

SECONDARY 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"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Of Birth	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y		
House Number	<input type="text"/>	Flat Number / Name	<input type="text"/>
Street	<input type="text"/>		
Town	<input type="text"/>		
Postcode	<input type="text"/>		

2A. PARENT/CARER CONTACT DETAILS

PLEASE

- Detail below the order of contact priority in case of an emergency. For safeguarding purposes, we require a minimum of 2 contacts.
- Ensure that consent is given before entering personal details.
- Ensure you provide us with a current email address and mobile number as we communicate with parents/carers via email and text.
- Notify us of any changes as we need to be able to contact the relevant person quickly if your child is ill.
- Note that all correspondence and student reports will be sent to Priority Contact 1. If duplicate copies of student reports and/or correspondence are required, please indicate this by ticking the appropriate box(es) below.

PRIORITY CONTACT 1

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Flat Number / Name	<input type="text"/>
Forename	<input type="text"/>	House Number	<input type="text"/>
Surname	<input type="text"/>	Street	<input type="text"/>
1st Contact Number	<input type="text"/>	Town/City	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Postcode	<input type="text"/>
2nd Contact Number	<input type="text"/>	Relationship to student	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	<input type="text"/>
3rd Contact Number	<input type="text"/>	<input type="checkbox"/> Parental Responsibility	<input type="checkbox"/> Requires Student Reports
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Member of the armed forces	<input type="checkbox"/> Requires Correspondence
		<input type="checkbox"/> Court Order Restricted Access	

PRIORITY CONTACT 2

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Flat Number / Name	<input type="text"/>
Forename	<input type="text"/>	House Number	<input type="text"/>
Surname	<input type="text"/>	Street	<input type="text"/>
1st Contact Number	<input type="text"/>	Town/City	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Postcode	<input type="text"/>
2nd Contact Number	<input type="text"/>	Relationship to student	<input type="text"/>
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	<input type="text"/>
3rd Contact Number	<input type="text"/>	<input type="checkbox"/> Parental Responsibility	<input type="checkbox"/> Requires Student Reports
	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Member of the armed forces	<input type="checkbox"/> Requires Correspondence
		<input type="checkbox"/> Court Order Restricted Access	

2B. ADDITIONAL CONTACT DETAILS

PRIORITY CONTACT 3

Salutation Mr Mrs Miss Ms

Forename

Surname

Relationship to student

1st Contact Number

Mobile Home Work

2nd Contact Number

Mobile Home Work

Parental Responsibility Requires Student Reports

Court Order Restricted Access Requires Correspondence

PRIORITY CONTACT 4

Salutation Mr Mrs Miss Ms

Forename

Surname

Relationship to student

1st Contact Number

Mobile Home Work

2nd Contact Number

Mobile Home Work

Parental Responsibility Requires Student Reports

Court Order Restricted Access Requires Correspondence

2C. FAMILY LINKS

PLEASE Provide the legal name, year group and TICK Male or Female of any siblings or other family members attending the School

Relationship to student <input type="text"/>	Relationship to student <input type="text"/>
Legal Forename <input type="text"/>	Legal Forename <input type="text"/>
Legal Surname <input type="text"/>	Legal Surname <input type="text"/>
Year <input type="text"/>	Year <input type="text"/>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

3. ETHNIC/CULTURAL INFORMATION

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

<input type="checkbox"/> White – British	<input type="checkbox"/> Black – Caribbean	<input type="checkbox"/> Asylum Seeker
<input type="checkbox"/> White – Irish	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Refugee
<input type="checkbox"/> White/Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Prefer Not To Say
<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Please Specify
<input type="checkbox"/> White/Asian	<input type="checkbox"/> Gypsy/Roma	<input type="text"/>
<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	<input type="text"/>

Country of birth

Nationality

First Language

Home Language

English as an Additional Language Yes No

4. MEDICAL INFORMATION

Doctor/Surgery Name

Doctor/Surgery Telephone

Doctor/Surgery Address

Are any other agencies working with your child?
E.g. Speech Therapist, Social Worker

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 your child to have a disability? Yes No
 Yes No

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

- | | |
|---|---|
| <input type="checkbox"/> No long term health conditions | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> Allergy - Food | <input type="checkbox"/> Hematology |
| <input type="checkbox"/> Allergy - Medicine | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Allergy - Other | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Dietary Need | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> SEN (e.g. ASD, ADHD) |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Other |

If yes, in the space below please advise of any medical condition, including further information such as auxiliary aids required, dietary requirements and any emergency action that should be taken (e.g. Asthma, Epilepsy, Coeliac Disease).

If you require additional space, please attach a separate sheet, ensuring to include your child's name on the additional sheet.

I agree for first aid to be administered or an ambulance called if necessary. Yes No
 Yes No

Is your child allergic to plasters? Yes No

Do you permit staff to apply plasters if necessary? Yes No

My child suffers from 'photo induced epilepsy'. Yes No

If yes, I give permission for him/her to use computers in School. Yes No

Does your child require medication to be administered by the School? *If yes, please contact the School Office to obtain a Medication Consent Form* Yes No

5. ADDITIONAL INFORMATION

Previous School

Reason for leaving

Start date / /

Leave date / /

Was your child in receipt of free school meals at their previous School? Yes No
 Yes No

Is your child adopted? Yes No

Is your child in local authority care? Yes No

Does your child have an Educational Health Care Plan? Yes No

Usual mode of travel to the School (please indicate)

Bus Walk Bicycle Car Other

6. CONSENT PREFERENCES

You have choice and control over how the 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.

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.

Text message
 Email
 Social Media
 Hard Copy (Post)
 I do not wish to receive any non essential communications

	Yes	No
The School uses biometric recognition for some of its systems (e.g. cashless catering and library management). Do you agree for your child's biometric data to be obtained and stored for these purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Once our pupils reach the age of 13, we also pass student information to our local authority and/or provider of youth support services as they have responsibilities in relation to the education or training of 13-19 year olds under section 507B of the Education Act 1996. Do you agree for your child's data to be shared for these purposes?	<input type="checkbox"/>	<input type="checkbox"/>

The School/Trust would like to use photographs, quotes and video images of your child to promote the School/Trust and its activities. If you agree to your child's full name being published tick 'Yes - Identified'. If you agree to your child's photograph/quote/video image being published without their name tick 'Yes - Unidentified'.

	Yes - Identified	Yes - Unidentified	No
Do you consent to your child's photograph, quote and video image being used in the School's prospectus, newsletters, associated print, videos, website or social media pages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to visual recordings of your child being made and stored securely in the School?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to your child's photograph and video image being published in the media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 https://www.pontefractacademiestrust.org.uk/?page_id=3213

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

BIRTH CERTIFICATE CHECKED?
 INPUT TO MIS?
 SCANNED TO MIS?

ADMISSION NUMBER YEAR & TUTOR GROUP

ADMISSION DATE / / ADMISSION MEETING WITH (SLT)

SIGNATURE DATE / /