

Student Admission Form

CONFIDENTIAL

2023/24

PLEASE COMPLETE THIS FORM IN CAPITALS & BLACK INK

1 – BASIC DETAILS

Legal Forename		Preferred Forename				
Legal Surname		Preferred Surname				
Middle Name/s		Date Of Birth		Male		Female
Preferred pronouns (optional)	He/Him	She/Her	Them/They	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 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:	
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Full Name:	
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Relationship Status (If Mother or Father) Please TICK below:

Single		Married		Divorced		Separated		Live With Partner		Civil Partner	
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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:	
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Full Name:	
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Relationship Status (If Mother or Father) Please TICK below:

Single		Married		Divorced		Separated		Live With Partner		Civil Partner	
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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		Female		Relationship	
Name		Year		Male		Female		Relationship	
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

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.

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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	
		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.			

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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