



Cabot
Learning
Federation



Admission Application Form – please fill in all unshaded boxes

First Name		
Surname		
Chosen Name		
Date of Birth		Current Age
Gender		
Birth Cert seen?		

Home Address		
House Number:	Flat Number (If Applicable):	
Street Name:		
Postcode:		

Priority	Contacts for the student	Contact details	
1	Prefix: Mr/Mrs/Miss/Ms	Telephone	
	Forename		
	Surname		
	Relationship to student		
2	Prefix: Mr/Mrs/Miss/Ms	Telephone	
	Forename		
	Surname		
	Relationship to student		
3	Prefix: Mr/Mrs/Miss/Ms	Telephone	
	Forename		
	Surname		
	Relationship to student		
	Email		
	Email		
	Email		

<u>Dietary</u>		
Eligible for Free School Meals? Y / N		
Dietary Needs – Halal, Vegetarian etc		
Allergies, please give details		

<u>Medical</u>		
Name of Doctor		
Surgery Telephone		
Surgery Address	Name:	
	Street Name:	
	Postcode:	
Medical Conditions, please give details		
Emergency consent for treatment? Y / N		
Consent for Paracetamol/Ibuprofen? Y / N		

<u>Ethnicity information</u>	Student	Mother	Father	
Ethnicity (E.g Black Caribbean)				
First language				
Country of Birth				
Nationality				
Religion				
Asylum status				
Passport Number				
Proficiency in English None? Some? Fluent?				
Date of arrival in UK (If Applicable)				
Translator required for meetings?				

Does the child have any siblings?			
<u>Name</u>	<u>Age</u>	<u>School</u>	

School History	Date from	Date until	Reason for Leaving	
Primary school name Address				
Previous Secondary school name Address				

Gaps in educations – please give dates and reasons (illness/holiday) for the past year		
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Travel to school – please tick	Walk	Bus	Ride	Car	
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Hobbies and interests	
After-school and out of school activities (clubs, youth groups etc)	

Educational Needs

<p>Does your child have a Special Educational Need or Disability? Please specify</p>	<p>Has your child ever been referred to an outside agency (Social Services, Education Welfare, CAMHS etc)? if so please give names and contact details...</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Organisation</td> <td></td> </tr> <tr> <td>Name (Case/support worker)</td> <td></td> </tr> <tr> <td>Telephone</td> <td></td> </tr> <tr> <td>Details</td> <td></td> </tr> </table>	Organisation		Name (Case/support worker)		Telephone		Details		
Organisation										
Name (Case/support worker)										
Telephone										
Details										
<p>Does your child currently receive help in school for Literacy?</p> <p>What Educational support do you receive (if any)?</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Organisation</td> <td></td> </tr> <tr> <td>Name (Case/support worker)</td> <td></td> </tr> <tr> <td>Telephone</td> <td></td> </tr> <tr> <td>Details</td> <td></td> </tr> </table>	Organisation		Name (Case/support worker)		Telephone		Details		
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Details										

Is there anyone who should NOT have access to your child?			
Is the child in care? Or subject to a care order?	Contact details for professional	Name	
		Telephone	

Parental consent

It is the City Academy’s aim to enhance the student experience and to support teaching and learning in every possible way. Therefore we ask parental permission for your child _____ (please insert name of student) to participate in the following:

- **Third party agreement**

I give permission for my child to use and take part in the extended services the school has signed up to such as Careers South West. I understand that the school is sharing data with those providers.

YES/NO (Please delete as appropriate)

- **Biometric agreement**

I give permission for my child to use the cashless catering system. I understand a biometric photograph of my child’s fingerprint will be stored on the schools computer system. **YES/NO**

- **Media Release Agreement**

I grant the City Academy permission to use my child’s name and/or voice, likeness and/or any or all of the audio or video footage in any educational media based productions. **YES/NO**

Students from the City Academy appear in the local and national media. I am happy for my child being featured in the press, on radio or television or in publicity material. **YES/NO**

- **Educational Day trips**

I understand that students are sometimes taken on educational trips within school time to enhance their learning experience and give my child permission to participate. **YES/NO**

I grant the City Academy permission for the above areas. If I have any concerns I can contact my child’s Head of House any time.

Name of Parent/ Carer: _____

Signature: _____ Date: _____