**Student Admission Form – September 2020 – July 2021**

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| **Date of Admittance:** | **Registration Group:** |

 **PLEASE NOTE:** Following the implementation of the Children Act 1989, details of all those with parental responsibility for the child named, must be on the School Registration Form. Please provide the full names and addresses on this form.

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| 1. **Current Details of Student**
 |
| **Surname:** |  |
| **Forename(s):**(Please underline preferred name) |  |
| **Date of Birth:** |  | **MALE/FEMALE** (Delete as appropriate) |
| **Surname on the Child’s birth certificate (legal surname) if different from above:** |
| **2. Home Address:** |  |
|  |
|  **Postcode:** |
| **Telephone:** | **Home:** | **Mobile:** |
| 1. **Details of Parents/Carers**
 |
| **Natural Mother:** | **Miss/Mrs/Ms** |
| **Address:**(If different from child) |  |
|  **Postcode:** |
| **Telephone:** | **Home:** | **Mobile:** |
| **E-mail address:** |  |
| **Natural Father:** | **Mr** |
| **Address:**(If different from child) |  |
|  **Postcode:** |
| **Telephone:** | **Home:** | **Mobile:** |
| **E-mail address:** |  |
|  |
| **Others having Parental Responsibility** |
| **Name:** | **Name:** |
| **Relationship:** | **Relationship:** |
| **Address:** | **Address:** |
| **Tel. Home:** | **Tel. Mobile:** | **Tel. Home:** | **Tel. Mobile:** |
| **Parent/Carer serving with any of the Armed Forces?** (please tick) | **YES** |  | **NO** |  |
| **Youth Support Services:** Do you have any objections to your child being contacted by Youth Support Services regarding careers advice? (please tick) | **YES** |  | **NO** |  |
| **4. Medical Information** |
| **Which Doctor is your child registered with?** | **Dr.**  |
| **Surgery Address:** |  |
|  **Postcode:** |
| **Telephone:** |  |
| **Are there any long term medical conditions?** |
| **Is there any long term medication being taken?** |
| **5. Government required information** (please tick or complete applicable sections ) |
| **Ethnic Background:** | **Religion:** |
| **White** |  | **Nationality:****(Please specify below)** | **Church of England** |  |
| **Black – African** |  |  | **Roman Catholic** |  |
| **Black – Caribbean** |  | **Country of Birth:** **(Please specify below)** | **Methodist** |  |
| **Black – Other** |  |  | **Hindu** |  |
| **Indian** |  | **Home Language:** **(Please specify below)** | **Jewish** |  |
| **Pakistani** |  |  | **Muslim** |  |
| **Bangladeshi** |  |  | **Sikh** |  |
| **Chinese** |  |  | **No religion** |  |
| **Any other ethnic group** (describe below) |  |  | **Other**(Specify below) |  |
| **6. Emergency contacts (please contact us as soon as any changes to this information occur)** |
| **1st Contact Priority** | **Name:** |  |
| **Address:** |  |
|  |
| **Daytime Telephone:** |  | **Relationship:** |  |
| **2nd Contact Priority** | **Name:** |  |
| **Address:** |  |
|  |
| **Daytime Telephone:** |  | **Relationship:** |  |
| **IF YOU HAVE MORE CONTACTS PLEASE INFORM THE ACADEMY** |
| **7. Security Questions for when you contact the academy** |
| **Please choose 3 from the list below and provide the answers. These questions will be used as security questions should you need to contact Padgate Academy about your child** |
| **1. Your mother’s maiden name:** |  |
| **2. A memorable place:** |  |
| **3. You first pet’s name:** |  |
| **4. A memorable date:** |  |
| **5. Your childhood friend:** |  |
| **6. Your first job:** |  |
|  |
| **8. Lunchtime Arrangements** (please tick applicable) |
| **School meal** |  | **Free** |  | **Paid** |  | **Packed Lunch** |  |
| **Padgate Academy use a Biometric Cashless Catering System which allows your child to pay for their school food without the need to carry cash.****I give consent for my child to be registered on the Biometric Cashless Catering System.** |
| **Parent/Carer name:** |  |
| **Signature:** |  | **Date:** |  |
| **Student name:** |  | **Year:** |  |
| **Parental Responsibility: Declaration and signature of Parent/Carer** |
| I certify that I am the person with parental responsibility for the child named above, and that the information given is true and accurate to the best of my knowledge and belief. I understand that any false or deliberately misleading information given on this form and in any supporting information my lead to the offer of a school place being withdrawn. |
| **Parent/Carer Signature** |  |
| **Travelling to the Academy** (please tick applicable) |
| **Walk** |  | **Bus** |  | **Car** |  | **Taxi** |  |
| **Train** |  | **Bicycle** |  | **Other**(specify) |  |
| **Date** |  |
| **Additional questions for children entering Padgate Academy at Year 7** |
| **Have you any Brothers or Sisters at Padgate Academy?** |
| **Brothers** |  |
| **Sisters** |  |
| **Are there any special friends (only one or two) that you would like to be with in your new class? Remember that you will make lots of new friends before September and when you come to Padgate Academy. We cannot make any promises but we will check with your class teacher to see what we can do.** |
| **Name(s)** |  |
|  |
| **Tell us about one achievement you are really proud of.** |
|  |
| **Have you any interests outside of school? This is the place to tell us if you have any special gifts and talents.** |
|  |
| **Any other relevant information: (Please make a note here if it is possible that you may or may not be coming to Padgate Academy e.g. if you are moving house to another area or hoping to attend another High School. It is also helpful to know about any special help or support that you will need, or any medical conditions.)** |
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MS/JAN 2019