

Rye College

Admission Form

Please ensure you complete all sections, using a ball point pen in BLACK ink. Carefully read the Admission Form.

If you have any questions about the application form and how to complete it please contact the School Office. Rye College believes strongly in comprehensive education and serving its community.

We have an open access policy and are non-selective.

STUDENT INFORMATION – CONFIDENTIAL					
LEGAL SURNAME As on Birth Certificate (refer to note 1)					
FORENAME As on Birth Certificate (refer to note 1)					
MIDDLE NAMES As on Birth Certificate (refer to note 1)					
STUDENT ADDRESS:					
Post Code:					
DATE OF BIRTH:	GENDER (Male) or (Female):				
ETHNIC ORIGIN Tick one box only (refer to note 2) White British Mixed White & Black African Mixed White & Black African Indian Pakistani Bangladeshi Any other Asian bany other Black background Chinese Any other ethnic	☐ White & Asian ☐ Any other mixed background ☐ background ☐ Black Caribbean ☐ Black African ☐				
HOME LANGUAGE (refer to note 3):					
NATIONALITY:	COUNTRY ISSUING PASSPORT:				
LANGUAGE SPOKEN AT HOME (refer to note 3):	RELIGION:				
PREVIOUS SCHOOL TO RYE COLLEGE (and address if not local):					
Dates attended From: To:					
Reason for leaving (i.e. Primary to Secondary Transfer):					
MEANS OF TRAVEL TO RYE COLLEGE (refer to note 7) Walk □ Public Bus □ Dedicated School Bus □ Train □ Taxi □ Car □ Bicycle □ Car Share with child/children □					
LUNCH ARRANGEMENTS (refer to note 8) School Meals Packed Lunch					
Free School Meals					
We believe that it is important for anyone who think they have an entitlement to free school meals to apply for this support. To apply for Free School Meals, please collect an application form from the School Office.					
Are you currently receiving Pupil Premium at primary/current school? Yes \square No \square					
Do you think you are entitled to Free School Meals? Yes □ No □					
FAMILY INFORMATION (*refer to note 4)					
NAME 1 - *Brother/Sister or Step-Brother/Step-Sister					
DATE OF BIRTH					
NAME 2 - *Brother/Sister or Step-Brother/Step-Sister					
DATE OF BIRTH					

HOME INFORMATION (Please provide Fields marked* are optional, but if you pupil premium which gives additional to	complete them we can				ree School Meals and
		Father □	Step-parent □	Partner □	Other □
STUDENT LIVES WITH (please tick): Both parents Mother Father Step-parent Partner Other Under the terms of the Children Act 2006 the married parents or the unmarried mother of the child have parental responsibilities automatically. Unmarried fathers named on the birth certificates of children born after 1st December 2003 in England and Wales, 4th May 2006 in Scotland and 15th April 2002 in Nothern Ireland also automatically have parental responsibilities. Other people including step-parents, cohabitees, grandparents and other relations and foster carers, may aquire parental responsibility in a variety of ways such as being granted a residence order, which automatically confers parental responsibility on the applicant(s). Please list all those with parental responsibility. This includes absent parents unless there is a court order in place (evidence required). We will use email to send out letters and information as well as sending out Progress & Tracking Summery Sheets. Texts will also be sent for reminders or urgent information regarding non-attendance. Therefore, please ensure all email addresses and mobile numbers are listed below and we are informed of any changes immediately.					
PARENT/CARE DETAILS – PRIORITY 1	Parental Responsibility Should correspondence		\square No ed to this person	? □Yes	□No
Full Name (Mr/Mrs/Ms/Miss or other) Relationship to child					
Address		Post Co	de		
Home Telephone Number		Mobile	Phone		
Primary E-mail Address (essential for co	ommunication)				
Work Telephone Number		Work E	-mail		
National Insurance Number*					
PARENT/CARE DETAILS – PRIORITY 2	Parental Responsibility Should correspondence		□ No ed to this person	? □Yes	□No
Full Name (Mr/Mrs/Ms/Miss or other) Relationship to child					
Address		Post Co	de		
Home Telephone Number		Mobile	Phone		
Primary E-mail Address (essential for co	ommunication)				
Work Telephone Number		Work E-	mail		
National Insurance Number*					
PARENT/CARE DETAILS – PRIORITY 3	Parental Responsibility Should correspondence		\square No ed to this person	? □Yes	□No
Full Name (Mr/Mrs/Ms/Miss or other) Relationship to child					
Address		Post Co	de		
Home Telephone Number		Mobile	Phone		
Primary E-mail Address (essential for co	ommunication)				
Work Telephone Number		Work E	mail		
EMERGENCY CONTACTS – Please do no	ot leave blank <i>(refer to n</i>	ote 5)			
Emergency Contact 1 Full Name		Relation	ship to child		
Address Post Code		Home To	elephone Numbe	r	
Telephone Number (daytime)		Mobile I	Phone		

Emergency Contact 2 Full Name	Relationship to child					
Address	Relationship to child					
Post Code	Home Telephone Number					
Telephone Number (daytime)	Mobile Phone					
WELFARE - Confidential						
1. Is your child currently a Looked After Child? Yes ☐ 2. Has your child previously been a Looked After Child? Yes ☐ 3. Is your child adopted? Yes ☐ 4a. Is your child under a Child Protection Plan? Yes ☐ 4b. If yes, please specify: Child in Need ☐ Child Protection ☐ To enable your child to benefit from additional funding, you will need to inform As this is a particularly sensitive declaration, please be assured of our confident funding provided by the DfE, will help to give extra support to your child through	No □ No □ No □ No □ Rye College if your child is adopted, or is under a special guardianship order. iality in respect to this information by ticking the bow below. The additional					
STUDENT ACADEMIC INFORMATION - Additional Learning Need	ds					
Does your child receive any additional help or support?	Yes□ No□ <i>If Yes, please complete section below</i>					
SEN Support □ Education Health & Care Plan □						
STUDENT MEDICAL INFORMATION						
As well as medical information which includes long term or on-going medical co and consent forms regarding the administration of medicines. We ask you to give may affect the education of your child. Please note that this information will be	ve below any information which you may feel we ought to be aware of which					
Please complete below						
DOCTOR'S NAME						
DOCTOR'S ADDRESS AND TELEPHONE NUMBER	Telephone Number:					
MEDICAL/DETAILS: Please give any information regarding any medical conditions your child may have (e.g. diabetes, epilepsy, asthmatic, allergies, ADHD, ASD, Dyslexia, Dyspraxia, serious illness or major surgery etc). PLEASE SPECIFY CONDITIONS:						
PLEASE SPECIFY CONDITIONS:	ness or major surgery etc).					
PLEASE SPECIFY CONDITIONS: CONTINUAL MEDICATION (e.g. take Ritalin, Ventolin etc):	vision or major surgery etc). Vision or dietary: child have a written risk management plan for allergy at school? Yes□ No□					
PLEASE SPECIFY CONDITIONS: CONTINUAL MEDICATION (e.g. take Ritalin, Ventolin etc): PLEASE SPECIFY SPECIAL DIFFICULTIES WITH SPEECH, HEARING, 1. Does your child have an EpiPen or an Anapen? Yes No 2. Does your	VISION OR DIETARY: child have a written risk management plan for allergy at school? Yes No ranaphylaxis? Yes No vota anaphylaxis? Yes No vota best to contact home to discuss medical treatment. or sports fixtures it may not be possible to contact you immediately, and we m school to give consent on your behalf for an anaesthetic to be administered					
PLEASE SPECIFY CONDITIONS: CONTINUAL MEDICATION (e.g. take Ritalin, Ventolin etc): PLEASE SPECIFY SPECIAL DIFFICULTIES WITH SPEECH, HEARING, 1. Does your child have an EpiPen or an Anapen? Yes No 2. Does your 3. Does your child have a written emergency action plan for allergic reactions of MEDICAL TREATMENT/ANAESTHETIC CONSENT On those rare occasions when child sustains a bad injury or becomes seriously However, when students are away from school, on a field course, excursions therefore ask you to agree to the person in charge of any visit/fixture away from or for any other urgent medical treatment to be given. This consent will cover	VISION OR DIETARY: child have a written risk management plan for allergy at school? Yes No ranaphylaxis? Yes No No ill, we always do our very best to contact home to discuss medical treatment. or sports fixtures it may not be possible to contact you immediately, and we m school to give consent on your behalf for an anaesthetic to be administered the full period of time your child attends Rye College and you should inform					
PLEASE SPECIFY CONDITIONS: CONTINUAL MEDICATION (e.g. take Ritalin, Ventolin etc): PLEASE SPECIFY SPECIAL DIFFICULTIES WITH SPEECH, HEARING, 1. Does your child have an EpiPen or an Anapen? Yes No 2. Does your 3. Does your child have a written emergency action plan for allergic reactions of MEDICAL TREATMENT/ANAESTHETIC CONSENT On those rare occasions when child sustains a bad injury or becomes seriously However, when students are away from school, on a field course, excursions therefore ask you to agree to the person in charge of any visit/fixture away from or for any other urgent medical treatment to be given. This consent will cover Rye College immediately by letter if you wish to change this information.	VISION OR DIETARY: child have a written risk management plan for allergy at school? Yes \Box No \Box ranaphylaxis? Yes \Box No \Box sorts fixtures it may not be possible to contact you immediately, and we m school to give consent on your behalf for an anaesthetic to be administered the full period of time your child attends Rye College and you should inform the rurgent medical treatment to be given, please advise us by letter. am health checks: Yes \Box No \Box					
PLEASE SPECIFY CONDITIONS: CONTINUAL MEDICATION (e.g. take Ritalin, Ventolin etc): PLEASE SPECIFY SPECIAL DIFFICULTIES WITH SPEECH, HEARING, 1. Does your child have an EpiPen or an Anapen? Yes No 2. Does your 3. Does your child have a written emergency action plan for allergic reactions of MEDICAL TREATMENT/ANAESTHETIC CONSENT On those rare occasions when child sustains a bad injury or becomes seriously However, when students are away from school, on a field course, excursions therefore ask you to agree to the person in charge of any visit/fixture away from or for any other urgent medical treatment to be given. This consent will cover Rye College immediately by letter if you wish to change this information. If you do not give consent for an anaesthetic to be administered or for any other Community Nursing — I agree to my child having Community School Nursing Texture Advanced Community School Nursing Texture Community School Nursing Textu	VISION OR DIETARY: child have a written risk management plan for allergy at school? Yes \Box\ No \Box\ ranaphylaxis? Yes \Box\ No \Box\ respect to contact home to discuss medical treatment. or sports fixtures it may not be possible to contact you immediately, and we m school to give consent on your behalf for an anaesthetic to be administered the full period of time your child attends Rye College and you should inform the urgent medical treatment to be given, please advise us by letter. The period of time your child attends Rye College and you should inform the urgent medical treatment to be given, please advise us by letter. The period of time your child attends Rye College and you should inform the urgent medical treatment to be given, please advise us by letter.					
PLEASE SPECIFY CONDITIONS: CONTINUAL MEDICATION (e.g. take Ritalin, Ventolin etc): PLEASE SPECIFY SPECIAL DIFFICULTIES WITH SPEECH, HEARING, 1. Does your child have an EpiPen or an Anapen? Yes \(\) No \(\) 2. Does your 3. Does your child have a written emergency action plan for allergic reactions of MEDICAL TREATMENT/ANAESTHETIC CONSENT On those rare occasions when child sustains a bad injury or becomes seriously However, when students are away from school, on a field course, excursions therefore ask you to agree to the person in charge of any visit/fixture away from or for any other urgent medical treatment to be given. This consent will cover Rye College immediately by letter if you wish to change this information. If you do not give consent for an anaesthetic to be administered or for any other community Nursing — I agree to my child having Community School Nursing Technology. Periodically we ask students to complete school surveys to	VISION OR DIETARY: child have a written risk management plan for allergy at school? Yes \Box No \Box ranaphylaxis? Yes \Box No \Box No \Box ranaphylaxis? Yes \Box No \Box No \Box No \Box Rye College and you should inform the full period of time your child attends Rye College and you should inform the rurgent medical treatment to be given, please advise us by letter. The period of time your child attends Rye College and you should inform the rurgent medical treatment to be given, please advise us by letter. The period of time your child attends Rye College and you should inform the rurgent medical treatment to be given, please advise us by letter. The period of time your child attends Rye College and you should inform the rurgent medical treatment to be given, please advise us by letter. The period of time your child attends Rye College and you should inform the rurgent medical treatment to be given, please advise us by letter. The period of time your child attends Rye College and you should inform the rurgent medical treatment to be given, please advise us by letter. The period of time your child attends Rye College and you should inform the rurgent medical treatment to be given, please advise us by letter.					

Date Please return to Rye College - Adr	nissions
---	----------

Confidentiality and Data Protection

Personal information that you provide will be used carefully and help Rye College to give your child the best possible support. It is important therefore that you fill in this form as accurately as possible. The personal information you give will be held on computer systems at the school and by the Children's Services Department and is covered by data protection legislation. Some of the data you give is required by the Department for Education (DfE) for local and national statistics. Please be assured that access to information is strictly limited and protected.

1. Surname and Forenames:

This is a legal requirement and all names must be the same as on Child's Birth Certificate. Legally we are obliged to maintain our records with birth certified names unless legal authorisation has been obtained. Especially important when sitting external examinations. However please write preferred forename and/or surname in 'known as name' section.

2. Ethnic Background & National Identity:

Ethnic origin relates to the origins of your family, rather than nationality. 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. Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Educational 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.

3. Home Language & Language Spoken at Home:

Please state your child's main mother tongue if English is a **second or additional language**. This information is also a requirement by the Department for Education (DfE). It will also help the Authority to target bilingual support for staff where appropriate.

4. Family Information:

Please list here the names and dates of birth of any brothers, sisters, step brothers and step sisters.

5. Emergency Contacts:

It is very important to provide details of a person who may be contacted in the event of an emergency if parents/carers are not available. Please also state the relationship with the family. We are happy to accept any contact including neighbours and close friends.

Please DO NOT leave this section blank.

6. Communication

As part of our on-going commitment to keep parents fully informed we use an electronic communication system, MyED (an app is available for parents with a smart phone on both Android and iOS). This system enables us to communicate with you via email and/or text messages. We will use email to send out letters & information as well as sending out Progress & Tracking Summary Sheets. Texts will be sent for reminders or urgent information regarding non-attendance. Please keep us updated with current email addresses and mobile phone numbers.

7. Means of Travel:

If you tick the "Bicycle" box you will need to read the Academy Rules for Cyclists:

- **7.1** The safety of cyclists to and from school is the responsibility of the child's parent/carer. We recommend that a cycle helmet be worn.
- **7.2** Bicycles and associated equipment are the responsibility of the owner when they are brought onto the school grounds. The school cannot accept any insurance liability for theft or damage to bicycle equipment.
- **7.3** Cyclists who are reported by any member of the public as behaving in a manner considered to be disruptive, either to or from school may be banned from bringing their bicycles onto the school premises (other sanctions may also apply).
- **7.4** Cyclists must dismount at the school gate and wheel their cycles within the school grounds.
- **7.5** It is likely that your child will receive advice on aspects of road safety and be offered help in matters of crime prevention during their time at the school. We hope that these learning opportunities benefit all students of the school but in no way do these activities affect the school's liability in these matters.

8. Lunchtime Arrangements:

Please note that students are not allowed off the school premises at any time during the day unless there is a covering letter from the parent or carer.

9. Severe Weather Procedure:

In severe weather conditions, i.e. snow or fog, it may become necessary to release students early from school. You will appreciate that such conditions may arise with little warning and a decision will need to be made quickly. Under these circumstances, it may not be possible to give parents prior warning, although on days of severe weather we provide information on our school website/email etc. If it becomes necessary to release students early it is to ensure their safe return home.

County school buses may wish to trigger this process wanting to collect students early. Please therefore arrange for your child to have access to the home, or make suitable arrangements with a friend or relative should these circumstances arise.