

Student Admission Form

GA-F0002

PLEASE COMPLETE THIS FORM IN BLACK INK OR TYPESCRIPT

CONFIDENTIAL

 (Please tick) Grace Academy Coventry Grace Academy Darlaston Grace Academy Solihull

1. BASIC DETAILS

Fill in the details of the Student to be admitted to Grace Academy.

Legal Forename: _____ Preferred Name: _____
 Legal Surname: _____ Preferred Surname: _____
 Middle Name(s): _____ Date of Birth: _____ Gender: Male Female
 Flat/Maisonette Number: _____ Flat/Maisonette Name: _____
 House Number: _____ Street: _____
 Town/City: _____ County: _____ Post Code: _____

2A. PARENT/CARER CONTACT DETAILS

Please provide details of **all persons who have parental responsibility**. Please indicate which contact you wish us to notify in an emergency/illness, by putting a tick in the Emergency Contact box. Please tell us if this changes, as we need to be able to contact the right person quickly if your child is ill. Please put a tick in the Mailing Point box to indicate which address we should send correspondence to.

Priority Contact 1 Emergency Contact Mailing Point
 Name: _____ Relationship to child: _____
 Relationship Status (if Mother or Father): Single Married Divorced Separated Living with Partner Civil Partnership
 Flat/Maisonette Number: _____ Flat/Maisonette Name: _____
 House Number: _____ Street: _____
 Town/City: _____ County: _____ Post Code: _____
 Home Number: _____ Mobile Number: _____
 Other Contact Number: _____ Email: _____
 Work Address: _____
 Post Code: _____ Work Number: _____

Priority Contact 2 Emergency Contact Mailing Point
 Name: _____ Relationship to child: _____
 Relationship Status (if Mother or Father): Single Married Divorced Separated Living with Partner Civil Partnership
 Flat/Maisonette Number: _____ Flat/Maisonette Name: _____
 House Number: _____ Street: _____
 Town/City: _____ County: _____ Post Code: _____
 Home Number: _____ Mobile Number: _____
 Other Contact Number: _____ Email: _____
 Work Address: _____
 Post Code: _____ Work Number: _____

Grace Academy Coventry
 Wigston Road
 Coventry
 CV2 2RH
 02476 589 000
 coventry@graceacademy.org.uk

Grace Academy Darlaston
 Herberts Park Road
 Wednesbury
 WS10 8QJ
 0121 568 3300
 darlaston@graceacademy.org.uk

Grace Academy Solihull
 Chapelhouse Road
 Solihull
 B37 5JS
 0121 329 4600
 solihull@graceacademy.org.uk

2B. ADDITIONAL CONTACT DETAILS

Please enter the details of any other contacts that we should be aware of. In the event of an emergency, we will contact parents/carers first. If you would like to nominate another emergency contact, please indicate by putting a tick in the Emergency Contact box.

Additional Contact 1
 Emergency Contact

Name: _____ Relationship to child: _____

Flat/Maisonette Number: _____ Flat/Maisonette Name: _____

House Number: _____ Street: _____

Town/City: _____ County: _____ Post Code: _____

Home Number: _____ Mobile Number: _____

Other Contact Number: _____ Email: _____

Work Address: _____

Post Code: _____ Work Number: _____

Additional Contact 2
 Emergency Contact

Name: _____ Relationship to child: _____

Flat/Maisonette Number: _____ Flat/Maisonette Name: _____

House Number: _____ Street: _____

Town/City: _____ County: _____ Post Code: _____

Home Number: _____ Mobile Number: _____

Other Contact Number: _____ Email: _____

Work Address: _____

Post Code: _____ Work Number: _____

2C. FAMILY LINKS

Please give the name, gender and year group of any other children in your family attending Grace Academy.

 Name: _____ College/School: _____ Year Group: _____ Gender: Male Female

 Name: _____ College/School: _____ Year Group: _____ Gender: Male Female

 Name: _____ College/School: _____ Year Group: _____ Gender: Male Female

3. MEDICAL INFORMATION
 Please tick if **Emergency Consent** is given

NHS Number: _____

Name of Doctor: _____ Telephone: _____

Practice Address: _____

Post Code: _____

The Equality Act defines a disabled person as anyone who has, or has had a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities.

 Therefore, do you consider the student to have a disability or long term health condition. Yes No

If yes, please provide further information including auxiliary aids required.

Medical Conditions: (including allergies and medications taken)

4. ETHNIC/CULTURAL INFORMATION

To help us in monitoring equal opportunities, you are asked to complete the following in relation to the student.

Ethnicity

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> White - English | <input type="checkbox"/> Black - African | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Black - Carribean | <input type="checkbox"/> White - Irish Indian | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White - Scottish | <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White and Black Carribean |
| <input type="checkbox"/> White - Welsh | <input type="checkbox"/> Gypsy/Roma | <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Traveller of Irish Heritage | <input type="checkbox"/> Any other Asian background | |
| <input type="checkbox"/> Any other ethnic group (Please specify): _____ | | | <input type="checkbox"/> Prefer not to say |

Religion: _____ Nationality: _____
 Home Language: _____ First Language: _____
 English as an additional Language: Yes No Asylum Status: _____
 Passport Number: _____ Passport Expiry Date: _____

5. ADDITIONAL INFORMATION

Previous School

School Name: _____ Date Started: _____
 Date of Leaving: _____ Reason for Leaving: _____

Biometric Cashless Catering System

Grace Academy uses a Biometric Cashless Catering System to allow your child to pay for school meals. This requires us to take a digital and encrypted measurement of your child's finger that is stored on our system as a unique number. This unique number cannot be converted into any image of the finger nor can it be used by any other source for identification purposes. Further information may be obtained from the Academy. Please indicate below if you do **NOT** consent to your child being registered on the Academy's Biometric Cashless Catering System.

Biometric Cashless Catering System Opt-out

Meal Arrangement: Free School Lunch (subject to eligibility) Paid School Meal Sandwiches Home Other
 Travel Arrangements: Bicycle Car Taxi Train Walks Bus Other

Grace Academy would like to use photographs and video images of your child. These can be used to demonstrate or promote activities relating to the Academy's curriculum and extra curriculum provision. Therefore, images may appear within the Academy or externally. This may include the Academy website, social media pages, newsletters and associated print and television appearances. Please indicate if you DO NOT want your child photographed or videoed. This excludes the photograph taken for internal identification.

Photograph / Video Opt out

Students full name opt out next to any photograph or imagery

Although safeguarding is a priority at Grace Academy, please note that the Internet can be viewed throughout the world. Further information is available on our website within the digital policy and other policies, as to Academy requirements for student and staff safety

6. SIGNATURE

Data Protection Act 1998: The Academy is registered under the Data Protection Act for holding personal data and has a duty to protect this information and to keep it up to date. The Academy is required to share some of the data with the Local Authority and with the DfE.

I certify that to the best of my knowledge, the information given on this form is correct and true.

Signature: _____ Relationship to child: _____ Date: _____

Once completed in full please save the form, copy and paste the email address gas-transition@graceacademy.org.uk into your email address bar and attach your saved form.