



To be completed and returned to school on Enrolment Day

Please use BLOCK CAPITALS

The information you give on this form will help us give your child the best possible support. It is important therefore that you fill in this form as accurately as possible. The personal information you give will be held on our computer systems and by the Children's Services Department and is covered by data protection legislation. Some of the data you give is required by the Department for Education, for local and national statistics.

1. Student Details:

Legal surname: _____ Preferred surname: _____
(if different)

First name: _____ Preferred first name: _____

Middle name(s): _____

Home address: _____

Male Female Other

Date of birth

Day	Month	Year
-----	-------	------

Town: _____ Is this address permanent or temporary? _____

Post code: _____ Home telephone no: _____

Student Mobile Telephone No: _____ (in the event that students may need to be contacted regarding exams)

Ethnicity: Please complete the separate form at the back of this Admissions Form to record your child's ethnic background.

Religion: _____ Student's first language*: _____

Can the student: Read in this language* Yes / No Write in this language* Yes / No

Language(s) spoken at home: _____

*Note: Fields marked * are optional.*

The school will require to see the student's Passport or Birth Certificate - please bring this to enrolment when returning this Admission Form

2. Family Details:

Parent / carer 1

Parent / carer 2

Title: _____ Title: _____

Surname: _____ Surname: _____ First name: _____

_____ First name: _____ Address: _____

_____ Address: _____

Postcode: _____ Postcode: _____

Date of birth:* _____ Date of birth:* _____

Home tel: _____ Home tel: _____

Work tel: _____ Work tel: _____

Mobile no. _____ Mobile no. _____

Email address: _____ Email address: _____

Relationship to student: _____ Relationship to student: _____

National Insurance No:* _____ National Insurance No:* _____

*Note: Fields marked * are optional, but if you complete them we can check whether your child qualifies for the Pupil Premium which gives additional funding to the school.*

Parental Responsibility (PR):

Parental responsibility means the legal **rights, duties, powers, responsibilities** and authority a **parent** has for a child and the child's property. A person who has **parental responsibility** for a child has the right to make decisions about their care and upbringing. Further information and clarification can be found here: <https://www.gov.uk/parental-rights-responsibilities>

Parental responsibility: **Yes / No**

Parental responsibility: **Yes / No**

First language: _____

First language: _____

Is a translator required? **Yes / No**

Is a translator required? **Yes / No**

Should correspondence be addressed to this person? **Yes / No**

Should correspondence be addressed to this person? **Yes / No**

Should correspondence be addressed jointly? **Yes / No**

Are you Asylum Seekers? **Yes / No**

Are you Travellers? **Yes / No**

Does your child have any brothers or sisters currently attending this school? **Yes / No**

Does your child have any brothers or sisters who hope to attend this school in the future? **Yes / No**

If you answered 'Yes' to either of the above two questions, please give details:

Full Name	Date of Birth	Year Group	Year of Entry

3. Lunch arrangements: (please tick the relevant box)

School dinners only Packed lunch only Both school dinners and packed lunch

Is your child currently eligible for Free School Meals (not including UIFSM)? **Yes / No**
 Has your child been in receipt of Free School Meals at any point in the last 6 years? **Yes / No**
 Has your child ever been in receipt of Pupil Premium or Pupil Premium Plus? **Yes / No**

4. Community Nursing:

I agree to my child having Community School Nursing team health checks **Yes / No**

If this question is not answered we will assume that you require Community School Nurse input.
 (Schools can give you information regarding the Community School Nursing Service).

5. Travel Arrangements: (please tick the relevant box)

Walk Cycle Public transport Car/car share

6. Medical details:

We need to know about any medical conditions your child may have. Please tick **all** relevant boxes:

Asthma	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	ASD	<input type="checkbox"/>	Eyesight problems	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Hearing problems	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>

Other (please specify): _____

Does your child suffer from any other medical conditions that we should be aware of? **Yes / No**

If 'Yes', please specify here. Please also include those that do not require regular treatment or medication but may impact on their ability to take part in general school activities or a condition which may be exacerbated by general school activities:

(Please continue on a separate sheet if necessary).

Does your child require any ongoing medical treatment, including the administration of prescribed medication either at home or during the school day e.g. Insulin / Ritalin? **Yes / No**

If 'Yes', please give clear information about the name of the medication, strength and dose even if it is not required during the school day.

Does your child wear corrective glasses or contact lenses? **Yes / No**

Does your child use a hearing device e.g. Cochlear Implant? **Yes / No**

If 'Yes', please give full details:

Does your child have any allergies that we should be aware of (e.g. an allergy to plasters, antibiotics or any other medicines or food)? **Yes / No**

If 'Yes', please give full details:

Does your child have any dietary needs that we should be aware of e.g. Coeliac / Vegan / Pescatarian/ Vegetarian / Kosher? **Yes / No**

If 'Yes', please give full details:

Emergency Contact Details:

The school has a duty of care to our students, which includes having the contact details of other people close to the child if there are time-sensitive issues i.e. when the school has been unable to contact the parent(s) in an emergency or time-sensitive situation. Examples of emergency or time-sensitive situations are illness or injuries, other medical emergencies, or emergency school closures due to adverse weather or site issues.

By providing the contact information for other individual(s) below, you confirm that the individual(s) have authorised you to share their details with the school and that they are aware that the school will use the details in an emergency or time-sensitive situation. You have made the individual(s) aware that the details may be shared with other individuals who have PR for the child.

Full Name	Landline Tel	Mobile Number	Relationship to Student
	(H)		
	(W)		
	(H)		
	(W)		
	(H)		
	(W)		
	(H)		
	(W)		

7. Emergency Treatment:

Parental Declaration

I/we consent to my child receiving emergency hospital treatment should it be considered necessary and to a member of school staff signing the consent form if I am/we are unable to be contacted. I/we understand that that the information provided above may be shared with healthcare professionals as required in an emergency.

1) Signed: _____ Date: _____

Relationship to child: _____

2) Signed: _____ Date: _____

Relationship to child: _____

Doctor's Details:

Doctor's name: _____ Practice name: _____

Practice address: _____

_____ Tel number: _____

8. Previous School(s):

Name of the last school attended: _____

Address: _____ Dates attended: From: _____

_____ To: _____

_____ Reason for leaving: _____

Postcode: _____ Tel number: _____ Number of other schools attended in the UK: _____

UCI Number (if known): _____ ULN Number (if known): _____

9. Additional Support:

Does your child have an Education, Health and Care Plan (EHCP)? **Yes / No**

Does your child receive SEN Support at their current school? **Yes / No**

Does your child have an Additional Needs Plan (ANP)? **Yes / No**

Does your child have a communication or interaction need e.g. Speech and Language need, Autistic Spectrum Condition (ASC) or language processing difficulty? **Yes / No**

Does your child have a Cognition and Learning need e.g. Dyslexia? **Yes / No**

Does your child have a Social, Emotional and Mental Health need? **Yes / No**

If 'Yes, please indicate their need:

Diagnosis of anxiety		Behavioural need	
Mental Health difficulty		ADHD / ADD / ODD / PDA	

Does your child have a Sensory and Physical need? **Yes / No**

If 'Yes, please indicate their need:

Visual impairment	
Hearing impairment	
Physical disability	

Do you have contact with any outside agencies? **Yes / No**

If 'Yes, please tick to indicate which outside agencies your child received support from:

CAMHS		Communication Language and Autism Support Service (CLASS)	
Education Psychology Service		Education Support Attendance and Behaviour Service (ESBAS)	
Education Welfare Service		Occupational Therapist (OT)	
Social Services		Speech and Language Therapy (SALT)	
Youth Support Services		Other (please indicate)	

Please indicate whether your child had any special arrangements for their GCSEs eg. use of laptop, extra time, reader etc. Please state if 'none' or otherwise list below.

10. Parental Declaration:

The details supplied on this form are correct to the best of my/our knowledge. I/we understand that the Head Teacher must be informed of any changes which might affect my/our child's education.

Signed: _____ Parent / carer (1) Date: _____

Signed: _____ Parent / carer (1) Date: _____

Assistance

If you have any questions about the form and how to complete it, please contact the School Office.

Data Protection

Personal information will be held and processed by the school in accordance with the Privacy Notice available here: <http://www.gildredgehouse.org.uk/our-school/data-protection/>

Please return this form at enrolment

Ethnic Background Monitoring Form*

Student's name: _____ Class (if known): _____

We want to make sure that everyone who uses our services is treated fairly. Finding out more about who uses our services helps us to know if we are doing a good job for all people.

Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

Please study the groups listed below and tick **one box only** to indicate the ethnic background of the student named above. There are no right or wrong answers, just mark the box that you think best describes your child. *Providing this information is optional and, if you wish to decline to provide the information, please tick 'Prefer not to say'.

White		Black or Black British	
White English		Caribbean	
White Irish		African	
White Scottish		Any other Black background	
White Welsh			
Gypsy / Roma		Asian or Asian British	
Traveller of Irish heritage		Indian	
Any other White background		Pakistani	
		Bangladeshi	
Mixed		Any other Asian background	
White and Black Caribbean		Chinese	
White and Black African			
White and Asian		Prefer not to say	
Any other Mixed background			
Other group (please specify)			

Please note the information you give will be passed on to future schools, to save it having to be asked for again.

Signed: _____ Parent / carer (1) Date: _____

Please return this form at enrolment