkbox"/>  |  |   |  |
| <b>Asian or Asian British:</b>                       |  | <b>Black or Black British:</b>                      |  |
| Indian <input type="checkbox"/>                      |  | Caribbean <input type="checkbox"/>                  |  |
| Pakistani <input type="checkbox"/>                   |  | African <input type="checkbox"/>                    |  |
| Bangladeshi <input type="checkbox"/>                 |  | Any other Black background <input type="checkbox"/> |  |
| Any other Asian background <input type="checkbox"/>  |  |   |  |
|  |  | <b>Any other Ethnic Origin</b><br>(please state)    |  |

Chinese: Prefer not to state: **RELIGIOUS AFFILIATION**

To which religion is your child affiliated?

|                                   |  |                                      |   |
|-----------------------------------|--|--------------------------------------|---|
| Anglican <input type="checkbox"/> | Christian <input type="checkbox"/>         | Jewish <input type="checkbox"/>      | Other (please state) <input type="checkbox"/> |
| Baptist <input type="checkbox"/>  | Hindu <input type="checkbox"/>             | Methodist <input type="checkbox"/>   |   |
| Buddhist <input type="checkbox"/> | Islam <input type="checkbox"/>             | Sikh <input type="checkbox"/>        |   |
| Catholic <input type="checkbox"/> | Jehovah's Witness <input type="checkbox"/> | No Religion <input type="checkbox"/> | Prefer not to state <input type="checkbox"/>  |

**MODE OF TRAVEL**

How does your child travel to school?

|                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| Bus <input type="checkbox"/>   | Car <input type="checkbox"/>   | Taxi <input type="checkbox"/>  |
| Train <input type="checkbox"/> | Walks <input type="checkbox"/> | Other <input type="checkbox"/> |

**PREVIOUS SCHOOL**

Has your child attended a previous school?

Yes  No 

If YES, please state name of school

Primary  Secondary 

Name of Local Authority

**SIBLINGS**

Does your child have any siblings who attend the Academy?

Yes  No 

Forename

Surname

Year

Relationship

**PHOTOGRAPH & VIDEO CONSENT**

Taking photographs or videos

School to take photos or videos of my child

Yes  No 

Publication of photographs or videos

In and around the Academy, in places that might be seen by visitors

Yes  No 

On the Academy website

Yes  No 

On the Academy social media feeds

Yes  No 

In wider marketing materials used by the Academy

Yes  No 

In local news releases

Yes  No 

For internal pupil records

Yes  No 

Please note that under GDPR, the School can only accept a completed Yes box above as proof of consent; we cannot infer consent from incomplete entries, or accept verbal consent. You have the right to change your consent option for any or all of the above at any time. To do so please contact the School Office on 0191 5949992 (Sandhill View Academy) or, 0191 5949991 (Southmoor Academy).

**YOUR CONSENT**

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 either of the Academy websites:

[http://www.sandhillview.com/wp-content/uploads/2015/05/Privacy\\_Notice\\_Pupils-Sandhill-View.pdf](http://www.sandhillview.com/wp-content/uploads/2015/05/Privacy_Notice_Pupils-Sandhill-View.pdf)

[http://www.southmoorschool.co.uk/wp-content/uploads/Privacy\\_Notice\\_Pupils-Southmoor-Academy.pdf](http://www.southmoorschool.co.uk/wp-content/uploads/Privacy_Notice_Pupils-Southmoor-Academy.pdf)

**DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY FOR THE CHILD**

I declare the above information to be correct to the best of my knowledge at the time of completion.

I agree to notify the school of any change in my child's circumstances.

|                       |  |           |  |
|-----------------------|--|-----------|--|
| Full name             |  | Signature |  |
| Relationship to child |  | Date      |  |

**OFFICE USE ONLY**

|  |                 |  |  |
|--|-----------------|--|--|
| Date of admission  |                 |  |  |
| Valid passport or birth certificate sighted <input type="checkbox"/> | Staff name:     |  |  |
|  | Date            |  |  |
| SENDCO contacted <i>(if applicable)</i> <input type="checkbox"/>     | Staff signature |  |  |
| DSL contacted <i>(if applicable)</i> <input type="checkbox"/>        |                 |  |  |