

STUDENT ADMISSION FORM

Name (incl. title/

Relationship

.....

......

......

Parental

(Y/N)

responsibility

Student Information

Please complete the form below and return as soon as possible. If you would like to see how we process and use your information, please refer to our Privacy Notice available on our website.

Surname:		Legal Surname:	
Forename:		Middle name:	
Preferred forer	name:	Gender:	
Date of Birth: Address:		Year Group:	
Postcode:			
Previous School Information	School Name: Address:		
student is not liv	ing with them. If this is t	and important letters to all parents with he case, please indicate the name and ad	dress/ email address where
emergency. Plac communication s If you would like	ce them in the order that system called SIMS in tou letters to go to both pare	ve parental responsibility* and anyone ent you wish for them to be contacted in the contact with priority 1 as ents, mark both parents as priority 1.	an emergency. We use a parental the person we communicate with.
Priority	Name (incl. title/ Relationship	Home Address (if different from above) / Main Email	Home Phone / Mobile
Parental responsibility (Y/N)		Email:	Tel:
2 Parental responsibility (Y/N)	Name (incl. title/ Relationship	Home Address (if different from above) Email:	Tel: Mobile: Work Tel:

Home Address

.....

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Email:....

Tel:
Mobile:

Work Tel:

Medical Information Please ensure you complete the medical form included in this pack.					
r lease ensure you complete the medical form included in this pack.					
NHS Number:					
Medical Practice:					
Address:					
Telephone Number					

Ethnicity/Culture

We are required by the DfE to collect information on ethnic background. The Information Commissioner (formerly the Data Protection Registrar) 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.

What is the ethnic background of your child? [Please circle]

<u>White:</u> British Irish Traveller of Irish Heritage

Gypsy/Roma 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 Prefer not to say

What is your child's first language? [Please circle]

Arabic	Bengali	Bulgarian	Cantonese	Caribbean	Czech
English	French	German	Greek	Gujarati	Hindi
Hungarian	Italian	Panjabi	Polish	Portuguese	Russian
Romanian	Somalian	Tagalog/Filipino	Thai	Turkish	Other (please state)

What is your child's **home language**? (please state if different from above)

Religio	us Affiliation [P	lease circle]				
Christia	ın	Hindu	Jewish		Muslim	
Buddhist Sikh		Other (please state):				
No Religion Prefer not to say						
Disabil	•		_	_		
We are	required to coll	ect data under our Disal	oility Equ	iality So	cheme. Consider whether your child has a disability:-	
	None				Mental health difficulties	
	Specific learnin	g disability e.g. dyslexia			Disability that cannot be seen e.g. diabetes, epilepsy	
	Blind or partial	ly sighted			Autistic Spectrum disorder or Asperger's Syndrome	
	Deaf or hard of	hearing			Disability, special need or medical condition that is not listed above*	
	Use of a wheelchair or mobility difficulties				Prefer not to say	
If you o	onsider your ch	ild to have a disability, p	lease giv	e detai	ils:	
••••••						
Other						
Service Child - Schools are now required to indicate whether a child has a parent(s)/carer(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below:						
□Yes	□No	□Prefer not to	say			
Meals - Please tick to indicate which of the following your child is most likely to have:						
□Free	School Meal	□ Sandwiches		☐ Sch	ool Meal	
Note: If your child is entitled to free school meals you must apply through B&NES Council via their email address freeschoolmeals@bathnes.gov.uk or you can phone them on the direct number 01225 394317.						
Travel Information (Please circle your child's main form of transportation)						
	ABUSFARESAVE	ER: Bus No:		First Bus: Bus No:		
	Bicycle	Walks Car		Car-sh	nare Mini-bus	
Other (please specify)						

Consent During their time at school, students will take part in many activities that require the written consent of parents/carers. It helps us greatly if you complete the following consent form by removing the need for us to write to home for each and every activity that takes place. Provided that it is a necessary part of their education, or for their general wellbeing, I hereby give my consent for the following: Off-site Activities/visits (including one day educational trips): Yes No							
Photographs/videos taken of my child and used in school for		_		_			
promotion:	Yes	_ 🗆	No				
Photographs/videos taken of my child and used on our web-site,	newsiet	ter,					
newspapers and the internet (for Oldfield School promotional		_		_			
publicity):	Yes		No				
Please note that you can withdraw your consent for any of the above at any point in the future by contacting the school.							
Photographs							
I understand, as a parent, that I may take photographs/videos of m	ny child a	at schoo	ol event	s but such	photographs/vide	eos	
must remain private and for personal use only and should not be	shared (on soci	al medi	a.			
Yes □							
I hereby agree that the information I have provided is correct and can be used throughout my son/daughter's school career. If any of the information given becomes out of date I will inform the school of any changes immediately. Information I have provided can be used to contact me for trips/medical needs and other purposes. This information will be used on a computerised system. If I have provided an email address, I consent that this will be used as the primary means of communication from the school. The school is registered under the Data Protection Act 2018 to keep such information. Pupil data will be used for statutory returns to the Local Authority, registered Government Agencies and with other educational providers. For full details of who we share this information with please see our Privacy Notice available on our website.							
Signature (Parent/Carer) Date							
Signature (Student) Date		•••••					

*What is parental responsibility?

Parental responsibility means assuming all the rights, duties, powers, responsibilities and authority that a parent of a child has by law. A person with parental responsibility for a child has the right to make important decisions about their upbringing, for example,

- Decisions about where they live
- Whether the child should receive medical treatment
- What religion they should follow
- Which school they should attend

Who has Parental Responsibility?

Mothers and married fathers automatically have parental responsibility and will not lose it if they later get divorced. Unmarried fathers do not automatically have parental responsibility. An unmarried father can get parental responsibility by:

- Registering the birth jointly with the mother
- Through a 'parental responsibility agreement' between him and the child's mother
- As the result of a court order

People other than a child's natural parents can acquire parental responsibility through;

- Being granted a residence order or a child arrangement order (from 2014)
- Being appointed a guardian
- Being named in an emergency protection order (although parental responsibility in such a case is limited to taking reasonable steps to safeguard or promote the child's welfare)
- Adopting a child

In addition, a Local Authority can acquire parental responsibility if it is named in the care order for a child.