



STUDENT ADMISSION FORM

Please complete this form in BLOCK CAPITALS and black ink

1. STUDENT BASIC DETAILS

Legal Forename	<input type="text"/>	Preferred Forename	<input type="text"/>
Legal Surname	<input type="text"/>	Preferred Surname	<input type="text"/>
Middle Name/s	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date Of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		

Flat/Maisonette Number or name	<input type="text"/>
House Number	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
Postcode	<input type="text"/>

2A. PARENT/CARER CONTACT DETAILS

- PLEASE**
- Provide details of all persons who have Parental Responsibility.
 - Notify us of any changes as we need to be able to contact the right person quickly if your child is ill.

PRIORITY CONTACT 1

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name	<input type="text"/> <input type="text"/>
Relationship to student	<input type="text"/>
Flat/Maisonette Number or name	<input type="text"/>
House Number	<input type="text"/>
Street	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Home Tel	<input type="text"/>
Work Tel	<input type="text"/>
Mobile Tel	<input type="text"/>
Email	<input type="text"/>

PRIORITY CONTACT 2

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name	<input type="text"/> <input type="text"/>
Relationship to student	<input type="text"/>
Flat/Maisonette Number or name	<input type="text"/>
House Number	<input type="text"/>
Street	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Home Tel	<input type="text"/>
Work Tel	<input type="text"/>
Mobile Tel	<input type="text"/>
Email	<input type="text"/>

2B. ADDITIONAL CONTACT DETAILS

PLEASE ensure that consent is given before entering personal details.

- Enter the details of any other persons that we could contact in the event of an Emergency
- We will contact Parent/Carers first
- Additional Contacts will be contacted if we are unable to contact Parents/Carers

ADDITIONAL CONTACT 1

Full Name	<input type="text"/>
	<input type="text"/>
Relationship to student	<input type="text"/>
Home Tel	<input type="text"/>
Work Tel	<input type="text"/>
Mobile Tel	<input type="text"/>

2C. FAMILY LINKS

PLEASE

- Give the name, year group and TICK Male or Female of any siblings or other family members attending the school.

Full Name	<input type="text"/>
	<input type="text"/>
Year	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship	<input type="text"/>

Full Name	<input type="text"/>
	<input type="text"/>
Year	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship	<input type="text"/>

Full Name	<input type="text"/>
	<input type="text"/>
Year	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship	<input type="text"/>

3. MEDICAL INFORMATION

Doctor/Surgery Name

Doctor/Surgery Telephone

Doctor/Surgery Address

The Equality Act defines a disabled person as anyone who has, or has had a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities. The school has a duty to make reasonable adjustments.

Do you consider the student to have a disability?

Yes No

Does the student have any long term health condition, allergy or dietary requirement that the school needs to be made aware of?

Yes No

If yes, please provide further information below including auxiliary aids required, dietary requirements, and any emergency action that should be taken (e.g. asthma, epilepsy, allergies).

My child does not suffer from 'photo induced epilepsy' and I give permission for him/her to use computers in school.

Yes No

I agree for first aid to be administered or an ambulance called if necessary.

Yes No

QUESTIONS CONTINUE ON PAGE 3

4. ETHNIC/CULTURAL INFORMATION

To help in monitoring Equal Opportunities please TICK below for both Ethnicity and Religion in relation to the student.

<input type="checkbox"/> White - British	<input type="checkbox"/> Black - Caribbean	<input type="checkbox"/> Prefer Not To Say
<input type="checkbox"/> White - Irish	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Please Specify
<input type="checkbox"/> White/Black African	<input type="checkbox"/> Pakistani	
<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Chinese	
<input type="checkbox"/> White/Asian	<input type="checkbox"/> Gypsy/Roma	
<input type="checkbox"/> Black - African	<input type="checkbox"/> Traveller Irish Heritage	

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> No Religion
<input type="checkbox"/> Catholic	<input type="checkbox"/> Jewish	<input type="checkbox"/> Refused
<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Other Please Specify
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh	

Country of birth

Nationality

First Language

Home Language

English as an Additional Language Yes No

5. ADDITIONAL INFORMATION

Previous School

Reason For Leaving

Start Date Leave Date

Is the student adopted? Yes No

Is either parent a member of the armed forces? Yes No

Is the student in local authority care? Yes No

Does the student have an Educational Health Care Plan? Yes No

Do you agree for your child to participate in local area off-site school trips/activities? Yes No

Do you agree for you child to travel in the school minibus if applicable? Yes No

The minibus is fitted with seatbelts and these must be worn

Usual mode of travel to the school (please indicate)

Bus Walk Bicycle Car Other

QUESTIONS CONTINUE ON PAGE 4

6. CONSENT PREFERENCES

You have choice and control over how our school uses some of your personal data. You may withdraw these consent preferences at any time. Further information about how to do this can be found below.

Please TICK your preference

NON-ESSENTIAL COMMUNICATIONS

In some cases the school will want to contact you to tell you about school events, news, and general updates. Please state if you would like to receive these communications.

Yes

No

NON-ESSENTIAL COMMUNICATION PREFERENCES

Text message Email Social Media Hard Copy

PHOTOS AND VIDEO IMAGES

The school would like to use photographs, quotes and video images of your child to promote the school and its activities. Do you agree to your child's photograph (unidentified) being used in the school prospectus, newsletters, associated print and videos?

Yes

No

May we use your child's image (unidentified) on our website, or on its social media pages?

Yes

No

May we record your child's image (unidentified) on video or webcam?

Yes

No

Do you consent to your child being photographed or filmed in press events agreed by the school?

Yes

No

Do you consent to your child's full name being published with a press photograph?

Yes

No

BIOMETRIC DATA

The school uses biometric recognition for some of its systems - cashless catering and library management. Do you agree for your child's biometric data to be obtained and stored for these purposes?

Yes

No

For data to be shared with the school chosen independent careers information and guidance services

Yes

No

To withdraw or change your consent preferences above please email schoolrecords@carletonhigh.patrust.org.uk

To find out more about how our school uses your personal data then please see our privacy notice which can be found on <http://carletonhigh.patrust.org.uk>

7. PARENT/CARER SIGNATURE

I certify that to the best of my knowledge, the information given on this form is true and correct.

Parent/Carer Name

Parent/Carer Signature

Date:

 / /

OFFICE USE ONLY

SCANNED TO MIS?

YES

INPUT TO MIS?

YES

SIGNATURE & DATE

ADMISSION NUMBER

YEAR

TUTOR GROUP