

Student Admission Form

CONFIDENTIAL

PLEASE COMPLETE THIS FORM IN CAPITALS & BLACK INK

2023/24

1 - BASIC DETAILS

Legal Forename		Preferred Forename	
Legal Surname		Preferred Surname	
Middle Name/s		Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Preferred Pronouns (optional)	He/Him <input type="checkbox"/>	She/Her <input type="checkbox"/>	Them/They <input type="checkbox"/> Other _____
Flat/Maisonette Number			
House Number		Street	
Town		Post Code	

2A - PARENT/CARER CONTACT DETAILS

PLEASE

- Provide details of all persons who have Parental Responsibility
- A copy of the student's Birth Certificate/Passport will be required
- Notify us of any changes as we need to be able to contact the right person quickly if your child is ill

PRIORITY CONTACT 1		Relationship to child	
Full Name			
Relationship status (if Mother or Father) Please TICK below			
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/> Live with Partner <input type="checkbox"/> Civil Partner <input type="checkbox"/>
Address			
Flat/Maisonette Number		Flat/Maisonette Name	
House Number		Street	
Town/City		Postcode	
Home Tel		Mobile Tel	
Work Tel		Email	
PRIORITY CONTACT 2		Relationship to Child	
Full Name			
Relationship status (if Mother or Father) Please TICK below			
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/> Live with Partner <input type="checkbox"/> Civil Partner <input type="checkbox"/>
Address			
Flat/Maisonette Number		Flat/Maisonette Name	
House Number		Street	
Town/City		Postcode	
Home Tel		Mobile Tel	
Work Tel		Email	

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2B - ADDITIONAL CONTACT DETAILS

PLEASE ensure that consent is given before entering personal details

- Enter the details of any other persons that we could contact in the event of an Emergency
- We will contact Parent/Carers first
- Additional contacts will be contacted if we are unable to contact Parents/Carers

ADDITIONAL CONTACT 1		Relationship to child	
Full Name			
Home/Work Tel		Mobile Tel	
ADDITIONAL CONTACT 2		Relationship to child	
Full Name			
Home/Work Tel		Mobile Tel	

2C - FAMILY LINKS

PLEASE give the name, year group and TICK Male or Female of any siblings or other family members attending Grace Academy

Name		Year		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Relationship	
Name		Year		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Relationship	
Name		Year		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Relationship	

3 - MEDICAL INFORMATION

Doctor/Surgery Name		Doctor/Surgery Tel	
Doctor/Surgery Address		Postcode	

The Equality Act defines a disabled person as anyone who has, or has had a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities

Therefore, do you consider the student to have a disability or long term health condition? Yes ☐ No ☐

Disability and/or Medical Conditions information (including allergies and medication taken)

As a school we will need to process personal data to carry out official functions. However, due to changes in the law relating to individual's personal data (This is called General Data Protection Regulations - GDPR) we will require further consent from you throughout your child's time with us at Grace Academy. It is essential that information is completed and returned promptly so that your child does not miss out on any opportunities where consent is required. You may withdraw your consent at any time by writing to the Principal at the Academy.

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4 - ETHNIC/CULTURAL INFORMATION

To help in monitoring Equal Opportunities PLEASE TICK BELOW for both Ethnicity and Religion in relation to the student

White-English		Black-African		Bangladeshi		White/Black African	
White-Irish		Black-Caribbean		Pakistani		White/Black Caribbean	
White-Scottish		Black-Any Other		Chinese		White/Asian	
White-Welsh		Gypsy/Roma		Asian/Any Other		White/Any Other	
Traveller Irish Heritage		Prefer Not to Say		Other Please Specify			

5 - RELIGION

Buddhist		Christian		Hindu		Jehovah's Witness	
Jewish		Muslim		Sikh		Refused	
No Religion		Other Please Specify					

6A - LANGUAGE & NATIONALITY

Home Language			Passport Number		
First Language			Passport Expiry Date		
English as an Additional Language	Yes	No	6B - ASYLUM STATUS (Please Tick)	Asylum Seeker <input type="checkbox"/>	Refugee <input type="checkbox"/>

7 - ADDITIONAL INFORMATION

Previous School		Reason for Leaving	
Start Date		Leave Date	
Has your child ever been excluded from a school or Academy? If so, please give details			

PHOTOGRAPH/VIDEO IMAGES

Grace Academy would like to use photographs, quotes and video images of your child. These can be used to demonstrate or promote activities relating to the Academy's curriculum and extra curriculum provision. Therefore, quotes and images may appear within the Academy or externally. This may include the Academy website, social media pages, newsletters, associated print and television appearance. Please TICK below to give your consent to your child's name being used and your child being photographed or videoed. If you wish to withdraw your consent at any time, please do so by writing to the Principal at the Academy. Please note in addition to the above your child's image will be retained on the Academy database for identification purposes only.

Internal Photo Consent		External Photo Consent		Students Full Name next to any image	
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Although safeguarding is a priority at Grace Academy, please note that the internet can be viewed throughout the world. Further information is available on our website within the Digital Policy, as to Academy requirements for Student and Staff safety.

8 - SIGNATURE

General Data Protection Regulations. The Academy will hold personal relevant data relating to your child and yourself. Under the GDPR the Academy has a duty to protect this information and keep it up to date. The Academy is required to share some of the data with the Local Authority and with the DFE. I certify to the best of my knowledge, the information given on this form is true and correct.

Relationship to Child		Date	
Parent/Carer Signature			

How did you hear about Grace Academy? (Please TICK all that apply)

Community <input type="checkbox"/>	Media <input type="checkbox"/>	Academy Website <input type="checkbox"/>	Primary School <input type="checkbox"/>	Friend/Family <input type="checkbox"/>	Other <input type="checkbox"/>
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OFFICE USE ONLY

INPUT TO SIMS - STAFF SIGNATURE & DATE		SCANNED TO LINK DOCS - STAFF SIGNATURE & DATE		
ADMISSION NUMBER		YEAR		TG