



**PUPIL'S ADMISSION FORM:  
SOUTH WITHAM ACADEMY**

SCHOOL USE ONLY	
Admission no.	
Year Group	
Reg. Group	
Admission Date	
UPN	

This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with **GDPR 2018**. Data on this form will be shared with the Local Authority where necessary.

Child Details	
(Please provide as much information as possible)	
Legal Forename: _____	Middle Name(s): _____
Legal Surname: _____	Preferred Surname: _____
Preferred Forename: _____	Date of Birth: _____ Age: _____
Gender (M/F): _____	
<b>Home Address</b>	
House Name / Number: _____	
Street: _____	District: _____
Town/City: _____	County: _____ Postcode: _____
Home telephone number (including area code): _____	

**Contact Information**

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Please can you also let us know if there are any court orders currently in place or any other additional information that you think we should know, (a copy of any court order is required). Place a number from 1-4 in the boxes in the order that you wish for each person to be contacted in an emergency (1= highest priority, 4= lowest priority)

**\*Parental Responsibility**

The Education Act 1996 and Children Act 1989 define current law on parental responsibility as the biological mother of the child, a father however, has legal responsibility for his child if he is married to the mother when the child is born, or has acquired legal responsibility by a parental responsibility agreement with the mother, jointly registering the birth of the child with the mother, or by an order made through the courts. Adoptive parents must have an adoption order over the child.

Parent/Guardian:	
Title _____ Surname: _____ Forename: _____	Priority  <input style="width: 40px; height: 40px; border: 1px dashed black;" type="text"/>
Daytime Tel. No: _____	
Home Phone: _____ Mobile No: _____	
E-mail: _____	
Address (if different to child): _____	
_____ Postcode: _____	
Relationship to Pupil: _____ Parental Responsibility*: Yes/ No	

Parent/Guardian:	
Title _____ Surname: _____ Forename: _____	Priority  <input style="width: 40px; height: 40px; border: 1px dashed black;" type="text"/>
Daytime Tel. No: _____	
Home Phone: _____ Mobile No: _____	
E-mail: _____	
Address (if different to child): _____	
_____ Postcode: _____	
Relationship to Pupil: _____ Parental Responsibility*: Yes/ No	

Non-Parental Contact:	
Title _____ Surname: _____ Forename: _____	Priority <input type="checkbox"/>
Daytime Tel. No: _____	
Home Phone: _____ Mobile No: _____	
E-mail: _____	
Address: _____ _____	
Postcode: _____	
Relationship to Pupil: _____	

Non-Parental Contact:	
Title _____ Surname: _____ Forename: _____	Priority <input type="checkbox"/>
Daytime Tel. No: _____	
Home Phone: _____ Mobile No.: _____	
E-mail: _____	
Address: _____ _____	
Postcode: _____	
Relationship to Pupil: _____	

### Medical Information

<b>Dietary Requirements:</b>					
Artificial Colouring Allergy	<input type="checkbox"/>	No pork	<input type="checkbox"/>	No dairy produce	<input type="checkbox"/>
Gluten Free	<input type="checkbox"/>	Halal	<input type="checkbox"/>	Kosher Food Only	<input type="checkbox"/>
No nuts of any type	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Seafood Allergy	<input type="checkbox"/>
Any other allergy	<input type="checkbox"/>	-Please give details _____			
Medical Practice Name: _____					
Medical Practice Address: _____					
Doctor's Name: _____ Tel. No _____					
Does your child have any medical conditions that the school should be aware of?					
_____					
_____					
_____					

**Cultural Information**

**Ethnicity:** Please select 1 option

White

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

Mixed

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

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background
- Chinese

Black or Black British

- Caribbean
- African
- Any other Black background
- Any other ethnic background

This information was provided by:

- Parent
- Student

**Country of Birth (please specify)** .....

**Pupil nationality (please specify)** .....

**Religion:** Please select 1 option

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

**Language**

A first language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English.

**First Language:** \_\_\_\_\_

**Please tick below, your child's competence in Spoken English:**

**Other Languages Spoken: (in order of proficiency)**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

- New to English
- Early acquisition of English
- Developing competence
- Competent
- Fluent

**Additional Information**

**Please circle yes or no to the questions below:**

- Is the child “looked after” or has the child previously been “looked after” by a Local Authority? (Sometimes referred to as “being in care”) **Yes / No**

If YES, which Local Authority? .....

- Does the child or a family member have a special education, medical or domestic need? **Yes / No**

If YES please provide us with additional information on a separate sheet.

- Does the child have a Statement of Special Educational Need or EHC Plan? **Yes / No**

- Is your child entitled to a Free School Meal? **Yes / No**

- Is there a court order currently in place? **Yes / No**

If YES please provide a copy of the order

Are either parent/ guardian servng in regular HM forces military units?

**Yes**

**No**

Or

**Previous School or Nursery**

Name of School

Date Started

Date Ended

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School office Tel. No.: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Does this child have any brothers or sisters currently at this school?

**Yes**

**No**

If yes, please give details (e.g. name and date of birth of each sibling):

Or

\_\_\_\_\_

**SIGNATURE (Must be completed)**

I confirm that all information provided on this form is true to the best of my knowledge:

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_