



Post 16 Student Prospectus

This booklet contains information regarding our curriculum offering for September 2022



Post 16

Grace. Potential. Excellence. Respect. Integrity.

Your Future Our Commitment

**PLEASE COMPLETE THIS FORM IN CAPITALS &
BLACK INK**

CONFIDENTIAL

2022/23

1 – BASIC DETAILS											
Legal Forename		Preferred Forename									
Legal Surname		Preferred Surname									
Middle Name/s		Date Of Birth		Male		Female					
Flat/Maisonette Number		Flat/Maisonette Name									
House Number		Street									
Town		Post Code									
2A – PARENT/CARER CONTACT DETAILS											
PLEASE											
<ul style="list-style-type: none"> • Provide details of all persons who have Parental Responsibility. • A copy of the student's FULL Birth Certificate 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		Married		Divorced		Separated		Live With Partner		Civil Partner	
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		Married		Divorced		Separated		Live With Partner		Civil Partner	
Address											
Flat/Maisonette Number		Flat/Maisonette Name									
House Number		Street									
Town/City		Postcode									
Home Tel:		Mobile Tel:									
Work Tel:		Email:									

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	Female	Relationship

3 – MEDICAL INFORMATION

Doctor/Surgery Name:		Doctor/Surgery Telephone:	
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? If yes, please provide further information below including auxiliary aids required.	Yes	No
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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 individuals personal data (This is called General Data Protection Regulation 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. If you require further information about these changes please state here how you would like to receive information.

Telephone:		Email Address:	
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Post 16 application Form 2022

4 – ETHNIC/CULTURAL INFORMATION								
To help in monitoring Equal Opportunities PLEASE TICK RIGHT HAND SIDE 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				
Nationality				6B – ASYLUM STATUS - Please TICK				
English as an Additional Language	Yes		No		Asylum Seeker		Refugee	
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 & images may appear within the Academy or externally. This may include the Academy website, social media pages, newsletter's, associated print and television appearances. Please TICK 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.								
Photograph/Video/Quote Consent					Student Full Name Next to any Image/Photo Consent			
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 and other Policies, 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 that 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		Media	
Academy Website						Primary School		
					Friend/Family		Other	

OFFICE USE ONLY

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

Student name:	D.O.B	Form:
Date:	Year:	

Address:

Parent/Carer:		
Telephone number(s)		
Mobile:	Work:	Home:

Doctor:
Contact number:
Extra Care:
Consultant:

Medical condition(s) and details:
Actions to take in case of an emergency:
Any Medication:
Last episode/triggers:

SEND assessment:

I agree to my child having any educational or SEN screening completed where felt necessary in order to maximise their progress

At Grace Academy we operate a two tier system.

ALL students have a completed medical questionnaire (this document) saved to their file, and their medical details are available to staff in case of medical incident.

Pupils with more serious medical conditions (including: asthma; eczema; allergies; epilepsy; diabetes; physical disability; visual or hearing impairment; digestive orders) carry an IHCP (individual Healthcare Plan) which is attached to their individual file in case of emergency.

If you feel that your child requires an IHCP please tick this box and our Medical Needs Coordinator will contact you to complete the IHCP paperwork

All PARENTS/CARERS:

I..... agree to this medical document being shared with staff, and if necessary with medical professionals. I will notify Grace Academy Darlaston if my child's condition changes.

SIGN..... PRINT.....Date.....

