



Halewood Academy Admission Form 2026/27

Basic details

Child's details	
Legal first name:	Preferred first name:
Middle names:	Preferred surname:
Legal surname:	Date of birth:
Gender: Male <input type="checkbox"/> Female <input type="radio"/> (please tick)	
Please state any other surname your child may have used:	
Address	Home telephone number:
	Mobile telephone number:
	Email address:
Full postal code:	

Family/Home

Name(s) 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 <input type="checkbox"/> No <input type="checkbox"/> If not please state relationship: Do you have Parental Responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you the parent of this child? Yes <input type="radio"/> No <input type="radio"/> If not please state relationship: Do you have Parental Responsibility? Yes <input type="radio"/> No <input type="radio"/>
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)	Address: (if different to child)
Full postal code:	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:

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 <input type="radio"/> Mobile <input type="radio"/> Work <input type="radio"/>	Home <input type="radio"/> Mobile <input type="radio"/> Work <input type="radio"/>
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:

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.

Please list any brothers or sisters who are currently at or have attended Halewood Academy.	
Sibling 1	Sibling 2
Legal forename:	Legal forename:
Middle names:	Middle names:
Legal surname:	Legal surname:
Gender: Male <input type="radio"/> Female <input type="radio"/> <i>(please tick)</i>	Gender: Male <input type="radio"/> Female <input type="radio"/> <i>(please tick)</i>

Dietary/Lunchtime arrangements

Please tick one of the following boxes	
Eligible for free school meals	<input type="checkbox"/>
Will be paying for lunch	<input type="checkbox"/>
Will bring a packed lunch	<input type="checkbox"/>

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

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.

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

Please tick one of the following boxes to indicate the religion of your child:			
Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other religion	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Sikh	<input type="checkbox"/>

Please tick one of the following boxes to indicate the national identity of your child:			
British	<input type="checkbox"/>	Not supplied	<input type="checkbox"/>
English	<input type="checkbox"/>	Other, Please state.....	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>

Additional Information

Mode of travel to school

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)

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

School History

Previous school attended:
Name:
Address:
Full postal code:
Telephone number:

Consent

Medical

In the event of any emergency where your child needs to attend hospital, we will contact you using the emergency contact numbers on this form. If contact cannot be made with any of the emergency contact numbers, please give consent for the following:

Please tick one of the following boxes:	
Yes, I give my permission for my child to be accompanied to hospital by a member of staff	
No, I do not give my permission for my child to be accompanied to hospital by a member of staff	

Please tick one of the following boxes:	
Yes, I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.	
No, I do not agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.	

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 UK General Data Protection Regulations (UK-GDPR), we need your permission before we take photographs of your child.

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 used for publicity	

Careers Advice

At Halewood Academy we currently contract with an external Careers Advice service, who you can consult with regarding any aspect of your child's future. They will also be in attendance during our Year 9 - 11 Parents' Evenings, should you wish to consult with them.

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

Please tick one of the following boxes:	
Yes, I give my permission for data about my child to be shared for Careers purposes	<input type="checkbox"/>
No, I do not give my permission for data about my child to be shared for Careers purposes	<input type="checkbox"/>

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. To comply with UK General Data Protection Regulations (UK-GDPR), we need your permission before taking any biometric information.

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.	<input type="checkbox"/>
No, I do not give my permission for a biometric reading of my child's index finger to be taken for use in school.	<input type="checkbox"/>

Withdrawing Consent

Under UK GDPR law, a data subject has the right to withdraw consent at any time. If following completion of this admission form you wish to withdraw consent, this can easily be done by writing to the school by letter or email and stating your request. Your letter/email should be addressed to the School GDPR Lead.

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 they start 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 ADHD 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 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".

Is there an Education, Health & Care Plan (EHCP) in place at your child's Primary School?	
Yes	
No	
Unsure	

Is there a Medical 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 the SEND Team via SENDAdmin@HalewoodAcademy.co.uk.

Is your child diagnosed with any of the below?				
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			
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.

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

Please note that if you wish to receive school information in a large print format this can be arranged.

Please tick one of the following boxes:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Young Carer

Has your child provided regular, unpaid care to a family member or friend with a disability, illness, mental health condition or addition? *This information is used to ensure that the appropriate school support is in place for your child and your family.*

Please tick one of the following boxes:

Yes – currently	<input type="checkbox"/>
Yes – previously	<input type="checkbox"/>
No	<input type="checkbox"/>

Social Care

Has your family ever received support from children's social care? *This information is used to ensure that the appropriate school support is in place for your child and your family.*

Please tick one of the following boxes:

Yes – currently	<input type="checkbox"/>
Yes – previously	<input type="checkbox"/>
No	<input type="checkbox"/>

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.

Signature of parent, guardian or carer

Print name:

Date:

Signature.

