**Halewood Academy**

**Admission Form 2020-2021**

**Basic details**

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| **Child’s details** |
| **Legal first name:** | **Preferred first name:** |
| **Middle names:** | **Preferred surname:** |
| **Legal surname:** | **Date of birth:**  |
| **Gender: Male Female** *(please tick)* |  |
| **Please state any other surname your child may have used:** |
| **Address:****Full postal code:** |

**Family/Home**

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| **Details of parents, guardian or carer** |
| **Contact 1 (Priority 1)** | **Contact 2 (Priority 2)** |
| **Title:** | **Title:** |
| **Legal first name:** | **Legal first name:** |
| **Legal surname:** | **Legal surname:** |
| **Are you the parent of this child? Yes No** **If not please state relationship:****Do you have Parental Responsibility? Yes No**  | **Are you the parent of this child? Yes No** **If not please state relationship:****Do you have Parental Responsibility? Yes No**  |
| **Carers only**If you have cared for or intend to care for this child for **more than one month please indicate length of time:** | **Carers only**If you have cared for or intend to care for this child for **more than one month please indicate length of time:** |
| **Address: (if different to child)****Full postal code:** | **Address: (if different to child)****Full postal code:** |
| **Home telephone number:** | **Home telephone number:** |
| **Mobile telephone number:** | **Mobile telephone number:** |
| **Work telephone number:** | **Work telephone number:** |
| **Email address:**  | **Email address:** |

***Please note that as a school we will regularly use text messages and/or email as a way of communication. If you change your email address or mobile phone number, please contact the school office.***

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| **Emergency contact details**  |
| From time to time, it may be necessary to contact parents or guardians during the day as a matter of urgency. Please indicate where each parent or guardian may be contacted during school hours. |
| **Contact 1** | **Contact 2** |
|  **Home Mobile Work**  |  **Home Mobile Work** |
| In the event of either parent or guardian not being available please give the name, relationship to the pupil and telephone of a close relative or neighbour. |
| **Contact 3** | **Contact 4** |
| **Full name:** | **Full name:** |
| **Relationship:** | **Relationship:** |
| **Telephone number:** | **Telephone number:** |

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| **Please list any brothers or sisters who currently attend Halewood Academy;** |
| **Sibling 1** | **Sibling 2** |
| **Legal forename:** | **Legal forename:** |
| **Middle names:** | **Middle names:** |
| **Legal surname:** | **Legal surname:** |
| **Gender: Male Female** *(please tick)* | **Gender: Male Female** *(please tick)* |

**Dietary/Lunchtime arrangements**

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| **Please tick one of the following boxes** |  |
| **Eligible for free school meals** |  |  |
| **Will be paying for lunch** |  |
| **Will bring a packed lunch** |  |

To qualify for free school meals you must **re-apply** to your local authority if your child is joining Halewood Academy from a Primary School, it will not automatically transfer. The Local Authority will then notify us of your child’s entitlement.

If you need assistance in applying for free school meals, please contact the school directly for help with this matter.

**Medical**

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| **Family Doctor** |
| **Name:** |
| **Address:** |
| **Telephone number:** |

**Ethnic/Cultural**

We are legally required by the Department for Education (DfE) to provide information about the background of pupils attending Halewood Academy.

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| **Please tick one of the following boxes to indicate the ethnic background of your child:** |
| **Bangladeshi** |  | **White British** |  |
| **Black African** |  | **White Irish** |  |
| **Black Caribbean** |  | **White & Black African** |  |
| **Chinese** |  | **White & Black Caribbean** |  |
| **Gypsy / Roma** |  | **Any other Asian background** |  |
| **Indian** |  | **Any other Black background** |  |
| **Pakistani** |  | **Any other Ethnic group** |  |
| **Refused** |  | **Any other mixed background** |  |
| **Traveller of Irish heritage** |  | **Any other white background** |  |
| **Please state the main language spoken at home:** |
| **English additional language: Yes No** |

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| **Please tick one of the following boxes to indicate the religion of your child:** |
| **Buddhist** |  | **Muslim** |  |
| **Christian** |  | **No religion** |  |
| **Hindu** |  | **Other religion** |  |
| **Jewish** |  | **Sikh** |  |
| **Please tick one of the following boxes to indicate the national identity of your child:** |
| **British** |  | **Not supplied** |  |
| **English** |  | **Other** |  |
| **Irish** |  | **Refused** |  |
| **Scottish** |  | **Welsh** |  |

**Additional Information**

**Mode of travel to school:**

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| **Please tick one of the following boxes:** |  |
| **Bicycle** |  |  |
| **Car** |  |
| **Public transport** |  |
| **Taxi** |  |
| **Train** |  |  |
| **Walk** |  |  |

**Service personnel**

Can you please indicate if your child has a parent, parents, guardian or carer who are part of any ‘Service Personnel’, serving in the regular HM Forces military units. (This information will be used to help identify both the impact that being a Service child has on your child’s education and the impact of catering for large numbers of Service children has on the school).

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| **Contact 1** | **Contact 2** |
| **Full name:** | **Full name:** |
| **Relationship to student:** | **Relationship to student:** |

**School History**

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| **Primary school attended:** |
| **Name:** |
| **Address:****Full postal code:** |
| **Telephone number:** |

**Careers Advisor**

The Careers Adviser for Halewood Academy is Lesley Maccallum you can consult with her regarding any aspect of your child’s future. She will also attend during our Year 9, 10 and 11 parents’ consultation evening should you wish to consult with her then.

To comply with General Data Protection Regulations (GDPR), we need your permission before we disclose any information regarding your child.

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| **Please tick one of the following boxes:** |  |
| **Yes, I give my permission for data about my child to be shared for Careers purposes** |  |  |
| **No, I do not give my permission for data about my child to be shared for Careers purposes** |  |

The Trust Data Policy Statement for pupils and parents/carers is available on the school website.

**Photographs**

At Halewood Academy we take great pride in the achievements of our students and really want to celebrate all aspects of school life. In doing so, we may occasionally take photographs of the children at our school, during trips, sporting events or performances. These photographs may then be used on our website, in our school prospectus or in various other printed publications that we produce throughout the year.

Photographs may also appear on the pupil academic achievement notice board or on any of the other notice boards located around the school depicting a range of activities. Video or webcam recordings may be made of children at our school for use in school-to-school conferences, monitoring activities, and other similar educational use. Teachers will record lessons to reflect on good practice, this footage is only shared within the Wade Deacon Multi-Academy Trust.

From time to time, the media may take photographs or film footage of a visiting dignitary or of other high profile events taking place at our school. Pupils may often appear in these images, which may then appear in local or national newspapers or on televised news programmes.

To comply with General Data Protection Regulations (GDPR), we need your permission before we can photograph or make any recordings of your child.

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| **Please tick one of the following boxes:** |  |
| **Yes, I give my permission for my child’s photograph to be taken and used for publicity** |  |  |
| **No, I do not give my permission for my child’s photograph to be taken** |  |

**Biometric Reading**

At Halewood Academy we operate a cashless system for food sold in school. This is very popular with pupils and staff and has further improved the quality of the service provided by our catering department. We are sure you appreciate the advantages this system offers to parents and pupils. It enables us to deliver a faster more efficient service and to continue to provide wholesome, healthy and enjoyable meals at the lowest cost. Importantly it makes no distinction between pupils who pay and those on free school meals.

Your child will have their index finger biometrically recorded for use in School. In the past we were able to take this biometric information from all pupils unless parents specifically refused their permission. Now due to a recent change in the law, we must have written permission from parents before taking any biometric information.

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| **Please tick one of the following boxes:** |  |
| **Yes, I give my** **permission for a biometric reading of my child’s index finger to be taken for use in School.** |  |  |
| **No, I do not give my permission for a biometric reading of my child’s index finger to be taken for use in school.** |  |

**CONFIDENTIAL**

**Medical/Disability Information**

**Please read this form carefully before completion**

It is very important for many reasons that we have accurate up to date information about your child before he or she starts school. All the information that you give will be treated in strict confidence. The information will be put onto your child’s file so that we can:

* Be aware of any medical problems which may need to be addressed by our first aiders, e.g. asthma or diabetes
* Be aware of any medical problems or disabilities which may mean that your child is put on the register of Special Educational Needs such as difficulty with mobility, visual impairment, emotional or behavioural problems
* Be aware of any impairment which, under the Disability Discrimination Act 1995 is described as an impairment that has a long term and substantial adverse effect on their ability to carry out normal day to day activities. Sometimes quite mild disabilities need to be noted such as wearing glasses and they can also be noted even if a formal diagnosis is still awaited, so, for example you may have been referred to a specialist if your child is suspected of having ADH and as a school we should be made aware of this and make provision for that condition.

Under the DDA act, we also have to make reasonable provision for any member of the wider school community who may wish to visit school to meet with staff or see a school performance. In order to do this there is also a section of this form which deals with other family members with disabilities, so for example if a grandparent is a wheelchair user, or has hearing problems and is likely to need to come into school then these disabilities need to be noted.

If you feel you need further advice before completing this form then please do not hesitate to contact school and ask to speak to Miss Kelly Williams, SENCO, who will be able to help.

Please tick the boxes that apply to your child and give any further details if necessary. If you are unsure about any of the questions, please state “Unsure”.

|  |  |
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| **Is there a Care Plan in place at your child’s Primary School?** |  |
| **Yes** |  |  |
| **No** |  |
| **Unsure** |  |

If you have ticked yes above, please provide us with a copy of your child’s care plan or alternatively contact Miss Kelly Williams at school on 0151 477 8830.

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| **Does you child suffer from any of the following;** |  |
| **Code** | **Symptom** | **Yes** | **No** | **Unsure** |  |
| A | Arthritis |  |  |  |  |
| As | Asthma |  |  |  |  |
| ADD | Attention Deficit Disorder |  |  |  |  |
| ADHD | Attention Deficit Hyperactive Disorder |  |  |  |  |
| A(F) | Food Allergy / Eating disorder |  |  |  |  |
| AS | Asperger’s Syndrome |  |  |  |  |
| AN | Anaphylactic Shock |  |  |  |  |
| ASD | Autistic Spectrum Disorder |  |  |  |  |
| BES | Behavioural, Emotional, Social difficulties |  |  |  |  |
| C | Convulsions or fainting attacks |  |  |  |  |
| CA | Cancer (or in recovery from cancer) |  |  |  |  |
| CP | Cerebral Palsy |  |  |  |  |
| D | Diabetes |  |  |  |  |
| DS | Down’s Syndrome |  |  |  |  |
| DYS | Dyslexia |  |  |  |  |
| DYA | Dyspraxia |  |  |  |  |
| E | Epilepsy |  |  |  |  |
| EB | Epidermolysis Bullosa |  |  |  |  |
| ECZ | Eczema |  |  |  |  |
| FD | Facial Disfigurement |  |  |  |  |
| H | Hay Fever |  |  |  |  |
| HI | Hearing impairment |  |  |  |  |
| LD | Learning difficulties |  |  |  |  |
| ME | Myalgic Encephalomyelitis / Chronic Fatigue Syndrome |  |  |  |  |
| MI | Migraine |  |  |  |  |
| MN | Other Medical needs – please provide details on the following page. |  |  |  |  |
| MSI | Multi sensory impairment |  |  |  |  |
| OCD | Obsessive, Compulsive Disorder |  |  |  |  |
| PI | Physical impairment |  |  |  |  |
| SLC | Speech, language or communication difficulties |  |  |  |  |
| T | Tracheotomy |  |  |  |  |
| TS | Tourette’s Syndrome |  |  |  |  |
| VI | Visual impairment e.g. colour blindness, wearing glasses, contact lenses |  |  |  |  |
| O | e.g. Anxiety, Depression, Bereavement |  |  |  |  |
|  | Has your child ever been admitted into hospital for a medical condition? |  |  |  |  |
|  | Is your child currently under the care of a specialist? |  |  |  |  |

**Please give further details on the last page if you have answered yes to any questions.**

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| **Using the codes please indicate if any family member who is likely to visit school, has any disabilities or impairments so that we can ensure their wellbeing in school.** |  |
| **Code** | **Disability or impairment** | **Family member** | **Further details** |  |
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**Please note that if you wish to receive school information in a large print format this can be arranged.**

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| **Please tick one of the following boxes:** |  |
| **Yes** |  |  |
| **No** |  |

**Declaration**

**Thank you very much for taking the time to complete this form. If you require any further information, or any help in filling in this form please do not hesitate to contact the school office.**

|  |  |
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| **Signature of parent, guardian or carer** |  |
| **Print name:** | **Date:** |  |
| **Signature** |