|  |  |
| --- | --- |
| MELKSHAM OAK COMMUNITY SCHOOLYEAR 7 ADMISSIONS INFORMATION  |  |

*(Please complete* ***ALL SECTIONS*** *in* ***BLOCK CAPITALS*** *and tick where appropriate) CONFIDENTIAL*

**Student’s Personal Details *(at the time of entry to Melksham Oak Community School)***

**Legal Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any other names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: M 🖵 F 🖵**

**Student’s Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of current school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of sibling/s at/joining Melksham Oak Community School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Contact Details**

Should an emergency occur at school it is sometimes necessary to telephone a contact during the day. Please indicate below how each person can be contacted during school hours. **Please ensure you complete contact details for at least 2 people.**

**Contact Priority 1 (Compulsory)**

**Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Use during school hours? Yes/No**

**Home phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Use during school hours? Yes/No**

**Work telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Use during school hours? Yes/No**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this person have parental responsibility?** Yes 🖵 No 🖵

*(For clarification of this legal term see* [*www.gov.uk/parental-rights-responsibilities*](http://www.gov.uk/parental-rights-responsibilities)*)*

**Contact Priority 2 (Compulsory)**

**Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Use during school hours? Yes/No**

**Home phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Use during school hours? Yes/No**

**Work telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Use during school hours? Yes/No**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this person have parental responsibility?** Yes 🖵 No 🖵

*(For clarification of this legal term see* [*www.gov.uk/parental-rights-responsibilities*](http://www.gov.uk/parental-rights-responsibilities)*)*

**Contact Priority 3 – Parent Not Residing at Student’s Address Who Has Parental Responsibility for the Student (if not already detailed as Contact No 1 or Contact No 2)**

**Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Use during school hours? Yes/No**

**Home phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Use during school hours? Yes/No**

**Work telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Use during school hours? Yes/No**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this person have parental responsibility?** Yes 🖵 No 🖵

*(For clarification of this legal term see* [*www.gov.uk/parental-rights-responsibilities*](http://www.gov.uk/parental-rights-responsibilities)*)*

**Further Parental Information**

Is either parent serving in HM Forces (Regular)? Yes 🖵 No 🖵 If Yes, which parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court Order Yes 🖵 No 🖵 If Yes, please contact the school with further

 details

**Emergency Contact Authorisation Details**

In the event of an emergency where a parent/guardian cannot be contacted, an additional emergency contact can be authorised to be contacted instead.

Please refer to the Melksham Oak Community School website for how we use your information.

**Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, being the person listed above as an emergency contact, confirm that I am happy for Melksham Oak Community School to hold my personal details on record and for the school to contact me should the need arise. I am aware that the school policies relating to the use of data are available on the Melksham Oak Community School website and understand that I can withdraw my consent at any time by notifying the school.

Emergency contact signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(A typed signature and returning of the form to the school email address will be taken as agreement)***

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further Student Details - Welfare**

Is your child a ‘Looked After Child’? *(i.e. a child who is in the care of the Local Authority)* Yes 🖵 No 🖵

Has your child ‘ever been in care’? Yes 🖵 No 🖵

Is your child a ‘Young Carer’? *(i.e. a child who helps to look after a relative who has a disability,*

*illness, mental health condition or drug/alcohol problem)* Yes 🖵 No 🖵

Is your child ‘Adopted’?  Yes 🖵 No 🖵

**It is your responsibility to update the school of any changes; inaccurate information can lead to delay in an emergency. School will only discuss your child with adults named on this form.**

**Medical**

Name of Medical Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Medical Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any medical conditions/allergies Yes 🖵 No 🖵 If Yes, please give details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other medical information of which the school should be aware? Yes 🖵 No 🖵 If Yes, please give details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have to take any tablets/medication on a daily basis? Yes 🖵 No 🖵 If Yes, please name them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meal Arrangements**

• Please tick which most regularly applies: School Meal 🖵 Packed Lunch 🖵

• Has your child been in receipt of Free School Meals (FSM) whilst at primary school? Yes 🖵 No 🖵

 If yes, please reapply by completing the attached form and return it to Wiltshire Council or apply online. This is

 essential in order for your child to continue receiving FSM at Melksham Oak Community School.

 If you would like to make an application for FSM, please complete the attached form and return it to Wiltshire

 Council or apply online via the Wiltshire Council website.

 **NB. You must reapply even if your child is taking FSM at primary school.**

**Bus Transport**

• Will your child be travelling to/from school by bus? Yes 🖵 No 🖵

If yes, please see attached information regarding Wiltshire Council’s passenger transport. Please complete and forward the relevant forms or apply online to Wiltshire Council by the deadline, as appropriate.

**Additional Information**

*(Please include anything about the student which will help to avoid misunderstanding, and so benefit him/her)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photographic Consent**

Melksham Oak Community School occasionally photographs students for use within the school and for promotional purposes. These photos may be sent to the media with a press release, used for our publications, or on our website.

• I give permission for photographs of my child to be used as stated above. Yes 🖵 No 🖵

**Fingerprint Consent**

Melksham Oak Community School operates a cashless catering system, access to which is primarily via fingerprints. This data can ONLY be used in school for the purposes of accessing the catering facilities and is held securely.

• I give permission for the school to take my child’s fingerprint. Yes 🖵 No 🖵

In accepting a place at Melksham Oak Community School for my son/daughter, I undertake to ensure that he/she will attend regularly and punctually, and will obey the school rules. *(****A typed signature and returning of the form to the school email address*** ***admissions@melkshamoak.wilts.sch.uk*** ***will be taken as agreement to this paperwork****)*

Contact 1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact 2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNIC BACKGROUND - DATA COLLECTION FORM**

**Student's Name ................................................................................... Date of Birth ......................................**

*Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language. culture, ancestry or family history.*

***Ethnic background is not the same as nationality or country of birth.***

*The Information Commissioner (formerly the Data Protection Registry) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Students aged 16 or over can make this decision for themselves.*

Please study the list below and tick one box only to indicate the ethnic background of the student or child named above. Please also tick whether the form was filled in by a parent or the student.

|  |  |
| --- | --- |
| **White*** [ ] British
* [ ] Irish
* [ ] Eastern European
* [ ] Western European
* [ ] Traveller of Irish Heritage
* [ ] Traveller (Other)
* [ ] Turkish/Turkish Cypriot
* [ ] Gypsy/Roma
* [ ] White other

**Mixed*** [ ] White and Black Caribbean
* [ ] White and Black African
* [ ] White and Asian
* [ ] Any other mixed background

**Asian or Asian British*** [ ] Indian
* [ ] Pakistani
* [ ] Bangladeshi
* [ ] Nepali
* [ ] Other Asian
 | **Black or Black British*** [ ] Caribbean
* [ ] African
* [ ] Any other Black background

**Chinese*** [ ] Chinese

**Any other ethnic background*** [ ] Japanese
* [ ] Moroccan
* [ ] Filipino
* [ ] Thai
* Any other Ethnic Group

 [ ] **I do not wish an ethnic background category to be recorded.****This information was provided by**[ ] Parent [ ] Student |

*(Any information you provide will be used solely to compile statistics on the school careers and experiences of students from different ethnic backgrounds, to help ensure that all students have the opportunity to fulfil their potential. These statistics will not allow individual students to be identified. From time to time the information will be passed on to the Local Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.)*

***------------------------------------------------------------------------------------------------------------------------- ----------------------------***

**EQUAL OPPORTUNITIES**

The information you give us here will enable the school to implement its Equal Opportunities Policy effectively.

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Language: | English |  |  and/or other *(please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

Does the student have English as an additional language? YES / NO

Student’s Religion *(please state)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Country of Birth *(as per Birth Certificate or Passport)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Nationality *(as per Passport or EEA Identity Card)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Does the student have a disability that might have an impact on their education? YES / NO. If YES, please provide details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE EMAIL THIS COMPLETED FORM TO: admissions@melkshamoak.wilts.sch.uk**