|  |
| --- |
| **THE DEANERY ADMISSIONS FORM** **PUPIL DETAILS** LEGAL SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SURNAME KNOWN BY (If different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GENDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  POSTCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please enclose a copy of your child’s birth certificate  If an overseas passport, then proof of residency is required Date of entry into the UK   |

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 FULY COMPLETED

Please indicate the order in w hich 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  |   |



# MEDICAL DETAILS

MEDIAL 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**

**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/**](https://www.dcea.org.uk/policies/) **relating to the following:**

**Charging and remissions Student friendly safeguarding**

**Code of Conduct RSE & RSHE**

**Education Visits Anti bullying**

**ICT acceptable usage Equality**

**Intimate Care Lockdown**

**On line safety**

**Positive handling**

**Pupils mental health**

**Supporting pupils with medical conditions**

**Safeguarding & child protection**