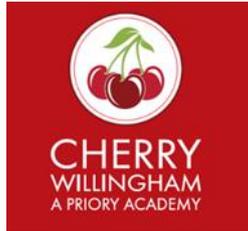


# ADMISSIONS FORM CHERRY WILLINGHAM PRIMARY ACADEMY



**Please ensure that all sections are completed**

## **A. STUDENT DETAILS**

(\*Pupils must be registered with the Academy using their **legal registered name**. If the pupil is being fostered please inform the academy separately in writing)

1. \*Surname \_\_\_\_\_

2. \*Forename \_\_\_\_\_

3. Middle Name (s) \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

5. Gender      \*Male/Female (\*Please delete as applicable)

6. Year Group \_\_\_\_\_

7. Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Postcode \_\_\_\_\_

9. Home Telephone \_\_\_\_\_

## **B. PREVIOUS SCHOOL/PRE SCHOOL DETAILS (IF APPLICABLE)**

1. Name of previous school \_\_\_\_\_

2. Address of previous school \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. School Telephone Number \_\_\_\_\_

4. Start Date – previous school \_\_\_\_\_

5. End Date – previous school \_\_\_\_\_

**For office Use Only**

Birth Certificate checked and DOB/Legal name verified Yes/No Date \_\_\_\_\_

Signed \_\_\_\_\_

**Please state the name(s) and year group(s) of any sibling(s) already attending The Priory Cherry**

**Willingham Primary Academy**

---

**C. PARENTAL DETAILS**

Please supply all the details for both legal guardians who reside at the same address as the pupil. For any legal guardian residing at a different address to the pupil, please complete their details where stated.

(Please place in the order they should be contacted)

**Legal Guardian – 1**

- 1. Title Mr/Mrs/Miss/Ms (delete as applicable or specify other) \_\_\_\_\_
- 2. Surname \_\_\_\_\_
- 3. Forename \_\_\_\_\_
- 4. Work/Daytime Number \_\_\_\_\_
- 5. Mobile Number \_\_\_\_\_
- 6. Email Address \_\_\_\_\_
- 7. Relationship to pupil \_\_\_\_\_

**Legal Guardian – 2**

- 1. Title Mr/Mrs/Miss/Ms (delete as applicable or specify other) \_\_\_\_\_
- 2. Surname \_\_\_\_\_
- 3. Forename \_\_\_\_\_
- 4. Work/Daytime Number \_\_\_\_\_
- 5. Mobile Number \_\_\_\_\_
- 6. Email Address \_\_\_\_\_
- 7. Relationship to pupil \_\_\_\_\_

**For any Legal Guardian residing at a different address to the pupil, please complete the below:-**

- 1. Title Mr/Mrs/Miss/Ms (delete as applicable or specify other) \_\_\_\_\_
- 2. Surname \_\_\_\_\_
- 3. Forename \_\_\_\_\_
- 4. Home Contact Number \_\_\_\_\_
- 5. Mobile Number \_\_\_\_\_
- 6. Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Postcode \_\_\_\_\_
- 8. Email Address \_\_\_\_\_
- 9. Relationship to pupil \_\_\_\_\_

Please indicate if the above contact can be called in an emergency  Yes  No

**Please tick if you require duplicate Reports sending to the person named above**

Yes  No

*Please note we will use the above details to contact Parent 2 to offer access to our online systems*

**D. EMERGENCY CONTACTS** (Please place any additional contacts in order of priority. These persons have authority to act on your behalf and collect your child if we are unable to contact you)

- 1. Full Name (including title) \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship to pupil \_\_\_\_\_
- 2. Full Name (including title) \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship to pupil \_\_\_\_\_
- 3. Full Name (including title) \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship to pupil \_\_\_\_\_

**E. SPECIAL EDUCATIONAL NEEDS**

Does your child currently have a statement of Special Educational Needs or an Education, Health and Care Plan? \*Yes / No (\*Please delete as applicable)

Is your child currently on the Special or Additional Educational Needs Register? \*Yes / No (\*Please delete as applicable)

If **Yes** please confirm their primary need \_\_\_\_\_

**F. ADDITIONAL INFORMATION**

**Please complete for all admissions**

Is your child a 'looked after child'? \*Yes / No (\*Please delete as applicable)

Is your child considered to be a carer? \*Yes / No (\*Please delete as applicable)

Is there a court order in place? \*Yes / No (\*Please delete as applicable, if Yes please indicate the type of order and provide a copy of the court order for our records)

Special Guardianship Order (SGO)

Residence Order (RO)

Child Arrangement Order (CAO)

Copy of Court Order Attached

***It should be noted we are unable to record the 'Post Looked after Arrangement' for your child without the evidence of the court order.***

**Please be aware there is additional funding available to the academy where students are known to be adopted, in these cases we simply require a copy of the adoption certificate as evidence.**

**G. MEDICAL CONDITIONS**

Please tick any of the following which apply:-

Asthma  Eczema  Diabetes  Epilepsy  Hayfever

Migraine  ADHD  Autism  Asperger's Syndrome  Cerebral Palsy

Nut Allergy  Allergy to: \_\_\_\_\_

\_\_\_\_\_

Any further health information which you feel the school should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. FIRST LANGUAGE**

Please tick the **main** language spoken at home:

English	<input type="checkbox"/>	Arabic	<input type="checkbox"/>	Bengali	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Latvian	<input type="checkbox"/>	Lithuanian	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Urdu	<input type="checkbox"/>
Other	<input type="checkbox"/>						

If "Other" please state: \_\_\_\_\_

**Please state date of entry into the UK**

Date \_\_\_\_\_ or from birth? **YES/NO**

**I. RELIGION**

Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
No Religion	<input type="checkbox"/>	Church of England	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Other	<input type="checkbox"/>		

If "Other" please state: \_\_\_\_\_

**J. MAIN TYPE OF TRANSPORT TO / FROM THE PRIORY Cherry Willingham Primary ACADEMY (Please select one)**

Car/Van	<input type="checkbox"/>	Car Share (with child/children from a different house)	<input type="checkbox"/>				
Dedicated School Bus	<input type="checkbox"/>	Public Service Bus	<input type="checkbox"/>	Cycle	<input type="checkbox"/>	Walk	<input type="checkbox"/>
Taxi	<input type="checkbox"/>						

*Parents/Carers are reminded that it is their responsibility to make arrangements for the safe travel of their children to and from school.*

**K. MEAL ARRANGEMENTS**

Please select one of the listed lunchtime arrangements

Hot Meal	<input type="checkbox"/>	Packed Lunch	<input type="checkbox"/>	Free School Meal	<input type="checkbox"/>
----------	--------------------------	--------------	--------------------------	------------------	--------------------------

To check if your child is eligible for free school meals, please register with Lincolnshire County Council and complete their simple application process.

Applications are submitted online using Lincolnshire County Councils Parental Portal, this is the same location where you will have applied for your school place. If you did not make your application online and would like to check your eligibility for Free School Meals please do so by visiting:

<https://lcc.cloud.servelec-synergy.com/parentportal>

Guidance on the application process is available from the academies main reception upon request.

**L. SERVICE PUPIL**

A Service Pupil Premium is available to schools attended by son(s)/daughter(s) of service personnel.  
(Please note the service premium is only achieved where the Parent/Step Parent resides with the child)

**Please indicate if either parent is currently in HM Forces – this applies to Category 1 or 2**

\*Yes / No (\*Please delete as applicable)

**Please indicate if either parent meets the following criteria:**

Served in the regular armed force in the last 6 Years

\*Yes / No (\*Please delete as applicable)

Died while serving in the armed forces and the pupil is in receipt of a pension under the Armed Forces Compensation Scheme (AFCS) and the War Pensions Scheme (WPS)

\*Yes / No (\*Please delete as applicable)

**M. ELECTRONIC COMMUNICATIONS**

The Academy uses email and text messages to contact parents concerning education matters and may also send correspondence on behalf of the PTA. Please give details below of the person designated to receive these communications

Full Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**N. SIGNATURE**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The information on this form will be processed electronically for administrative purposes and is subject to the terms of the Data Protection Act 2018. The information will be disclosed only to the Education Authority, the Health and Welfare agencies or where a law or emergency necessitates a disclosure. The information held must be kept up to date by law and so if any of the information which you now supply changes in the future, you should notify the Academy in writing or ask for a Change of Details form.*

## Ethnic Background Record Form

(Based on the new National Population Census Ethnic Categories)

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 person named above. Please also tick whether the form was filled in by you as the parent/guardian or the pupil.

<p style="text-align: center;"><b><u>WHITE</u></b></p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> White Irish</p> <p><input type="checkbox"/> Gypsy/Roma</p> <p><input type="checkbox"/> Any Other White Background</p> <p><input type="checkbox"/> Traveller of Irish Heritage</p>	<p style="text-align: center;"><b><u>ASIAN/ASIAN BRITISH</u></b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian Background</p>	<p style="text-align: center;"><b><u>CHINESE</u></b></p> <p><input type="checkbox"/> Chinese</p>
<p style="text-align: center;"><b><u>MIXED BACKGROUND</u></b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any Other Mixed Background</p>	<p style="text-align: center;"><b><u>BLACK/BLACK BRITISH</u></b></p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Any Other Black Background</p>	<p style="text-align: center;"><b><u>OTHER</u></b></p> <p><input type="checkbox"/> Any Other Ethnic Group</p> <p><input type="checkbox"/> Refused</p>

The above information was provided by:-	Parent/Guardian <input type="checkbox"/>	Pupil <input type="checkbox"/>
---	--	--------------------------------

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Any information you provide will be used solely to compile statistics on the Academy 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 (DCFS) to contribute to local statistics. The information will also be passed on to future schools, to save it having to be asked for again.*