

THE DEANERY ADMISSIONS FORM

PUPIL BASIC DETAILS

LEGAL SURNAME _____

SURNAME KNOWN BY (If different) _____

FORENAME _____

NAME _____

DOB _____

GENDER _____

ADDRESS

POSTCODE _____

Please enclose a copy of your child's birth certificate

If an overseas passport then proff of residency is required

Date induction meeting completed –

Name of staff member hosting the meeting –

Please give a copy to student services to scan onto ARBOR

Please give a copy to the parent.

TRUTEX Uniform website <https://www.trutex.com/>

TRUTEX Uniform code LEA00960SC



CONTACT DETAILS

Please give details of those persons who live with the above pupil. Details of **both** parents are required unless there is a court order in place that prevents a parent from having access to their child or their information.

PARENT/CARER 1 RELATIONSHIP TO CHILD _____

SURNAME _____ FORENAME _____

TITLE _____

ADDRESS _____

_____ POSTCODE _____

HOME TEL NO _____ MOBILE _____

WORK TEL NO _____

PREFERRED EMAIL ADDRESS _____

_____ @ _____

Parental responsibility

I give/do not give permission for The Deanery to email/text me with important school matters
(Delete as necessary)

Permitted to collect from school

PARENT/CARER 2 RELATIONSHIP TO CHILD _____

SURNAME _____ FORENAME _____

TITLE _____

ADDRESS _____

_____ POSTCODE _____

HOME TEL NO _____ MOBILE _____

WORK TEL NO _____

PREFERRED EMAIL ADDRESS _____

_____ @ _____

Parental responsibility

I give/do not give permission for The Deanery to email/text me with important school matters
(Delete as necessary)

Permitted to collect from school



Please give details of additional contacts who may be contacted in an emergency in order of priority including any other person with parental responsibility.

SURNAME _____ FORENAME _____
TITLE _____
RELATIONSHIP TO CHILD _____

ADDRESS _____

POSTCODE _____

HOME TEL NO _____ MOBILE _____

WORK TEL NO _____

Permitted to collect from school

SURNAME _____ FORENAME _____
TITLE _____
RELATIONSHIP TO CHILD _____

ADDRESS _____

POSTCODE _____

HOME TEL NO _____ MOBILE _____

WORK TEL NO _____

Permitted to collect from school

PRIORITY OF CONTACTS – MUST BE FULLY COMPLETED

Please indicate the order in which contact should be made on a day to day basis or in the event of an emergency

CONTACT 1 _____

CONTACT 2 _____

CONTACT 3 _____

CONTACT 4 _____



FAMILY DETAILS

Please give details of siblings at _____

(Primary School)

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

ETHNIC BACKGROUND

This part of the form is based on the new national population Census ethnic categories.

Please indicate below the ethnicity code which best describes you

Afghan		Indian		Roma	
African Asian		Information Not Yet Obtained		Serbian	
Albanian		Iranian		Singaporean Chinese	
Arab		Iraqi		Sri Lankan Other	
Asian and any other ethnic group		Italian		Sri Lankan Sinhalese	
Asian and Black		Japanese		Sri Lankan Tamil	
Asian and Chinese		Kashmiri other		Taiwanese	
Bangladeshi		Kashmiri Pakistani		Thai	
Black - Angolan		Korean		Traveller of Irish heritage	
Black - Congolese		Kosovan		Turkish	
Black - Ghanaian		Kurdish		Turkish Cypriot	
Black - Nigerian		Latin/South/Central American		Vietnamese	
Black - Somali		Lebanese		White - Cornish	
Black - Sudanese		Libyan		White - English	
Black and any other ethnic group		Malay		White - Irish	
Black and Chinese		Malaysian Chinese		White - Scottish	
Black Caribbean		Mirpuri Pakistani		White - Welsh	
Black European		Moroccan		White + any other Asian Background	
Black North American		Nepali		White and any other ethnic group	
Bosnian-Herzegovinian		Other Asian		White and Black African	
Chinese		Other Black		White and Black Caribbean	

Chinese + any other ethnic group		Other Black African	White and chinese
Croatian		Other Chinese	White and Indian
Egyptian		Other ethnic group	White and Pakistani
Filipino		Other Gypsy/Roma	White Eastern European
Greek		Other mixed background	White European
Greek Cypriot		Other Pakistani	White Other
Gypsy		Other White British	White Western European
Gypsy/Roma		Polynesian	Yemeni
Hong Kong Chinese		Portuguese	Refused

MOTHER TONGUE

Please indicate your mother tongue below and if choice was ascribed by parent or child

Believed to be English		Parent
Believed to be other than English		
English		Child
Other		
Refused		

DIETARY NEEDS

DOES THE PUPIL REQUIRE A RESTRICTED DIET YES/NO (Delete as necessary)
IF YES PLEASE GIVE DETAILS

MEAL ARRANGEMENTS

I believe that my child is entitled to claim free school meals Yes No

MEDICAL DETAILS

MEDICAL PRACTICE _____ TEL NUMBER _____

DOCTOR'S NAME

MEDICAL CONDITIONS

Please indicate if your child has a current Individual Health Care Plan Yes / No



TRAVEL ARRANGEMENTS

Please indicate your normal mode of travel to and from school. Please refer to the relevant guidance if necessary.

Bicycle / Train / Car or Van / Walk / Taxi / School Bus / Car Share / Public Bus Service / Other

SERVICE CHILDREN IN EDUCATION

Please indicate below if a parent or parents are Service personnel serving in regular HM Forces Military units of all forces and exercising parental care and responsibility.

I / we are members of the Armed Forces

I / we are not members of the Armed Forces

SCHOOL HISTORY

Please indicate the current / last school attended by the pupil (INCLUDING OVERSEAS) -

ADDITIONAL EDUCATIONAL NEEDS

Please give details of any additional educational needs of the pupil eg Impaired hearing, Dyslexia, gifted & talented, at their current school.

Is Your Child registered as a young carer **Yes**

No



PASTORAL AND SAFEGUARDING INFORMATION

Please let us know if your child is currently supported by any of the following plans or outside agencies.

Agency or support plan:	Yes	No
Early Help record		
Team around the Child/Family		
Child in Need plan		
Child Protection plan		
TaMHS		
CaMHS		
Social worker		
Family Services		

Other (Please state)

I confirm that I/we would like the pupil detailed on this form to be offered a place at The Deanery

Signed _____ Print _____ Date _____

Signed _____ Print _____ Date _____

Please turn over and complete the Parental Consents



Executive Principal: Mr J Young
Vice Principals: Ms L Connors and Mr D McDonald

Tel: 01793 236611
Email: admin@deanerycofeacademy.org.uk

Parent Consents / agreements – PLEASE CIRCLE

Use of pupil photograph on website / social media **Y / N**

I consent for my child to leave the school premises, independently in the event of an emergency / school closure **Y / N**

I have read and understood the school behaviour policy **Y / N**

I consent medical treatment via a first aid trained member of staff for example an ice pack **Y / N**

I consent for a biometric thumb print to be taken for the purpose of using the canteen **Y / N**

I have read and understood the uniform policy **Y / N**

I consent for DBS checked adult to be present on school trips **Y / N**

I have read and understood the school attendance policy including understanding that holiday during term time will not be granted and may incur a local authority fine **Y / N**

I will take time to read The Deanery policies <https://www.dcea.org.uk/policies/> relating to the following:

Charging and remissions

Code of Conduct

Education Visits

ICT acceptable usage

Intimate Care

On line safety

Positive handling

Pupils mental health

Supporting pupils with medical conditions

Safeguarding & child protection

Student friendly safeguarding

RSE & RSHE

Anti bullying

Equality

Lockdown





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The Deanery Church of England Academy, Peglars Way, Wichelstowe, Swindon SN1 7DA

www.dcea.org.uk



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