

# ARK ALEXANDRA ACADEMY



## ADMISSIONS FORM

To be completed once an Academy place has been granted

Please use **BLOCK CAPITALS**

The information you give on this form will help Ark Alexandra Academy give your son/daughter the best possible support. It is important therefore that you fill in this form as accurately as possible. The personal information you give will be held on computer systems at Ark Alexandra Academy and by the Children's Services Department and is covered by Data Protection Act legislation. Some of the data you give is required by the Department for Children, Schools and Families for local and national statistics.

Date of admission: \_\_\_\_\_ Form: \_\_\_\_\_ [Entered By the Academy]

### STUDENT DETAILS

Legal surname: \_\_\_\_\_ Preferred surname: \_\_\_\_\_  
(if different)

First name: \_\_\_\_\_ Preferred first name \_\_\_\_\_

Middle name(s): \_\_\_\_\_ Gender: Female  Male

Home address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth	Day	Month	Year
	_____	_____	_____

Town: \_\_\_\_\_ Is this address permanent or temporary? \_\_\_\_\_

Post code: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

### ETHNICITY:

Country of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ Students first language: \_\_\_\_\_

Can the student: Read in this language Yes  No  Write in this language Yes  No

Language spoken at home: \_\_\_\_\_

**LUNCH ARRANGEMENTS** (please tick the relevant box) School dinners  Packed lunch

Is your son/daughter entitled to free school meals  Yes  No [If yes, please complete a new FSM form]

**TRAVEL ARRANGEMENTS** (please tick the relevant box) Walk  Cycle  Public transport  Car/car share

### PREVIOUS SCHOOL(S)

Name of the last school attended: \_\_\_\_\_

Address: \_\_\_\_\_ Dates attended; from \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Post code: \_\_\_\_\_ Tel number: \_\_\_\_\_

Number of other schools attended in the UK

**Nursery/Pre-School details**

Name of nursery/pre-school attended: \_\_\_\_\_

Was attendance full or part-time \_\_\_\_\_

Dates Attended: from \_\_\_\_\_ to \_\_\_\_\_

**ADDITIONAL SUPPORT**

Does your son/daughter have a statement of special educational needs? Yes  No

Is your son/daughter receiving extra help at school? (Please tick) at School Action stage

at School Action Plus stage

other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have contact with any outside agencies such as Speech Therapy, CAMHS, Social Services, Education Welfare Service, Education Psychology Service

Please state \_\_\_\_\_

**MEDICAL DETAILS**

We need to know about any medical conditions your son/daughter may have. Please tick **all** relevant boxes

Asthma	<input type="checkbox"/>
Eczema	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>

ADHD	<input type="checkbox"/>
ASD	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>
Dyspraxia	<input type="checkbox"/>

Colour blindness	<input type="checkbox"/>
Eyesight problems	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>

Other (please specify) \_\_\_\_\_

Are there any other illnesses or conditions that we should be aware of? Yes  No

If Yes, please specify here \_\_\_\_\_

**(please continue on a separate sheet if necessary)**

Does your son/daughter wear corrective glasses or contact lenses?  Yes  No

Does your son/daughter have any allergies or dietary needs that we should be aware of?  Yes  No

If Yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your son/daughter require any regular, everyday medication?  Yes  No

If yes, please request a Medical Health Care Plan for completion.

**Emergency contact details in priority order**

Priority	Full name	Landline Tel	Mobile number	Relationship to pupil
1		(H)		
		(W)		
2		(H)		
		(W)		
3		(H)		
		(W)		
4		(H)		
		(W)		

**Emergency treatment**

I/we consent to my son/daughter receiving emergency hospital treatment should it be considered necessary and to a member of Ark Alexandra staff signing the consent form if I am/ we are unable to be contacted.

1) Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

2) Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Doctor's details**

Doctor's name: \_\_\_\_\_ Practice name: \_\_\_\_\_

Practice address: \_\_\_\_\_

\_\_\_\_\_ Tel number: \_\_\_\_\_

**Community nursing**

I agree to my son/daughter having Community School Nursing team health checks  Yes  No

If neither box is ticked, we will assume that you require Community School Nurse input. We can obtain more information regarding the Community School Nursing Service if required.

**FAMILY DETAILS**

Does your son/daughter have any brothers or sisters attending this academy  Yes  No

If yes, please give details

Full name	Date of birth

## Parent/carer details

### Parent/carer 1

Title \_\_\_\_\_  
Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Address \_\_\_\_\_  
Post code \_\_\_\_\_  
Date of Birth\* \_\_\_\_\_  
Home Tel. \_\_\_\_\_  
Work Tel. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

Relationship to student \_\_\_\_\_

Parental responsibility Yes  No

National Insurance No.\* \_\_\_\_\_

First language \_\_\_\_\_

Should correspondence be addressed to this person Yes  No

Should correspondence be addressed jointly Yes  No

Are you Asylum Seekers Yes  No

Are you Travellers Yes  No

### Parental declaration

The details supplied on this form are correct to the best of my knowledge. I understand that the Academy must be informed of any changes which might affect my son's/daughter's education.

Signed: \_\_\_\_\_ Parent/carer (1) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/carer (2) Date: \_\_\_\_\_

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## Please return this form to the Admissions Officer, Ark Alexandra Academy

Fields marked \* are optional, but if you complete them your school can check whether your child qualifies for the pupil premium which gives additional funding to the school.

### Data Protection Act

Personal information that you have provided will be used carefully and maybe held on computer systems at the academy and in the Children's Services Department at County Hall. These uses of personal information are covered by registration under the data protection legislation. Under this legislation you have the right to obtain a copy of the information we hold about you. The admissions booklet produced by East Sussex County Council gives you more detailed information about the use of this data. This can be found at <https://new.eastsussex.gov.uk/educationandlearning/schools/about-schools-in-east-sussex/booklet/>

### Parent/carer 2

Title \_\_\_\_\_  
Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Address \_\_\_\_\_  
Post code \_\_\_\_\_  
Date of Birth \* \_\_\_\_\_  
Home Tel. \_\_\_\_\_  
Work Tel. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

Relationship to student \_\_\_\_\_

Parental responsibility Yes  No

National Insurance No.\* \_\_\_\_\_

First language \_\_\_\_\_

Should correspondence be addressed to this person Yes  No

Is a translator required  
Parent/carer 1 Yes  No

Parent/carer 2 Yes  No