

## CONFIDENTIAL: SCHOOL ADMISSION FORM

We are collecting this personal information from you for the purposes of providing an education to your child and need to process data for the purposes of complying with a legal obligation or performing our public function.

Please Note - Filling out this form does not constitute an offer of admission.

### Section 1: Name of Parent(s) / Carer(s)

Name of Parent(s) / Carer(s):	
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### Section 2: Pupil Details

Legal Surname:				Preferred Surname:	
First Name:				Middle Name(s):	
Date of Birth:	Day	Month	Year	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Current Address:					
Postcode:					

### Section 3: First Family Contact

Surname:		First Name:	
Relationship to Pupil:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/>	Other (Please Specify):	
Contact Details:	Daytime	Evening	Mobile:
E-mail Address:			
Postal Address:			
Postcode:			
Communications:	School Report <input type="checkbox"/> Correspondence <input type="checkbox"/> Consent Request <input type="checkbox"/> Policies and Updates <input type="checkbox"/>		

**Section 4: Second Family Contact**

Surname:		First Name:	
Relationship to Pupil:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/>	Other (Please Specify):	
Contact Details:	Daytime	Evening	Mobile:
E-mail Address:			
Postal Address:			
Postcode:			
Communications:	School Report <input type="checkbox"/> Correspondence <input type="checkbox"/> Consent Request <input type="checkbox"/> Policies and Updates <input type="checkbox"/>		

**Section 5: Priority One - Contact Details (Emergency)**

Surname:		First Name:	
Relationship to Pupil:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/>	Other (Please Specify):	
Contact Details:	Daytime	Evening	Mobile:
E-mail Address:			
Postal Address:			
Postcode:			

**Section 6: Priority Two - Contact Details (Emergency)**

Surname:		First Name:	
Relationship to Pupil:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/>	Other (Please Specify):	
Contact Details:	Daytime	Evening	Mobile:
E-mail Address:			
Postal Address:			
Postcode:			

**Section 7: Priority Three - Contact Details (Emergency)**

Surname:		First Name:	
Relationship to Pupil:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/>	Other (Please Specify):	
Contact Details:	Daytime	Evening	Mobile:
E-mail Address:			

Postal Address:	
Postcode:	

### Section 8: Siblings

If the Pupil has brothers or sisters (including half-brothers or sisters, stepchildren, adopted or fostered children) living with the same family at the same address, who attend the School, please provide details below.

Siblings Surname:		Siblings First Name:	
Relationship to Pupil:		Siblings Date of Birth:	
Siblings Surname:		Siblings First Name:	
Relationship to Pupil:		Siblings Date of Birth:	
Siblings Surname:		Siblings First Name:	
Relationship to Pupil:		Siblings Date of Birth:	

### Section 9: Dietary Arrangements

Pupil's Dietary Needs:	School Meals <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Other <input type="checkbox"/>
Relevant Food Allergies and Dietary Needs:	

### Section 10: Medical

☐ I authorise the school to initiate appropriate and reasonable medical treatment.

Name of Medical Practice:	
General Practitioner (GP):	
Contact Details:	Practice Telephone
Medical Practice Address:	
Postcode:	

### Section 11: Current or Last School or Academy

Name of School or Academy:								
Dates of Attendance:	Day	Month	Year	<b>to</b>	Day	Month	Year	
Has the Pupil been Excluded:	Yes <input type="checkbox"/> No <input type="checkbox"/>							
If Yes, please include the details and dates of the exclusion(s):								

### Section 12: Cultural Information

Ethnicity		Data Source:			
First Language:		Second Language:			
Asylum Seeker:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Refugee Status:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Traveller Status:	Yes <input type="checkbox"/> No <input type="checkbox"/>	From Date:	Day	Month	Year
If Yes, please provide the following:	Roma <input type="checkbox"/> English and Welsh Gypsies <input type="checkbox"/> Irish and Scottish Travellers <input type="checkbox"/> Showmen, and Circus people <input type="checkbox"/> Bargees (occupational boat dwellers) <input type="checkbox"/> New Travellers <input type="checkbox"/> Other (Please Specify) _____ <input type="checkbox"/>				
Additional Information:					

### Section 13: Special Educational Needs (SEND)

The Pupil is on the Special Educational Needs (SEN) Record of Need	Yes <input type="checkbox"/> No <input type="checkbox"/>
On selecting this box, our SENDCo will contact you to discuss the Pupil's need and any support required.	

#### Section 14: Pupil Premium Entitlement

Is either of the Pupil's parents or carers in the armed forces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Pupil a 'Looked After Child', or has the Child ever been in care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Pupil currently eligible for Free School Meals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Pupil been eligible for Free School Meals within the last six years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Please provide full details below. We might also need to request documentary evidence for our files.</p> <p style="text-align: right;">Documentation Included <input type="checkbox"/></p>		
<p>Please see our Application Form for information about Pupil Premium and Free School Meals. If you think the Pupil in Section 2 is eligible for Pupil Premium, please complete the online application form at: -</p> <p><a href="http://www.cornwall.gov.uk/education-and-learning/schools-and-colleges/school-meals/">www.cornwall.gov.uk/education-and-learning/schools-and-colleges/school-meals/</a></p>		

#### Section 15: Pupil Data - Careers Southwest

The school is required to share the pupil's name, address and date of birth with 'Careers Southwest'; this will enable them to offer Pupils aged thirteen to nineteen their full support in their preparations and choices both before they leave school and when they transfer to College, University, Training or Employment. The School may seek your additional consent to share further information with 'Careers Southwest' should it be needed and deemed appropriate.

#### Section 16: Cashless Catering Thumbprint Consent

The school uses a cashless catering system. Parents/carers need to open a school gateway account to upload funds for pupils to spend. Pupils access the account in the canteen using their thumbprint to purchase food and drink.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>We would like your consent to store this thumbprint (in the form of a unique code) and use it in the way described above. If you're not happy for us to do this, we will issue a canteen card as an alternative. Please indicate yes to give consent to register a thumbprint or no to be issued a card.</p>		

#### Signature:

I have read and understood the relevant admission criteria before completing this form, and I confirm that: -

- The information that I have given on this form is correct;
- I understand that inaccurate or misleading information may lead to the withdrawal of the place allocated;
- I have parental responsibility for this child.

Signature of Parent / Carer:		Date:	Day	Month	Year
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Please return this form to the School Office as soon as possible

**Pastoral / Registration Information: (For Office Use Only)**

Class:		House:	
Year Group:		Year Taught In:	
Enrolment Status:		Boarder Status:	
Admission Date:		Admission Number:	
UPN:		Attendance Mode:	
Notes:			
Short Birth Certificate (Only) <input type="checkbox"/>		CTF <input type="checkbox"/> Paper File <input type="checkbox"/> Documents <input type="checkbox"/> Assessment Data <input type="checkbox"/>	