Admissions Form for Families

Swanwick Hall School

**Section 1: Student Information**

|  |  |
| --- | --- |
| **Legal Forename(s)** |  |
| **Legal Surname** |  |
| **Preferred Forename** |  |
| **Preferred Surname** |  |
| **Gender** |  |
| **Gender identity (if different)** |  |
| **Date of birth** |  |
| **Home Address** |  |

**Section 2: Family Information**

Please provide parent/carer details in priority order, as indicated

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | Mrs / Ms / Miss / Mr / Dr / Other | **Priority Order** | 1 |
| **Relationship to child** |  | **Legal Forename** |  |
| **Preferred Forename** |  | **Legal Surname** |  |
| **Date of Birth** |  | **First Language** |  |
| **Home Address** |  | **Email Address** |  |
| **Home Telephone** |  | **Mobile Telephone** |  |
| **Place of Work** |  | **Work Telephone** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | Mrs / Ms / Miss / Mr / Dr / Other | **Priority Order** | 2 |
| **Relationship to child** |  | **Legal Forename** |  |
| **Preferred Forename** |  | **Legal Surname** |  |
| **Date of Birth** |  | **First Language** |  |
| **Home Address** |  | **Email Address** |  |
| **Home Telephone** |  | **Mobile Telephone** |  |
| **Place of Work** |  | **Work Telephone** |  |

**Section 3: Emergency Contact Information**

Please give details of someone who can be contacted in an emergency if parents are not available e.g. grandparent, aunty, uncle, older sibling (at least 18 years), family friend etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | Mrs / Ms / Miss / Mr / Dr / Other | **Priority Order** | 3 |
| **Relationship to child** |  | **Legal Forename** |  |
| **Preferred Forename** |  | **Legal Surname** |  |
| **Home Telephone** |  | **Mobile Telephone** |  |

**Section 4: Sibling Information**

Please give details of any sibling(s) currently attending Swanwick Hall School

|  |  |
| --- | --- |
| **Sibling Full name** |  |
| **Year group/form** |  |

**Section 5: Ethnic Origin and First Language**

|  |  |  |  |
| --- | --- | --- | --- |
| Please choose your child’s ethnic origin | | Please choose the student’s mother tongue (this list below could be different from their predominant language) | |
| **Bangladeshi** |  | **Arabic** |  |
| **Black - African** |  | **Bengali** |  |
| **Black Caribbean** |  | **Chinese** |  |
| **Chinese** |  | **Dutch / Flemish** |  |
| **Gypsy** |  | **English** |  |
| **Gypsy / Roma** |  | **Farsi /Persian** |  |
| **Indian** |  | **French** |  |
| **Pakistani** |  | **German** |  |
| **Traveller of Irish Heritage** |  | **Greek** |  |
| **White - British** |  | **Gujarati** |  |
| **White - Irish** |  | **Hindi** |  |
| **White & Asian** |  | **Italian** |  |
| **White & Black African** |  | **Korean** |  |
| **White & Black Caribbean** |  | **Nepali** |  |
| **Any Other Asian Background** |  | **Panjabi** |  |
| **Any Other Black Background** |  | **Pashto** |  |
| **Any Other Mixed Background** |  | **Polish** |  |
| **Any Other White Background** |  | **Portuguese** |  |
| **Any Other Ethnic Group** |  | **Romanian** |  |
|  |  | **Shona** |  |
| **Place of birth** |  | **Spanish** |  |
| **Asylum seekers** | Yes / No | **Turkish** |  |
| **Refugee** | Yes / No | **Urdu** |  |
| **Date of entry into the UK (if applicable)** |  | **Other:** |  |

**Section 6: Special Educational Needs and Disabilities (SEND)**

|  |  |
| --- | --- |
| Does your child have any Special Educational Needs or Disabilities | Yes / No |
| Does your child have any external agency involvement/support, e.g. Autism Team, Speech and Language Therapist, Physiotherapist etc.? | Yes / No |
| Does your child have an Educational Health Care Plan (EHCP)? | Yes / No |

**Please identify any Special Educational Need or Disability below:**

|  |  |  |  |
| --- | --- | --- | --- |
| Autistic Spectrum Disorder |  | Visual Impairment |  |
| Specific Learning Difficulty |  | Hearing Impairment |  |
| Moderate Learning Difficulty |  | Multi-Sensory Impairment |  |
| Severe Learning Difficulty |  | Physical Disability |  |
| Profound & Multiple Learning Difficulty |  | Social, Emotional and Mental Health |  |
| Speech, Language or Communication Need |  | Other |  |

**Please provide any further information about your child’s needs, which you feel is relevant:**

**Section 7: Medical Information**

**Medical Practice:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surgery Name |  | Doctor’s Name |  |
| Surgery Address |  | Telephone |  |

**Medical Conditions:**

|  |  |
| --- | --- |
| Asthma |  |
| Allergies |  |
| Eczema |  |
| Epilepsy |  |
| Diabetes |  |
| Eating Disorder |  |
| Incontinence |  |
| Mobility problems |  |
| Other: |  |
| None |  |

If your child has any medical conditions such as a long-standing illness, regular health problems or allergies to particular medicines please provide further details in the box below.

|  |
| --- |
|  |

**Medication:**

If you child takes specific medication please state the name, dosage and times required:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Medication** | **Dosage** | **Times of day or circumstances to be given** | **Method of administration** |
|  |  |  |  |

**Dietary Needs: please also complete the Aspens Allergen Form if you have ticked any of the below**

|  |  |
| --- | --- |
| Artificial Colouring Allergy |  |
| Gluten Free |  |
| Halal |  |
| Kosher Foods Only |  |
| No Dairy Produce |  |
| Nut Allergy |  |
| No Pork |  |
| Seafood Allergy |  |
| Vegetarian |  |

**Mental health:**

If your child has experienced any mental health problems about which you think we should be aware, please share this information below, including details of any support from external professionals, e.g. CAMHS, counselling etc.

**Section 7: Parental Consent**

The consents you give will last for the duration of your child’s time at Swanwick Hall School.  However, if you wish to change any of the authorisations during this time, please use the appropriate form available on the school website or by contacting Andrea Hollingsworth on [andrea.hollingsworth@swanwickhall.ttct.co.uk](mailto:andrea.hollingsworth@swanwickhall.ttct.co.uk).

**Photographs, Video and Media**

|  |  |  |
| --- | --- | --- |
| ***Please tick as appropriate*** | **Yes** | **No** |
| I give consent for my child’s photograph to be used in **printed publications** that we produce for promotional purposes such as prospectus, handbook etc. |  |  |
| I give consent for my child and their details to appear in the media. (for example in the **local press, radio or TV**). |  |  |
| I give consent for my child’s image to appear on the **website and Social Media** sites used by the school/Trust e.g. Twitter, Facebook and school news apps etc. |  |  |
| I give consent for my child's **photograph to be included in any school or class Yearbook** and other mementos on leaving the school, individually or as a year group (if applicable) |  |  |
| I give consent for my **child’s name to be released** for publication such that they may be identified as an individual or as part of a small group. For example, raising money for charity that is recognised in the local media. |  |  |
| I give consent for my child to be photographed **for school group photos**, by a professional or in-house photographer that may be sent out and then bought by other families who have children in the photo. A professional photographer would have possession of the photos on their equipment, not school equipment. |  |  |
| Permission to contact Doctor |  |  |
| Do you give consent for us to contact other professionals who are involved with your child? (if applicable) |  |  |

**School Trips & Off Site Visits**

When making arrangements for school trips it is necessary to share information about your child with the venue, accommodation and transport providers for legal and safeguarding reasons. If travelling overseas this will also include immigration control. Details about your child may be required by insurers.

*FOR TRIPS OUTSIDE THE UK*

Whilst students are outside the UK, school staff and those supervising, travelling or arranging travel or accommodation may communicate with parents and carers using the contact information provided. At times this may be using mobile communications, social media or other methods that may require data to be stored or travel outside of the approved EU locations. We believe that keeping parents and carers informed about the wellbeing of their children must be the priority. Data sharing in such cases will be limited to what is necessary.

|  |  |  |
| --- | --- | --- |
| *Please tick as appropriate* | Yes | No |
| I give consent for school to take photographs of my child whilst on school trips. |  |  |
| I give consent to school to take video footage of my child whilst on school trips |  |  |

**School Work & Celebrating Successes**

|  |  |  |
| --- | --- | --- |
| Please tick as appropriate | Yes | No |
| I give consent for school to share details of my child’s sporting activities and other achievements in school, publications, Trust and school websites/social media |  |  |

**Internet Use**

As part of the school’s IT provision we offer students access to the internet and email facilities. Our internet service provides a high level of protection and we audit student use. Students are required to give written agreement to be bound by the terms.

|  |  |  |
| --- | --- | --- |
| *Please tick as appropriate* | Yes | No |
| As the parent or carer, I give permission for my child to use electronic mail and the internet. I understand that students are held accountable for their own actions. |  |  |

**FSM and PP**

<https://www.derbyshire.gov.uk/education/schools/your-child-at-school/meals/school-meals/free-school-meals.aspx>

Please be aware that Parents and carers can check their eligibility themselves.

|  |  |  |
| --- | --- | --- |
| *Please tick as appropriate* | Yes | No |
| I give consent for school to use my details, including National Insurance number, to check eligibility for Free School Meals and/or Pupil Premium. I consent to the school to retain this information on file to continue to monitor eligibility |  |  |

**School News Updates**

|  |  |  |
| --- | --- | --- |
| *Please tick as appropriate* | Yes | No |
| I consent to the school contacting me by text message for the purpose of school information and reminders and my child’s attendance. I will ensure that I keep the school informed of my up to date mobile number at all times, or if the number is no longer in my possession |  |  |

(PLEASE NOTE: WE CANNOT ACCEPT INCOMING TEXT MESSAGES.)

**Biometrics**

|  |  |  |
| --- | --- | --- |
| *Please tick as appropriate* | Yes | No |
| I give consent to information from the finger scan of my child (named above) being taken and used as part of an automated biometric recognition system for access to cashless dining facilities, library and in school ICT services. I understand that I can withdraw this consent at any time in writing. |  |  |

**Section 7: Declaration**

1. I certify that the information given on this form is correct to the best of my knowledge
2. I agree to update the school/academy of any change to the data included in this form
3. I/We agree to work in partnership with the school/academy in the best interests of our child’s education and
4. will support the policies and practices promoted by the school/academy.

Parent/Carer Signature: ………………………………………………

Relationship to Child: ………………………………….……………...

Full Name: ……………………………………………………………… Date: ……..…

**If there are any changes to the information on this form, please inform the school/academy immediately.**