

### **ADMISSION FORM**

Please complete all sides then sign the last page.

The Data Protection Act and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school's student records database. The information on ethnic origin and first language is needed by the school and by Cambridgeshire County Council (the Children's Services Authority). This is to ensure that resources are made available when required and that the Education Service offers real equality of opportunity for all pupils.

The sections marked \* are non-compulsory. If supplied, this information will be shared with Education Welfare Benefit Service, Cambridgeshire County Council, and other relevant bodies administering public funds, who collect and use information about you so that we can provide your child(ren) with entitlement to education benefits under The Education Act 1996.

By signing this form, I confirm I understand that data will be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims; periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

Full details about how we use this data and the rights you have around this can be found at <a href="www.cambridgeshire.gov.uk/privacy">www.cambridgeshire.gov.uk/privacy</a>. If you have any data protection queries, please contact the Data Protection Officer at data.protection@cambridgeshire.gov.uk.

Legal Surname	(as it appears on child's birth certificate)
Legal Forename	(as it appears on child's birth certificate)
Middle Name(s)	
Preferred Forename	Male / Female
Date of Birth	
Home Address	
Postcode	. Home telephone number
In Local Authority Care Yes/No If Yes, Name	e of Care Authority





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Cambridgeshire. PE26 2QA

Upwood, Huntingdon,

Tel: 01487 813510



Name & address of previous school				
If this school is overseas, please give name and address of any previous UK school attended (primary or secondary)				
SERVICE CHILDREN IN SCHOOL				
Schools are now required to indicate whether a child has a parent(s)/guardian(s) currently serving in regular military units of any of the armed forces, and designated as Personnel Category 1 or 2. Please could you indicate if your child is a 'service child in education' by ticking one of the boxes below.				
No Yes I do not wish a service children indicator to be recorded				
CONTACT INFORMATION				
Please provide details of three parents/guardians/contacts below and place them in the order you wish them to be contacted in an emergency.  Please tell us if the information changes; we need to be able to contact you quickly if your child is ill.				
PRIORITY 1 CONTACT				
TitleSurnameForename				
Relationship to student				
*Date of Birth*NI Number				
Home address				
Postcode				
Home telephone number Mobile telephone number				
Home email				





Work email...... Work telephone number .....

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## **PRIORITY 2 CONTACT**

TitleSurname	Forename
Relationship to student	Parental responsibilityYES / NO
*Date of Birth	*NI Number
Home address	
	Postcode
Home telephone number	Mobile telephone number
Home email	
Work address	
Work email	Work telephone number
	PRIORITY 3 CONTACT
TitleSurname	Forename
Relationship to student	Parental responsibilityYES / NO
*Date of Birth	*NI Number
Home address	
	Postcode
Home telephone number	Mobile telephone number
Home email	
Work address	
Work email	Work telephone number







# SEPARATED PARENT INFORMATION – For parents not living with student PRIORITY CONTACT .......... (Please specify contact priority)

Under the 1989 Children's Act all parents have the right to receive information about their child's progress.
TitleSurnameForename
Relationship to student Parental responsibilityYES / NO
*Date of Birth*NI Number
Home address
Postcode
Home telephone numberHome email
Work addressWork email
Work telephone number Mobile telephone number
Court Case Yes/No Address can be Disclosed Yes/No
MEDICAL DETAILS
Doctor Telephone number
Doctor
Address
Address  Please state any medical conditions of which you wish the school to be made aware, (e.g. asthma, epilepsy, allergies)
AddressPlease state any medical conditions of which you wish the school to be made aware, (e.g. asthma, epilepsy, allergies)
Address  Please state any medical conditions of which you wish the school to be made aware, (e.g. asthma, epilepsy, allergies)





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## PERSONAL INFORMATION

Country of birth ......Nationality......

, , , , , , , , , , , , , , , , , , , ,	Family's Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.)			
White - British	Any other Asian background (This includes African Asian,			
White - Irish	Nepali, Sinhalese, Sri Lankan Tamil)			
White - Traveller of Irish Heritage	Black or Black British -Caribbean			
White - Gypsy/Roma	Black or Black British -African			
White - Any other White background	Any other Black background			
Mixed - White and Black Caribbean	Chinese			

White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Mixed - Any other mixed background	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	

Any other Asian background (This includes African Asian,	
Nepali, Sinhalese, Sri Lankan Tamil)	
Black or Black British -Caribbean	
Black or Black British -African	
Any other Black background	
Chinese	
Any other ethnic group – please circle one.	
(This includes Afghan, Arab, Egyptian, Filipino, Iranian,	1
Iraqi, Japanese, Korean, Kurdish, Latin American,	ſ
Lebanese, Libyan, Malay, Mauritian, Moroccan,	i
Polynesian, Thai, Vietnamese, Yemeni)	
I do not wish an ethnic background to be recorded	

3.	Date of arrival in UK (if relevant)		
4.	First languageOthe	er language(s)	
5.	Religion		
6.	If there are any religious or cultural practice		. ,
7.	Please give the name, gender and date of bi	rth of any other children in your family.	
	Name	Date of Birth	.Male / Female
	Name	Date of Birth	.Male / Female
	Name	Date of Rirth	Male / Female



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### TRAVEL ARRANGEMENTS

Linked to the Government's Travel to School Initiative, we are currently refining a school travel plan, which details how our students travel to and from school. We would be grateful if you could tell us what mode of transport your child normally uses. Where he/she uses more than one mode of travel for each journey to school, you should tell us the most frequently used and/or the longest element of the journey by distance.

Walking

Other

Bicycle

Car Share

An	Any additional information					
Wh	Who will be collecting your child at the end of afternoon school?					
	LUNCH ARRANGEMENTS					
	Type of Meal	Monday	Tuesday	Wednesday	Thursday	Friday
	School Meal					
	Packed Lunch					
	Home					
		PERMISSI	ON FOR VISITS DI	JRING THE SCHOOL	DAY	
	I give my permission for my child to be taken in supervised groups to local nearby venues for educational purposes.  Signed					
			PHOTOGRAPHIC	PERMISSION		
I give my consent for photographs and video recordings to be made of my child and used to support teaching and learning and to be used in school literature. I understand that if the image can be viewed outside the school my child will not be named. YES/ NO						
be	ve my consent for imag named. S/NO	es of my child to appo	ear on the school w	ebsite and facebook p	age. I understand th	ıat images will not
I give my consent for my child to be photographed by the press in connection with information about school activities. I understand that I will be asked for specific consent if the press wish to publish my child's name with the photograph. YES/ NO						
Sia	ned		Nam	10		

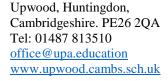


**School Bus** 

Taxi

**Public Transport Bus** 

Car/Van



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



Signature:......Parent/Guardian Date ......

Queen's Gardens, Peterborough, Cambridgeshire. PE1 2UW Tel: 01733 426046 Fax: 01733 426061 information@tdet.education www.tdet.education





