



STUDENT ADMISSION FORM

(PLEASE COMPLETE IN BLOCK CAPITALS)

Name of Student: _____

Interview Date: _____

Gender: Male Female

Date of Birth: _____

Year Group: 7 8 9 10 11 12 13*

Admission Date: _____

Interviewed by: _____
(Staff Name)

*Please circle

For office use only

In possession of past school records: Yes No

Passport/Identification seen: Yes No

Admission Number: _____

UPN: _____

Start date: _____

BASIC DETAILS

Legal Forename: _____

Middle Name(s): _____

Legal Surname: _____

Address: _____

Post Code: _____

Home Telephone Number: _____

Accommodation: Permanent/Temporary (please delete one)

PARENT/CARER DETAILS

FIRST CONTACT

First Name: _____

Surname: _____

E-Mail Address: _____

Address (if different from above): _____

Mobile Telephone Number: _____

Home / Work Telephone Number: _____

Relationship to Child: _____

SECOND CONTACT

First Name: _____

Surname: _____

E-Mail Address: _____

Address (if different from above): _____

Mobile Telephone Number: _____

Home / Work Telephone Number: _____

Relationship to Child: _____

To which parent(s)/carer(s) should letters be addressed to? _____

Are there any parental contact restrictions? YES/NO (please circle. If YES, please provide details below)

Restrictions/Special Instructions (e.g. restrictions on parent seeing/collecting child)

EMERGENCY CONTACT DETAILS

These are other people we can contact in a case of emergency if we are unable to get in touch with a parent. They can be an Aunt, Grandparent, Neighbour etc. **THIS IS ESSENTIAL.**

Full name	Relationship	Address	Telephone Number

DIETARY/MEDICAL DETAILS

Do you currently receive Free School Meals? YES/NO(please circle)

If YES, then please provide us with proof of the Free School Meals letter sent to you by the Borough confirming your entitlement.

Doctors Surgery/Name: _____

Address: _____

Telephone Number: _____

Does your child suffer from any medical conditions? YES/NO(please circle)

If YES, please provide further information (e.g. asthma, hearing/vision difficulties, diabetes, epilepsy etc.)

Does your child suffer from any allergies? YES/NO(please circle)

If YES, please provide further information (e.g. any food allergies, hay fever, anaphylaxis etc.)

Does your child require the use of an EpiPen? YES/NO

Has your child had support from Speech and Language whilst in Junior School (Years 3, 4, 5 and 6)? YES/NO

If YES, please tell us who has supported your child?

School/In School Therapist

At a Clinic

ETHNIC MONITORING

Ethnicity: (please tick)

- | | | | | | |
|--------------------------|------|----------------------------|--------------------------|------|------------------------------|
| <input type="checkbox"/> | ABAN | Bangladeshi | <input type="checkbox"/> | MWBA | White & Black African |
| <input type="checkbox"/> | AIND | Indian | <input type="checkbox"/> | MWBC | White & Black Caribbean |
| <input type="checkbox"/> | AOTH | Any other Asian background | <input type="checkbox"/> | NOBT | Information not obtained |
| <input type="checkbox"/> | APKN | Pakistani | <input type="checkbox"/> | OOH | Any other ethnic group |
| <input type="checkbox"/> | BAFR | Black – African | <input type="checkbox"/> | REFU | Refused |
| <input type="checkbox"/> | BCBR | Black Caribbean | <input type="checkbox"/> | WBRI | White – British |
| <input type="checkbox"/> | BOTH | Any other Black background | <input type="checkbox"/> | WIRI | White – Irish |
| <input type="checkbox"/> | CHNE | Chinese | <input type="checkbox"/> | WIRT | Traveller /or Irish Heritage |
| <input type="checkbox"/> | MOTH | Any other Mixed background | <input type="checkbox"/> | WOTH | Any other White background |
| <input type="checkbox"/> | MWAS | White & Asian | <input type="checkbox"/> | WROM | Gypsy / Gypsy Roma |
| <input type="checkbox"/> | WEAS | White – Eastern European | <input type="checkbox"/> | WWES | White – Western European |

Country of Birth: _____

If Country of Birth not UK, please give date of entry: _____

Student's first language: _____

	Speak	Write
Very Well	<input type="checkbox"/>	<input type="checkbox"/>
Quite Well	<input type="checkbox"/>	<input type="checkbox"/>
A Little	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

Home Language: _____

Religion: _____

Mother's Country of Birth: _____

Mother's Religion: _____

Father's Country of Birth: _____

Father's Religion: _____

How will the student typically travel to school (please tick one)

- | | | | | | |
|--------------------------|-----|--|--------------------------|-----|---------------------------|
| <input type="checkbox"/> | BNK | Bus (other) | <input type="checkbox"/> | MTL | Metro / Tram / Light Rail |
| <input type="checkbox"/> | CAR | Car / Van | <input type="checkbox"/> | PSB | Public Service Bus |
| <input type="checkbox"/> | CRS | Car Share (with a child/children from a different house) | <input type="checkbox"/> | TRN | Train |
| <input type="checkbox"/> | CYC | Cycle | <input type="checkbox"/> | TXI | Taxi |
| <input type="checkbox"/> | DSB | Dedicated School Bus | <input type="checkbox"/> | WLK | Walk |
| <input type="checkbox"/> | LUL | London Underground | <input type="checkbox"/> | OTH | Other |

FAMILY LINKS

Number of children of school age in household: _____

Position of child in family: _____

Other children in the same household attending this school: (please provide details below)

Name	Tutor Group	Relationship

SOCIAL WELFARE

Does your child have a Social Worker/Outside Agency: YES/NO (please circle)

Name: _____

Telephone Number: _____

Contact with other Agencies (e.g. EWO, Educational Psychologist, Child Guidance, Speech Therapist etc)

Date	Details

Does your child receive any of the following support? EAL SEN Other

If other, please provide further information: _____

SCHOOL HISTORY – including education outside of the UK.

Name of School: _____

Address: _____

Postcode: _____

Date started: _____ Date left: _____

Reason for leaving: _____

ADDITIONAL INFORMATION

SPECIAL REQUESTS

Instrumental lessons: _____

Language learnt at Primary School: _____
(Emphasise that no guarantee can be given)

Other: _____

HOME SCHOOL AGREEMENT

Cecil Jones Academy will maintain an ethos and environment in which all pupils feel happy and safe as they work towards their academic and personal success. Everyone who attends Cecil Jones Academy is a valued member of the school community. The school will not accept any form of discrimination and is committed to a policy of equal opportunities for all students, parents and staff.

For students to achieve success at school it is important that parents, students and the school are able to work together; each party having an equally important role to play in the partnership. In order that this partnership can work effectively each party must be supportive and committed to work in the best interest of all concerned.

Cecil Jones Academy will:

- Reward students who deserve it
- Inform parents about standards of attendance, punctuality, uniform, equipment, school work and homework
- Set homework regularly and mark it
- Make clear to students and parents the standards expected for work and behaviour and what will happen if these standards are not kept
- Invite parents to Parents' Evenings to discuss progress and achievement
- Provide written reports on progress, achievement and standards
- Deal promptly, seriously and sensitively with parents' concerns
- Work with parents, meet them and support them in dealing with any issues that develop about attendance, lateness, uniform, behaviour, homework, achievement and relationships.

Examinations – re sittings of examinations are at the discretion of the school.

Parents:

I/We will:

- Ensure that my child will attend school, regularly, on time, in the correct uniform, properly equipped and not to go on holiday in term time without permission from the school
- Ensure that I/we will tell the school the reason every time my child is absent
- Support my child in good behaviour and support the school code of conduct
- Check and sign the student's diary on a weekly basis
- Inform the school about any changes at home which may affect my child's school life
- Do my best to attend Parents' Evenings and information meetings
- Inform my child's Achievement Team Leader if I am unhappy about any events at school
- Work with the school and meet with teachers if issues develop re: punctuality, uniform, behaviour, homework, achievement and relationships

The Student:

I will:

- Be "At the right place, at the right time, doing the right thing"
- Follow the school Code of Conduct
- Treat others with courtesy, kindness and respect
- Use my diary appropriately in line with the school expectations
- Not bring electricals and valuables into school
- Attend school regularly, in the correct uniform and properly equipped
- Be punctual to school and to lessons
- Work hard in order to be successful
- Understand that this will involve me in work at home as well as in school and that deadline for work must be met if I am to achieve my best
- Adhere to the school uniform policy
- Behave myself in a manner appropriate for a Cecil Jones Academy and to abide by the school rules
- Look after resources provided by the school

Parent/Carer Agreement

PARENT/CARER AGREEMENT TO THE HOME SCHOOL AGREEMENT

I have read and understood the School's home school Agreement and agree to support my son/daughter in every appropriate way during their time at Cecil Jones Academy.
I understand that the school will endeavour to create a positive working environment.
I acknowledge that I have received, understood and agreed with the Home school Agreement.

YES NO

PHOTOGRAPHY/VIDEO/NAME AGREEMENT FORM

During the course of your son/daughter's career at Cecil Jones Academy it is possible they will be involved in:

- a) Video shoots for display at Presentation and Open Evenings
- b) Photographs that may be displayed in school publications, corridor and classroom displays and newsletters to parent/carers
- c) Photographs which may be released for publication in the local, national media

YES NO

I have no objection to images/videos of my child being used for the purposes described above. The video/photograph will not be used for any other means.

YES NO

I agree to my child's name to be used for Academy website/publishing purposes.

PARENT/CARER PERMISSION TO USE THE COMPUTER RESOURCES OF CECIL JONES ACADEMY

I hereby grant my Son/Daughter permission to use the computer resources of Cecil Jones Academy and understand that he/she will be subject to the terms and conditions of the School's Acceptable Use Policy.

YES NO

PARENT/CARER CONSENT FOR WEB PUBLICATION OF WORK AND PHOTOGRAPHS

I agree that my son/daughter's work may be electronically published. I also agree that appropriate images and video that include my son/daughter may be published subject to the school rule that photographs will not be accompanied by pupil names.

YES NO

PARENT/CARER CONSENT FOR BIOMETRIC SYSTEM

I give consent to the school for the biometrics of my child to be used by Cecil Jones Academy for use as part of a recognition system. I understand that I can withdraw this consent at any time in writing.

YES NO

A new set of regulations came into force on 25 May 2018 called the General Data Protection Regulation ("GDPR"). This is an important piece of legislation that is designed to provide greater protection for individuals when their personal data is being processed or stored.

In the course of providing school meals to pupils and staff there is a need for the school to share relevant personal data with the caterer, Vertas Group, including [pupil name, class, and dietary requirements]. This data sharing represents a legitimate interest in terms of the GDPR and we can confirm that Vertas Group is required to comply with the new regulations in the processing of the personal data.

PARENT/CARER CONSENT FOR INTERNET ACCESS

I have read and understood the school e-safety rules and give permission for my son / daughter to access the Internet. I understand that the school will take all reasonable precautions to ensure that pupils cannot access inappropriate materials but I appreciate that this is a difficult task. I understand that the school cannot be held responsible for the content of materials accessed through the Internet. I agree that the school is not liable for any damages arising from use of the Internet facilities.

YES NO

DATA EXCHANGE:

Permission for information to be shared with school and Local Authority Careers Service.

YES NO

YOUTH SUPPORT SERVICES:

During the year we may be asked to supply names and addresses of our parents to outside agencies (e.g. Department for Education). Cecil Jones Academy will always abide by Data Protection Legislation.

YES NO

Name of student: (Block Capitals): _____

Signed: _____ Date: _____
(Parent/Carer)

Please print name: _____

PARENTAL PERMISSION FORM FOR STUDENT USE OF INTERNET

STUDENT – INTERNET USE

As a student user of the Internet, I agree to follow school rules on its use and to use the Internet in a responsible way. I understand that the websites that I visit, and the details of emails will be logged and automatically checked. I agree that:

- I must not deliberately search for, retrieve or distribute any material from the Internet that could cause offence
- I must not gain deliberate unauthorised access to facilities or services
- I must not create or send material that infringes the copyright of another person
- I must not send any email that could cause offence
- It is my duty to report immediately to a member of staff the location of offensive material I find
- The school is responsible for deciding what is offensive
- I must not allow anyone else to use my password
- If I fail to follow any of these rules my Internet access will be taken away

PARENT – INTERNET USE

As the parent of legal guardian of the student, I give permission for my son or daughter to use email facilities and the Internet. I understand that students will be held accountable for their own actions. I also understand the school operates a filter system to prevent access to offensive sites, but that is not it is not possible to block all offensive material. I therefore support the school in setting rules for my son or daughter to follow when selecting, sharing and exploring information.

This information is needed for our records. All information requested is covered by the Data Protection Act 1998. “We must protect the public funds we handle and so we may use information provided on this form to prevent and detect fraud. This may include matching the information you have provided on this form with other information we hold about you from other sources, including data held on computer records. We may also share this information, for the same purposes, with any other organisation which handles public funds”. Please let the tutor know at once if any important changes take place e.g. change of address, telephone numbers, medical conditions.

- I confirm that I have received the Cecil Jones Academy information pack regarding: Home School Agreement, Attendance, Uniform, Detention and Mobile Phones
- I sign to verify that all the information above is true to the best of my knowledge

Signed (School): _____

Date: _____

Signed (Parent): _____

Date: _____

Signed (Student): _____

Date: _____