



GUILSBOROUGH ACADEMY ADMISSIONS FORM

Office Use Only

Date of Admission: Previous/Primary School:
Date Received: Input By: Date:
Bus Route Allocated: House Allocated.....

The academy and the Local Education Authority are required under Data Protection legislation to comply with essential good practice in respect of the information collected here and to manage it securely. The individuals who are the subject of the information or who have parental/guardian responsibility are generally entitled to see the information and are encouraged to help keep information up to date. This information will be used for educational, planning or managerial purposes, including the **Prospects Service**.

CHILD'S DETAILS

NB: LEGAL surname MUST be as it appears on the child's birth certificate. If you wish your child to be known by another name, please indicate in the appropriate box below.

Legal Surname of Child:	Surname by which child is known:	
Forename(s):	Chosen Name:	
Date of Birth:	Sex (M/F):	Tutor group: (to be completed by staff)
Parent / Guardian 1 (Priority 1)	Parent / Guardian 2 (Priority 2)	
Name:	Name:	
Address:	Address:	
.....	
Post Code:	Post Code:	
Home Telephone:	Home Telephone:	
Mobile Number:	Mobile Number:	
Email contact:	Email contact:	
This will be used for ALL correspondence.		
Please tick box if child lives at this address <input type="checkbox"/>	Please tick box if child lives at this address <input type="checkbox"/>	
Does this person have parental responsibility? Delete as appropriate Yes/No	Does this person have parental responsibility? Delete as appropriate Yes/No	
If parents are separated/divorced, has a court order been issued? YES <input type="checkbox"/> NO <input type="checkbox"/> (please provide a copy)		



EMERGENCY CONTACTS

Please list below any **additional** emergency contacts who can be contacted if priority 1 and priority 2 numbers are unavailable. These are very important to us. If your child becomes ill during the day, we need to be able to contact you or someone acting on your behalf who is able to collect your child. Please give at least two contact numbers. If you have no relatives in the area, then please ask a friend, neighbour or child minder if they would be willing to act as an emergency contact.

Contact Name	Relationship	Contact Address (optional)	Contact Telephone No	Priority
			Home	3
			Work	
			Mobile	
			Home	4
			Work	
			Mobile	
			Home	5
			Work	
			Mobile	

NATURAL PARENTS (if not previously listed)

Contact Name	Relationship	Contact Address	Contact Telephone No.
			Home
			Work
			Mobile
Contact Name	Relationship	Contact Address	Contact Telephone No.
			Home
			Work
			Mobile

BROTHERS AND SISTERS ATTENDING GUILSBOROUGH ACADEMY

Name:
Name:
Name:



MEDICAL INFORMATION

Doctor's Name: Address of Surgery: Doctor's Telephone number:	Please provide details of any medical information that the academy should know about. Also please provide any relevant information to your child participating in sports fixtures or in PE lessons (continue on a separate sheet if required).
Allergies:	
Dietary Needs:	

Could you please advise whether there is anything in the birth history of this child we need to be aware of? (e.g. premature/low birth weight)

INTERESTS OUTSIDE OF SCHOOL

Please provide details of any interests your child has outside of school (e.g. sports/dance/music), together with the details of any clubs they are members of:

Please turn over



ETHNICITY (to be completed on behalf of ALL children)

The collection of ethnicity based data is becoming increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information you are asked to give below is for educational purposes and will be used only to enhance the provision for all pupils in Northamptonshire Schools.

Please tick the appropriate box:

Ethnic origin of Child

White

- British
- Irish
- Traveller Irish Heritage
- Gypsy/Roma
- Any other white background

Black or Black British

- Caribbean
- Other Black African
- Somali
- Any other Black background

Language (the language normally spoken in the child's home)

- English
- Other, please state below:
.....
- English as a 2nd Language

Origin of Birth:		Nationality:	
------------------	--	--------------	--

Mixed

- White/Black Caribbean
- White/ Black African
- White /Asian
- Any other mixed background

Chinese

- Chinese

Any other Ethnic Background

- Other Ethnic Group
- Vietnamese

Religion of Child

- Christian
- Hindu
- Jewish
- Muslim
- No religion
- Other religion
- Refused
- Sikh

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

- I do not wish an ethnic background to be recorded

Information provided by:

- Parent Guardian Pupil

MEALS

- Free School Meal School Meal Packed lunch

TRAVEL

- Car Dedicated School Bus Public transport Walk Other, please specify

Signature of parent/guardian: **Date:**

Name (in BLOCK CAPITALS): **Title:**