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| --- |
| **ADMISSION FORM – GUIDANCE DOCUMENT**  |
| **STUDENT DETAILS** |
| **PLEASE PROVIDE COPY OF PASSPORT OR BIRTH CERTIFICATE** |
| Student Legal Forename: (as per passport/birth certificate):This is the name on your child’s birth certificate or passport – this must be correct otherwise GCSE certificates will be invalid in the future | Student Legal Surname: (as per passport/birth certificate):This is the name on your child’s birth certificate or passport – this must be correct otherwise GCSE certificates will be invalid in the future |
| Preferred Forename: (if different to the above):This is how your child would prefer to be known, maybe a name you call them at home | Preferred Surname: (if different to the above):This is how your child would prefer to be known, maybe a name you call them at home |
| Middle Name(s):       |
| Date of Birth:       | Gender:       |
| Home Address: The address where your child lives most of the time |
|        |
|       |
|  Postcode:       |
| **FAMILY DETAILS** |
| **PARENT/CARER – 1 – This is the person who we will call first in an emergency** |
| Forename:       | Surname:       |
| Title:       | Relationship to child:       |
| Parental Responsibility: Any parent with the below box ticked ‘YES’ will receive all correspondence relating to the child*Please tick* YES [ ]  NO [ ]  |
| Home Address if different to child:       |
|       |
|        Postcode:       |
| Home Phone:       Mobile: We send a lot of text communications so please add a mobile  |
| Work Phone:       |
| Email Address: EMAIL ADDRESS IS **MANDATORY** IF POSSIBLE AS MOST OF OUR COMMUNICATIONS ARE SENT OUT VIA EMAIL/TEX/ OR VIA OUR APP |
| **PARENT/CARER - 2**  |
| Forename:       | Surname:       |
| Title:       | Relationship to child:       |
| Parental Responsibility: Any parent with the below box ticked ‘YES’ will receive all correspondence relating to the child*Please tick* YES [ ]  NO [ ]  |
| Home Address if different to child:       |
|       |
|       Postcode:       |
| Home Phone:       Mobile: We send a lot of text communications so please add a mobile |
| Work Phone:       |
| Email Address:       |
| **ADDITIONAL EMERGENCY CONTACT – 1 – PLEASE ADD ADDITIONAL CONTACTS, IN CASE OF EMERGENCY THIS IS VERY IMPORTANT IF WE CANNOT REACH A PARENT** |
| Forename:       | Surname:       |
| Title:       | Relationship to child:       |
| Parental Responsibility:*Please tick* YES [ ]  NO [ ]  |
| Home Address:       |
|       |
|       Postcode:       |
| Home Phone:       Mobile:  |
| Work Phone:       |
| Email Address:       |
| **ADDITIONAL EMERGENCY CONTACT -2** - **PLEASE ADD ADDITIONAL CONTACTS, IN CASE OF EMERGENCY THIS IS VERY IMPORTANT IF WE CANNOT REACH A PARENT** |
| Forename:       | Surname:       |
| Title:       | Relationship to child:       |
| Parental Responsibility:*Please tick* YES [ ]  NO [ ]  |
| Home Address:       |
|       |
|        Postcode:       |
| Home Phone:       Mobile:       |
| Work Phone:       |
| Email Address:       |

SIBLING DETAILS

Please list any brothers or sisters currently at Moor Park

|  |  |
| --- | --- |
| **NAME** | **DATE OF BIRTH** |
|       |       |
|       |       |
|       |       |

FREE SCHOOL MEALS

\*\* This is another important one, even if your child will not be having a school dinner, please apply, as this is additional funding for the school\*\*

\*Please see <http://www.lancashire.gov.uk/children-education-families/schools/free-school-meals/> regarding applying for free school meals. Even if your child will be going home for lunch, if you are entitled to a free school meal please apply, as they will be provided with lunch if out of school on a trip.

Please note: If your child’s name does not appear on the free school meal register supplied to us from the local authority we will not be able to provide your child with a free school meal.

**LUNCHTIME ARRANGEMENTS**

Please indicate your child’s lunchtime arrangements

[ ]  School Meal [ ]  Sandwiches

|  |
| --- |
| **MEDICAL INFORMATION****Please fill out ALL the supplementary sheets where necessary** |
| Name of Doctor:       |
| Address of Medical Practice:       |
|       |
|       |
|        Postcode:       |
| Telephone Number:       |

**ETHNIC BACKGROUND please indicate which is applicable by ticking the relevant box**

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.**

**White Asian or Asian British**

British [ ]  Indian [ ]

Irish [ ]  Pakistani [ ]

Traveller of Irish Heritage [ ]  Bangladeshi [ ]

Gypsy/Roma [ ]  Any other Asian background [ ]

Any other White background [ ]

**Mixed Black or Black British**

White and Black Caribbean [ ]  Caribbean [ ]

White and Black African [ ]  African [ ]

White and Asian [ ]  Any other Black background [ ]

Any other Mixed background [ ]

**Chinese** [ ]

Any other ethnic background [ ]  Please state:

|  |  |  |  |
| --- | --- | --- | --- |
| **First Language:** | This is the first language your child ever spoke/learned | **Religion:** |  |
| **Home Language:** | This is the language you speak at home |  |  |

**ADDITIONAL INFORMATION**

SPECIAL EDUCATIONAL NEEDS

Does your child have any special educational needs Yes [ ]  No [ ]

Does the child have an Educational Health and Care Plan (EHCP?) Yes [ ]  No [ ]

WELFARE

Have any of the following agencies been involved with your child?

Social Services [ ]  YOTS [ ]  Addaction [ ]  Young Carers [ ]  N/A [ ]

SCHOOL HISTORY

|  |  |
| --- | --- |
| **Current/Last School Name and Address:** |       |
| **Dates attended from:** |       | **To:** |       |
| **Reason for Leaving:** |       |

**I confirm I have given correct details to the best my knowledge and that I have read and understood the Privacy Notice (attached separately) and notes on Ethnic Background below.**

**Signature (typed):**       **Date**:

**Name (please print)**       **Relationship to child:**