ADMISSION FORM

**PLEASE COMPLETE ALL SECTIONS AND SIGN AND DATE WHERE SHOWN ON THE LAST PAGE.**

**1. Basic Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Forename: |  | Middle Name (s): |  |
| Legal Surname: |  | Preferred Surname: |  |
| Preferred Forename: |  | Date of Birth: |  |
| Gender: |  |  |  |

|  |  |
| --- | --- |
| Home Address: |  |
|  |  |
|  |  |
|  |  |
| Postcode: |  |
| Home Tel: |  |

**2. Family Home**

**For Parents / Carers and other persons who you wish to be contacted in an emergency. Please list in the order in which they should be contacted. We require at least two emergency contacts please.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: Please type in the boxTitle | Choose an item. | Relationshipto Student: |  |
| Does this contact have legal parental responsibility? Choose an item. |
| Home Address:  |  |
|  | Postcode: |
| Home Telephone: (Main) |  | Work Telephone: |  |
| Mobile Number: (Primary) |  | Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: Please type in the boxTitle | Choose an item. | Relationshipto Student: |  |
| Does this contact have legal parental responsibility? Choose an item. |
| Home Address: (if different from overleaf |  |
|  |  |
|  |  | Postcode: |  |
| Home Telephone: |  | Work Telephone: |  |
| Mobile Number: |  | Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: Please type in the boxTitle | Choose an item. | Relationshipto Student: |  |
| Does this contact have legal parental responsibility? Choose an item. |
| Home Address:  |  |
|  |  |
|  |  | Postcode: |  |
| Home Telephone: |  | Work Telephone: |  |
| Mobile Number: |  | Email Address: |  |

**Name and address of any adult(s) not included above who are legally entitled to copies of reports and any correspondence, who do not reside at the same address as the child (to include the father of the child, if you were married at the time of their birth).**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: Please type in the boxTitle | Choose an item. | Relationshipto Student: |  |
| Does this contact have legal parental responsibility? Choose an item. |
| Home Address: |  |
|  |  |
|  |  | Postcode: |  |
| Home Telephone: |  | Work Telephone: |  |
| Mobile Number: |  | Email Address: |  |

 Please give details of any siblings at The Blandford School:

**3. Dietary – Are you entitled to claim Free School Meals?**  Choose an item.

**Dietary Needs**

|  |  |
| --- | --- |
| Artificial Colouring Allergy Choose an item. Gluten Free Choose an item. Halal Choose an item. Kosher Foods Only Choose an item. No Dairy Produce Choose an item.  | No nuts of any type/quantity: Choose an item. No Pork Choose an item. Seafood Allergy Choose an item. Vegetarian Choose an item.  |

**4. Medical**

I consent to my child receiving emergency medical, dental, and surgical treatment
if necessary, Choose an item.

Which may involve the use of anaesthetics and /or blood transfusions: I understand that the school or trip leaders if out of school will do their best to contact me prior to any such treatment.

*Anaesthetics* Choose an item.

*Blood transfusions* Choose an item.

**Medical Details**

|  |  |
| --- | --- |
| Doctor’s Name |  |
| Surgery Address |  |
| Medical Conditions: Please give full details including treatment. | Choose an item. |
| Long Term Medication: | Choose an item. |
| Allergies: | Choose an item. |
| Carries Epipen: | Choose an item. | Registered Disabled | Choose an item. |
| Is your son/daughter a ‘Young carer’ (i.e. has significant responsibility for the care of another family member – parent, sibling, grandparent etc) Choose an item. |

Other: Please Specify

Occupational Therapy Choose an item.

Physiotherapy Choose an item.

Speech Therapy Choose an item.

**5. Ethnic Background Record Form**

*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.*** *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. Pupils aged 16 or over can make this decision for themselves.*

Please study the list below and tick one box only to indicate the ethnic background of the student named overleaf.

**White** Choose an item.

This information was provided by:

Choose an item.

**Mixed** Choose an item.

**Asian or Asian British**  Choose an item.

**Black or Black British** Choose an item.

**Chinese** Choose an item.

**Any other ethnic background** Choose an item.

**I do not wish an ethnic background category to be recorded.** Choose an item.

**Home Language: (please specify)**

**Country of Birth: (please specify)**

**Religion: (please specify)**

**National Identity (please choose)** Choose an item.

*(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Children, Schools and Families(DCSF) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.)*

**6. Additional Information**

\*Please Choose Meal Preference:

Choose an item.

**Mode of Travel**

|  |  |
| --- | --- |
| Choose an item. |   |
| Bus Route: |

|  |  |
| --- | --- |
| Child of Armed Services Family | Choose an item. |
| Child of Armed Services Family in the last 4 years | If you have chosen Yes, please give date of leaving) |

|  |
| --- |
| Traveller Status –  |
| Choose an item. |

**7. Welfare**

|  |  |
| --- | --- |
| Child in care | Choose an item. |
| Name of care authority |  |
| If your child is adopted, please indicate here if they were adopted from care (in some cases this may entitle a child to additional support/funding) | Choose an item. |

**8. School History - Name and Address of Schools Attended Since Age 7**

 **(**Please list most recent first)

|  |  |
| --- | --- |
| Dates | School Name |
| Dates | School Name |

**9.** **Parental Consent -**

|  |
| --- |
|  I give permission for my son/daughter to have his/her photo taken during school events for publication in the press/on our school website  Choose an item. |
|  I give permission for The Blandford School to email/text information about our Friends Association. Choose an item. |

**Parental Consent**

**I understand and give my consent to all the points detailed below**.

|  |  |
| --- | --- |
| I agree to reinforce and support my child in following the school’s code of behaviour and the school rules, including following the school’s Rules for Acceptable ICT use. | Choose an item. |
| I agree to my son/daughter taking part in school journeys, educational visits, and sporting fixtures. I accept that our out of school activities may pose additional risks to those that students might be expected to encounter during a normal school day and that risk assessments are carried out for each individual trip. | Choose an item. |
| I understand and agree that arrangements for care, supervision and discipline on school trips will be in accordance with normal school rules and policies. | Choose an item. |
| I agree to my child travelling by any form of public transport and /or motor vehicle driven by a suitably qualified and approved person for school trips and visits. | Choose an item. |
| I understand and agree that if my child behaves in a particularly unsafe or unacceptable manner, purchases, possesses or consumes alcohol, tobacco, or illegal/banned substances on school trips, they may be banned from taking part in future school trips and I may be contacted to bring them home, if appropriate, and will be asked to pay associated costs. They will also be subjected to further sanctions once back in school. | Choose an item. |
| I agree to advise School immediately of any changes to my child’s health, of any medical condition and/or changes in contact information – temporary or permanent. | Choose an item. |
| I agree to images of my child being used by school and for school promotional material and/or in the press. | Choose an item. |

|  |
| --- |
| **If you have chosen No to any of the above, please give further details of any points you do not consent to here.** |

|  |  |
| --- | --- |
| Form Completed By: |  |
| Date: |  |
| Relationship to Student: |  |

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| --- |
| **DATA PROTECTION ACT 1988**The information that you give on this form will be used for the purpose of processing your application for a school place and keeping accurate records about your child on the school database. It will not be used for any other purpose unless required by law.  |