

# OAKFIELD ACADEMY ADMISSION FORM



OAKFIELD ACADEMY

BELIEVE AND ACHIEVE

All the information you give will help us to make your child's admission go smoothly. The information will be treated **IN CONFIDENCE**. You have a right (under the Data Protection Act 2018) to examine facts held about you or your child on computer. If you need help in filling out any parts of this form then we will be happy to help.

**Please complete this form as fully as possible.**

Where a Yes/No answer is required please tick the correct answer like this: Yes  No

See explanatory notes for further information – on separate sheet

## STUDENT INFORMATION

Legal Surname:		Legal Forename:	
Preferred Surname: (if different)		Middle Name(s):	
		Preferred Forename:	
Gender:		Date of Birth:	
		Admission Date:	
Names of brothers and/or sisters; Dates of births; Present Schools:	Name:	DoB:	School:
	Name:	DoB:	School:
	Name:	DoB:	School:

## PARENTAL INFORMATION

### 1st Parent

Mr/Mrs/Miss/Ms	Full Name:		
Full Home Address: (inc Post Code)			
E Mail Address: (Please write clearly)			
Home Telephone No:		Mobile Phone No:	
Work Telephone No:		Work Place:	
Relationship to pupil: i.e. parent, step-parent, foster parent		Legal Parental Responsibility (Please tick) If no; date of Court order	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the pupil live at the above address?	Yes <input type="checkbox"/>	Are you the 1 <sup>st</sup> or 2 <sup>nd</sup> emergency contact for this pupil?	
	No <input type="checkbox"/>	1 <sup>st</sup> <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>

### 2<sup>nd</sup> Parent

Mr/Mrs/Miss/Ms	Full Name:		
Full Home Address: ( <b>ONLY IF DIFFERENT FROM ABOVE</b> )			
Does the student live at this address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact Priority 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> or do not contact <input type="checkbox"/>	
Home Telephone No:		Mobile Phone No:	
Work Telephone No:		Work Place:	
Parental Responsibility: (Please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to Pupil (e.g. Parent, Step-Parent, etc)	
If at a different address do you wish to receive Pupil Correspondence/Pupil Report? Yes <input type="checkbox"/> No <input type="checkbox"/>			
E Mail Address: (Please write clearly) _____			

**ALTERNATIVE EMERGENCY CONTACTS (other family or friends we can contact in an emergency if parents are unavailable)**

Name of Contact:	Mr/Mrs/Ms/Miss		
Home Address:			
Home Telephone:		Mobile Phone:	
Work Telephone:		Work Place:	
Contact Type e.g. Family Member, Relative, Childminder, Friend	Contact Priority 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		

Name of Contact:	Mr/Mrs/Ms/Miss		
Home Address:			
Home Telephone:		Mobile Phone:	
Work Telephone:		Work Place:	
Contact Type e.g. Family Member, Relative, Childminder, Friend	Contact Priority 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		

**MEDICAL INFORMATION**

Medical Practice - Name and Address:			
Telephone No:			
Please give details of any medical conditions and/or disabilities, including any allergies. If necessary, continue on a separate sheet:			
Please state any reason why your child may have difficulty taking part in Physical Education:			
<b>PARACETAMOL</b> I give permission for my child to be given a 500mg paracetamol tablet if needed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>EPIPEN USER</b> My child is an EPIPEN user	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>YOUNG CARERS</b> My Child is a Young Carer  If YES – Date started Carer Role	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date : _____

Oakfield Academy provides first aid kits for our teaching rooms, if a child needs further attention; we have a first aid room with an appointed first aider. The majority of staff are first aid trained and act 'in loco parentis' we do not have a school nurse employed by the Academy on site. If you feel your child is unwell in the morning, please do not send them to school for our first aider to assess, please seek professional advice. In addition, please keep the academy up to date with your child's new medical conditions, medication and allergies via Edulink or by email to the academy office.

**BACKGROUND INFORMATION** The following information is required to enable the academy to make national returns to the Department for Education.

**CULTURAL INFORMATION** see explanatory notes.

Ethnicity (see notes)		First Language: (i.e. language spoken at home during early years)		Home Language:	Is English an additional language? Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion:		Traveller Status:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Parents in Armed Services:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Free School Meals**

Is your child currently in receipt of Free School Meals? please tick box: Yes  No

**Mode of Travel (Please tick one box):**

Walk		Car/Van		Dedicated School Bus		Taxi	
Car Share		Cycle		Public Bus Service		Other	

**Previous School Information** – see explanatory notes.

Please enter the name and address of the last school attended by your child.

Name of Previous School:			
Date of Admission:		Date of Leaving:	
School Address:			
Telephone No:			

**IS YOUR CHILD FOSTERED?** Yes  No

**IS YOUR CHILD ADOPTED?** Yes  No

**IS YOUR CHILD IN CARE?** Yes  No

**Are any of the following court orders in place for your child?**

	Notes
<b>SPECIAL GUARDIANSHIP ORDER</b> Yes <input type="checkbox"/>	
<b>RESIDENCE ORDER</b> Yes <input type="checkbox"/>	
<b>CHILD ARRANGEMENT ORDER</b> Yes <input type="checkbox"/>	
<b>PARENTAL RESPONSIBILITY</b> Yes <input type="checkbox"/>	
<b>CONTACT ORDER</b> Yes <input type="checkbox"/>	
<b>SPECIFIC ISSUES ORDER</b> Yes <input type="checkbox"/>	
<b>PROHIBITED STEPS ORDER</b> Yes <input type="checkbox"/>	
<b>EDUCATION SUPERVISOR ORDER</b> Yes <input type="checkbox"/>	
<b>SUPERVISION ORDER</b> Yes <input type="checkbox"/>	

<b>INTERIM CARE ORDER</b> Yes <input type="checkbox"/> <b>CARE ORDER</b> Yes <input type="checkbox"/> <b>OTHER</b> Yes <input type="checkbox"/>	
<b>IS YOUR CHILD ON THE CHILD PROTECTION REGISTER?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>IS YOUR CHILD ON A CHILD PROTECTION PLAN?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>DISABILITIES?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please add further information we should be made aware of and please inform us of any changes.	

If you would like to discuss any of the issues above in confidence, please don't hesitate to make an appointment with Mrs E Thomas.

### SEND

In order to plan for your child's education, it would help us to know if your child has had involvement or is currently involved with any of the following:

Please tick where appropriate		Name of Professional & Reason for involvement
SEND Support Teacher		
Educational Psychologist		
Stage Assessment		
Is your Child the subject of an EHC Plan?		
Behaviour Support Service		
Speech & Language Therapist		
Occupational Therapist		
Physiotherapist		
Child & Family Therapy Service		
Has your child ever been excluded from school?		
PFSA (Parent Family Support Advisor)		
TAS Co-ordinator		
Alternative Provision Manager		
PSA (Pupil Support Advisor)		
Any further comments you may like to add		

If you would like to discuss any of the issues above, please don't hesitate to make an appointment with Mrs J Higgins.

## DATA CONSENT:

We may sometimes wish to take photographs or video of children within the Academy or on external trips, either for our own records or for inclusion in our promotional material such as the newsletter or on our website. Oakfield Academy may invite an external photographer each year to take official photographs and they may also invite the media to take photographs for publication. To comply with the Data Protection Act 2018, we need to ask your consent before the Academy or the media record any images of your child. Please answer the questions below and then sign and date below to give consent for the duration of their time at Oakfield Academy.

Conditions of use: If we take photographs or videos for any reason not stated below then we will seek specific consent.

- Images of children will be stored securely.

**Please note that Oakfield Academy has no control over the way images are treated by the media or whether these images are kept securely by the media once they have left the premises.**

- We will not include any home numbers or contact details in our publications.
- We will only use images of children who are suitably dressed to avoid any misuse.
- We may use images of a whole class or group with a general label, where individual children are not identified.

Please tick	Yes	No
Are you happy for your child's image to appear in the media, local press and Oakfield Academy website?		
If you have specific information that refers to your child's situation (i.e. adoption/family circumstances) do you want it shared with all members of staff or just on a need to know basis? Please make contact with your child's head of year to discuss.		

**I understand these decisions will remain unchanged on my child's records unless I inform the Academy in writing**

<b>Signature:</b>	
<b>Date:</b>	