



Admission Form

Please complete the following details as fully as possible in block capitals. Please notify the Academy of any changes to this information which occur during the course of your son/daughter's school career.

Student's Full Name:

Date of Birth: Male/Female: Year Group.....

Address.....

Home Telephone Number Mobile Telephone Number:

Parent's/Carer's Email address:

Brothers and/or sisters of this child, currently attending Newmarket Academy
must be listed here.

Name:		Tutor Group:	
Name:		Tutor Group:	
Name:		Tutor Group:	

PARENTAL/CARER INFORMATION

The pupils' registration Regulations (1988) require us to record all possible parental names. Please give details of all persons who have parental responsibility (parents/carers) for the student, including those not living at the student's address.

Name of Parent/Carer	Address	Relationship (e.g. Mother, Father, Step-Parent)

Is either parent employed in the Armed Forces? Yes/NO (Please delete as applicable)

CONTACT INFORMATION

If an emergency occurs at school it may be necessary to contact a parent/carers or other relative. In addition please indicate any other person who may be contacted in an emergency to act on your behalf. **Please place them in the order you wish them to be contacted in an emergency.**

	Name	Relationship to Student	Daytime Tel. No.	Mobile Tel. No.
1st				
2nd				
3rd				

MEDICAL INFORMATION

Name of Doctor/Surgery:

Address of Surgery:

..... Telephone No:

Medical condition or information that you wish the Academy to record:

.....

If your child is a 'Looked After Child', please advise the name of the Social Worker, their contact details and the Authority to which they have been assigned.

Social Worker: Authority:

Address: Tel No:

FAMILY'S ETHNIC ORIGIN

The Department of Education and Skills requires information about the ethnic make-up of each school. Please tick in the appropriate box below

White - English		White - Other	
White - European		Gypsy - Roma	
White – Eastern European		Other (Please specify)	

Country of Origin: Language spoken at home:

Date of arrival in UK (if relevant): Religion:

LUNCHTIME ARRANGEMENTS

Packed Lunch		School Dinner		My Child is entitled to Free School Meals	
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(Please tick as appropriate)

TRAVEL ARRANGEMENTS TO SCHOOL

Please advise which mode of transport your child takes the **majority** of the time to arrive at school

Walk		Cycle		Car	
Bus		Taxi		Train	

Please tick as appropriate

If your child travels by Taxi please indicate the Company Name and Telephone Number below:

.....

FORMER SCHOOL DETAILS

Former School Name and Address:
.....
..... Telephone No:
.....
Leaving date: Head of Year/House (Contact name):
.....

CURRICULUM SUPPORT

Has the student received support for his/her educational needs? Please tick as appropriate:

YES NO

If YES, please give details below:

Reading: Spelling:

Maths: Other:

KS2 LEVELS

Mathematics	English

KS4 (Years 7/8/9) OPTIONS

Subject	Board	Specification

BEHAVIOUR SUPPORT

Has the student received support for behavioural problems? Please tick as appropriate:

YES NO

If YES, please give details below:

.....

Has the student received an exclusion for one or more days? Please tick as appropriate:

YES NO

If YES, please give details below:

.....

Has the student ever been permanently excluded? If so give reasons

YES NO

.....

OUTSIDE AGENCY SUPPORT

Has the student received support from either an educational welfare officer, behaviour support unit, educational psychologist? Please tick as appropriate:

YES NO

If YES, please give details below:

.....

I give permission for my child to have paracetamol during the school day if necessary

I give permission for my child to have their photograph taken if required for website/prospectus purposes

ATTENDANCE - Student Attendance: (%) (Please attach a copy of your child's attendance certificate, which you can request from your current school)

I confirm the information contained in the above sections for the Academy is accurate and no relevant facts about behaviour at any previous schools have been withheld. I understand that any inaccuracies may result in a delay in the admissions procedure.

Signed: (Parent/Carer)

Name: (Parent/Carer)

Date:

N.B. Please attach a copy of your child's most recent school report. Thank you.

For school use only:

UPN No:

ULN No.: (if applicable)

Details entered on SIMS Date:

CTF / File requested Date:

File received Date: