

ADMISSION FORM



To be completed by student's parent/legal guardian

Child's legal surname:	Child's legal forename:
Middle name(s):	Child's preferred name (if different):
Male/Female	Date of Birth:

Address:

Postcode:

Parent Contact 1 - with whom pupil resides

Name:	Home Phone No:	
Relationship to Child:	Email:	
Daytime Telephone No:	Mobile No:	Work No:

Parent Contact 2 – any other person with parental responsibility

Name of Parent:	Home Phone No:	
Relationship to Child:	Email:	
Address:		
Daytime Telephone No:	Mobile No:	Work No:

Additional Contact for Emergency situations when above numbers cannot be reached:

Name of Contact:	Relationship to child:
Tel No:	Mobile No:
Daytime Address:	

GP

Name:	Contact Details:

Any other agencies working with child (eg medical or therapeutic practitioner, social worker etc)

Name:	Contact Details:

Medical History		
Medical information: any illness, disability, condition or allergy which may affect school progress:		
Ethnicity/Religion/Nationality		
<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Irish	<input type="checkbox"/> Any other Asian background	
<input type="checkbox"/> Gypsy or Irish Traveler	<input type="checkbox"/> Arab	
<input type="checkbox"/> Any other white background	<input type="checkbox"/> Any other ethnic background	
<input type="checkbox"/> African	<input type="checkbox"/> White and Black African	
<input type="checkbox"/> Caribbean	<input type="checkbox"/> White and Black Caribbean	
<input type="checkbox"/> Any other Black/African/Caribbean background	<input type="checkbox"/> White and Asian	
<input type="checkbox"/> Indian	<input type="checkbox"/> Any other Mixed/Multiple ethnic background	
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Prefer not to say	
<input type="checkbox"/> Bangladeshi		
Religion:	First Language:	
Proficiency at English:	Is English spoken as an additional language:	YES/NO
School Meals		
Any special dietary requirements/allergies:		
NB: Further information regarding Free School Meals and Pupil Premium are attached		
Free School Meals: YES/NO	Paid school meals: YES/NO	Pupil Premium: YES/NO
Borough providing free school meals and start date of entitlement:		
How will you child travel to/from school?		
<input type="checkbox"/> Taxi	<input type="checkbox"/> Public transport	<input type="checkbox"/> Parent/Guardian
		<input type="checkbox"/> Walk
If a local authority is providing transport please advise contact details for transport:		
<p>I have read all parts of this form and confirm I agree to Addington Valley Academy processing personal data contained in this form, or other data which the school obtains from me or other people. I agree to the processing of such data for any purpose connected with my child's studies or their health and safety or for any other legitimate reason in compliance with the General Data Protection Regulation (GDPR). Please sign below to confirm the above and the information provided is correct at the time of completion.</p> <p>Addington Valley Academy is committed to the protection of individual's privacy. When developing and reviewing our systems we adopt a privacy design by approach. Your data will be held and processed in compliance with GDPR. Our privacy notice can be viewed at https://addingtonvalley.org/</p>		
Signature Parent/Guardian		
Date:		
OFFICE USE ONLY		
Date of Admission:	Admission No:	Admission Officer: