



# NOTTINGHAM ACADEMY

## New starter admission form (section 1)

Please complete the following details as fully as possible in block capitals and black ink. Please notify the Academy of any changes to this information which occur during the course of your child's school career.

Id

Tutor

Start

### Student details

Student's surname

Male

Female

Student's forename

Middle name

Student's address

and Postcode

Home phone

Date of birth

### Parent / carer details and contact information

The Pupils' Registration Regulations (1988) require us to record all possible parental names. Please give details of all persons who have **parental responsibility** (parents/carers) for the student, including those not living at the student's address. Please also state the relationship to the student (i.e. mother, father etc.).

In order to keep you informed of all the important events that affect your child we use **Groupcall Messenger**. This facility can send text messages to your phone or electronic versions of letters to your email account. All messages will be sent to the contact detailed as priority 1.

Examples of this might be:

- Information regarding Academy activities
- If your child is absent or late without authorisation
- Academy closures of any kind
- 

The Nottingham Academy collects and uses personal data on all its pupils in accordance with legal requirements and legitimate interests set out in the GDPR and UK law. This information will be collected and used fairly, stored safely and not disclosed to any other person where to do so would be in breach of those requirements or would otherwise be unlawful. For full information, please see our Privacy Notice on the Data Protection page of our website at [www.nottinghamacademy](http://www.nottinghamacademy) or a hard copy is available from our main Academy office.

1

Name and title

Relationship

Address

  

Postcode

Email

Home phone

Mobile

2

Name and title

Relationship

Address

Postcode

Email

Home phone

Mobile

Are any of the parents listed above employed in the Armed Forces?

Yes

No

### Correspondence name(s)

Name and title of person(s) to whom letters should be addressed

### Siblings

Please list the names of all brothers or sisters of this child currently at the Nottingham Academy:

Full name

Tutor group

Full name	Tutor group
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Additional emergency contact list

If an emergency occurs at the Academy and it is not possible to contact a parent/carer, please indicate below another responsible adult that may be easily contacted during the day and who would be available to collect your child if necessary. Add the name(s) of any person who may be contacted in an emergency to act on your behalf. Please place them in the order you wish them to be contacted in an emergency.

**3** Name and title  Relationship

Home phone

Mobile

**4** Name and title  Relationship

Home phone

Mobile

### Ethnic origin, home language and religion

The Department of Education requires information about the ethnic make-up of each school. Please tick the most appropriate box (i.e. 'White British – students born in the UK').

White British

Black Caribbean

White / Asian

Slovakian

White European

Black African

Any other mixed background

Refused

White Italian

African / Asian

Indian

Any other ethnic group or mixed background

Other white background

White / Black African

Pakistani

Irish

White / Black Caribbean

Portuguese

Traveller – Irish

Any other black background

Chinese

Home language

Religion

## Medical information

Please provide the contact details for your child's doctor, and any medical conditions that the Academy should be aware of.

Name of GP Practice

Doctor's name

Address

  

Telephone

Details of medical condition

  

Does your child currently have a care plan?

Yes

No

## Looked After Children

If your child is a 'Looked After Child', please provide the name of the Social Worker, their contact details and the Authority to which they have been assigned.

Social Worker's name

Authority

Address

  

Telephone

## Travel arrangements to school

Please advise which mode of transport your child takes the majority of the time to arrive to school.

## Free school meals

Is your child entitled to free school meals?

Yes

No

## Former school

School name

Leaving date

School address

School telephone

Head of Year

## Curriculum support

Has the student received support for his/her educational needs?

Yes

No

If yes, please give details below:

Reading

Spelling

Mathematics

Other

## Behaviour support

Has your child received support for behavioural problems? Yes  No

If yes, please give details below:


Has your child received an exclusion for one or more days? Yes  No

If yes, please give details below:


Has your child ever been permanently excluded? Yes  No

If yes, please give details on a separate sheet.

## Outside agency support

Has your child received support from Social Services, an Education Welfare Officer, Behaviour Support Unit or Educational Psychologist? Yes  No

If yes, please give details below:


## Attendance

Is your child's attendance:

Excellent

Good

Poor

Very poor

Have there been any unauthorised absences? Yes  No

If yes, please give details below:


## Declaration

I confirm the information contained in the above sections is accurate and no relevant facts about behaviour at any previous schools have been withheld. I understand that any inaccuracies may result in a delay in the admissions procedure.

Full Name

Signature

Date

## Office use (data validation checks)

DHoY Meeting

Signature

Date

Data Input

Signature

Date

Data Manager

Signature

Date



# NOTTINGHAM ACADEMY

## Free school meal application

Please complete the following details in block capitals and black ink. This application must be completed by the person in receipt of the benefits. Please provide proof of entitlement to benefits. The proof must show your National Insurance Number or National Asylum Seekers Service Reference Number.

### Parent / carer details

A student whose parent/carer receives the following benefits is entitled to a free school meal:

- Income Support (IS)
- Income Based Job Seekers Allowance (JSA(IB))
- Employment and Support Allowance (Income Related) (ESA (IR))
- Child Tax Credit (CTC), **but not Working Tax Credit** and having an annual household income of less than £16,190
- Guarantee Credit element of State Pension Credit
- Support under Part 6 of the Immigration and Asylum Act 1999

Children who receive IS or IBSA in their own right are also entitled to free school meals.

Title

Surname

First names

Home address

Postcode

Telephone

Date of birth

Male

Female

Please provide one of the following reference numbers to support your application:

National Insurance (NI) Number

National Asylum Seeker Service (NASS) Reference Number

(The NASS reference taken from the Home Office letter is e.g. 06/06/01234/001 should be entered as 060601234)

### Children details

Child's full name

1

2

3

Child's full name

4

5

6

Relationship to children listed above

Mother

Father

Carer

### Parent / carer consent

I understand that the information I have provided in this form will be used to check the FSM eligibility against a national database. I agree that you will use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by law to verify my initial, and on going entitlement.

Signature

Date



# NOTTINGHAM ACADEMY

## Gifts and Talents

In order to help every student fulfil their potential, we would like to know about the special gifts and talents that your child has. This information will be passed to curriculum area teachers to support their teaching and planning and also to signpost youngsters to relevant extra-curricular opportunities.

### Student details

Is your child particularly interested and/or talented in an area of Sport, Expressive Arts or other area of learning? For example do they speak a foreign language, are they a grade 4 and above musician, or do they excel in a sporting activity? We would like to support your child in building on these interests and talents during their time at the Nottingham Academy.

Please help us by completing the student details below and any of the gifted/talented sections that you feel are appropriate:

Student's surname	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Student's forename	<input type="text"/>	Middle name	<input type="text"/>		
Year group	<input type="text"/>	Start date	<input type="text"/>		

### Sporting talent

Talent	<input type="text"/>									
Level	Recreational	<input type="checkbox"/>	Club	<input type="checkbox"/>	County	<input type="checkbox"/>	Regional	<input type="checkbox"/>	National	<input type="checkbox"/>
If you play for a club, what is the name of the club?		<input type="text"/>								
How many hours do you train per week?		<input type="text"/>								
Do you have a personal coach?		<input type="text"/>								

### Expressive arts talent

Talent	<input type="text"/>									
Level	Recreational	<input type="checkbox"/>	Club	<input type="checkbox"/>	County	<input type="checkbox"/>	Regional	<input type="checkbox"/>	National	<input type="checkbox"/>
If you belong to a club, what is the name of the club?		<input type="text"/>								
How many hours do you practise per week?		<input type="text"/>								

### Any other talent

Talent	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>



# NOTTINGHAM ACADEMY

## Administration of medicines

This form should be completed for all pupils who require regular medication, to be reviewed by Deputy Head of Year who will discuss requirements further with parents/carers.

### Administration of medicines information

In order to provide support and assistance to parents and to allow students to continue their education without prolonged interruption, the Academy offers to administer medication to students via qualified First Aiders.

If your child takes medication on a regular basis please contact the Deputy Head of Year to discuss his or her needs as soon as possible, an additional form will be supplied in order to record his / her needs.

### Student details

Student's full name

Parent home telephone

Parent work telephone

Parent emergency contact number

Medication to be given or procedure to be undertaken

a)

Time(s)

b)

Time(s)

c)

Time(s)

### Use of Emergency Salbutamol Inhaler Information

In September 2014 schools received new guidance from the Department of Health on the use of emergency salbutamol inhalers in schools. In the very unlikely case that your child shows symptoms of having an asthma attack and does not have an inhaler with them the Academy is now allowed to keep an emergency inhaler on site.

In this regard if your child is asthmatic and you want your child to be given emergency salbutamol inhaler please complete the information below.

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).

Yes

No

My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

Yes

No

## Declaration

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the Academy for such emergencies

Parent full name

Signature

Date