

	New Pupil Enrolment Form
Gener	This information will remain confidential and will be used by school in line with the al Data Protection Regulations [GDPR] and the Data Protection Act 2018. You will be d with our 'Parental Data Consent Form' to read & sign. See also our academy website for further details.
Pupil Deta	<u>uils</u>
Legal Surr	name: Date of Birth: //
	Middle name(s)
Preferred I	Names [if used] Gender: Female / Male
Birth Cert	
Home Add	ress
	Post Code
lf you are a	pplying for a Nursery place please tick here:
Child's Rel	gionEthnicity
Nationality	Country of Birth
Languages	spoken at home
Previous S	chool or early years provision
Siblings: I	f your child has any siblings, please provide their names, ages
Name	AgeClass/School
Name	AgeClass/School
Name	Age Class/School
	Does your child have a parent currently serving in the UK Military Yes No
	ail any court orders applying to the child e.g. Residency Order/Child Arrangement

Has this child ever been	in local authority care?			
If so, please state the rea	ason why this child has l	eft care. Please t	ick	
Adoption Child Arrangement O		Order 🛛	Resid	dence Order 🛛
Copy of order seen and c	opy made for academy p	urposes		
Parents' Details		-		
Do you have a suppo	rt worker or social wo	orker supportin	g your fan	nily Yes 🗆 No 🗆
Additional Information				,
Legal Parental Responsib				
Details of EVERY PARENT LEGAL PARENTAL RESP	/GUARDIAN of the child, ii ONSIBILITY.	ncluding biological	parents and	parents with
<u>1</u> . Mr/Mrs/Miss/Ms	Legal Forename	Legal Surnan	ne	Relationship to child Mother/Father
Address (if different from Daytime Telephone Num *Parents' Date of Birth	bers Home: * Parents' National Inst	Mob urance Number	*We will us	Work: se this information to find
	or NASS Number		out if your child is entitled to a pupil premium grant which will allow the academy to access additional learning support funding.	
<u>2.</u> Mr/Mrs/Miss/Ms	Legal Forename	Legal Surnam	ne	Relationship to child Mother/Father
Address (if different from	n child's address)			
Daytime Telephone Num	bers Home:	Mobi	ile:	Work:
*Parents' Date of Birth	* Parents' National Insu or NASS Number		*We will us out if your premium g academy te	se this information to find child is entitled to a pupil rant which will allow the o access additional upport funding.

Email of parent with legal parental responsibility.....

Emergency contact details family members / friends willing to collect your child on your behalf in case of an emergency **if you cannot be contacted**.

Contact Order 1 Mr/Mrs/Miss/Ms	Legal Forename	Legal Surname	Relationship to child e.g. Grandparent/Step Father /Childminder
Address (if different	t from child's address)		
	nom child s'address)		
Daytime Telephone	Numbers		
Home:	Mobile:		Work
Contact Order 2 Mr/Mrs/Miss/Ms/Ms	Legal Forename	Legal Surname	Relationship to child e.g. Grandparent/Step Father /Childminder
Address (if different	from child's address)		
Daytime Telephone	Numbers		
Home	Mobil	e	Work
Contact Order 3 Mr/Mrs/Miss	Legal Forename	Legal Surname	Relationship to child e.g. Grandparent/Step Father /Childminder
Addropp (if different	for a fill of the second se		
Address (if different	nom child's address)		
Daytime Telephone	Numbers		
Home	Mobile	Э	Work
Contact Order 4 Mr/Mrs/Miss/Ms		Legal Surname	Relationship to child e.g. Grandparent/Step Father /Childminder

Daytime Telephone Numbers Home:	N # 2 *1		
Please confirm that the above nam	Mobile: ned persons have given	Wor consent for our school to h	<u>k</u> old their name
address and phone number			era aren hanno,
Signed		_Date	
Medical Details			
Do you give permission for the sch			
Do you give permission for the sch	ool to administer first ai	d in an emergency	Yes 🗆 No 🗆
Please provide details of any medic action that should be taken (Asthma	a, Epilepsy, Allergies to	bee stings nuts or particula	ny emergency ar medicines etc.)
Medical Practice name	Τ	elephone	
Doctor's name			
Dietary Requirements			
Is your child entitled to Free School	Meals Yes	□ No □	
This does not include Universal Infa eligible. Please complete the I	ant Free School Meals v Free School Meals form	where all children in Recept the academy will provide.	ion Year 1 & 2 are
Please provide details of any dietary below. Please tick any that apply, ev	y requirements that we ven if your child will be	should be aware of by tickir bringing a packed lunch.	ng the boxes
My child can eat all foods \Box My	child does not eat pork	□ My child does not ea	ıt beef □
My child can eat vegetarian food an	d fish 🗆 My child is v	vegetarian (no meat or fish)	
	food intolerances		

Parental Consent for / Understanding/Awareness of (please circle) Notes
Use of Internet Permission Yes No
Only Jewellery to be worn stud earing/Watch Yes No
I understand that all jewellery must be removed for PE. Yes No
Photographs/Video for use in School Publication Yes No
Photographs/Video for use on School Website Yes No
Photographs/Video for use within School Premises Yes No
Photographs Class/Individual Photos Yes No
Educational Outings – Local Area Walks
From time to time children will go on a supervised walk in the local area. If children are travelling by any form of transport we will ask your permission for each trip. Please tick to confirm that you consent to local area walks.
Signed
Date
SignedDate Declaration I certify that the information given on this form is accurate to the best of my knowledge.
Declaration I certify that the information given on this form is accurate to the best of my knowledge.
Declaration

for the provision of education to children in accordance with the requirements of The Education Act 1996 and The School Standards and Framework Act 1988