|  |  |
| --- | --- |
|  | Dudley Street, Bilston, WV14 0LNTel: 01902 493797Web: [www.ormistonswbacademy.co.uk](http://www.ormistonswbacademy.co.uk)Email: enquiries@oswba.co.ukMr Rod Hughes I Principal BEng (Hons), NPQH‘SUPPORTING THE WHOLE PERSON TO BE THE BEST’ |

# Student details

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal surname (as on birth certificate)** |  | **Preferred surname** |  |
| **Legal first name(s) (as on birth certificate)** |  | **Preferred first name(s)** |  |
| **Gender** |

|  |  |
| --- | --- |
| [ ]  Male | [ ]  Female |

 | **Date of birth** |  |
| **Student home address and post code** |  |

# Parent/carer details at student’s address – Priority 1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Mr | [ ]  Mrs | [ ]  Ms | [ ]  Miss | [ ]  Other (please state) |

 |
| **First name** |  | **Surname** |  |
| **Gender** |

|  |  |
| --- | --- |
| [ ]  Male | [ ]  Female |

 | **Relationship to student** |  |
| **Parental responsibility** |

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | **Parental responsibility means the legal rights, duties, powers, responsibilities and authority a parent has for a child and the child's property. A person who has parental responsibility for a child has the right to make decisions about their care and upbringing. A mother automatically has parental responsibility for her child from birth. A father has parental responsibility if he's either married to the child's mother or named on the birth certificate (for children born after 1st December 2003)** |

 |
| **Date of birth** |  | **National Insurance Number** |  |
| **Address and post code** |  |
| **Telephone number** |

|  |
| --- |
| [ ]  Home |
| [ ]  Work |
| [ ]  Mobile |

 |
| **E-mail address** |  |
| **Place of work/ occupation** |  |

# Parent/carer details – Priority 2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Mr | [ ]  Mrs | [ ]  Ms | [ ]  Miss | [ ]  Other (please state) |

 |
| **First name** |  | **Surname** |  |
| **Gender** |

|  |  |
| --- | --- |
| [ ]  Male | [ ]  Female |

 | **Relationship to student** |  |
| **Parental responsibility** |

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | **Parental responsibility means the legal rights, duties, powers, responsibilities and authority a parent has for a child and the child's property. A person who has parental responsibility for a child has the right to make decisions about their care and upbringing. A mother automatically has parental responsibility for her child from birth. A father has parental responsibility if he's either married to the child's mother or named on the birth certificate (for children born after 1st December 2003)** |

 |
| **Date of birth** |  | **National Insurance Number** |  |
| **Address and post code** |  |
| **Telephone number** |

|  |
| --- |
| [ ]  Home |
| [ ]  Work |
| [ ]  Mobile |

 |
| **E-mail address** |  |
| **Place of work/ occupation** |  |

# Other emergency contacts

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Title** | **First name** | **Surname** | **Relationship to student** | **Telephone number** | **E-mail address** |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |

# Medical details

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor’s name** |  | **Practice telephone number** |  |
| **Practice name and address** |  |

Please provide details of any medical conditions or Special Educational Needs (SEN) that the Academy need to be aware of, and any emergency action that should be taken (eg Asthma, Epilepsy Eczema, Heart condition, Visual/hearing impairment or Allergies to bee stings, nuts, particular medicines etc).

|  |
| --- |
|  |

Please continue on a separate sheet or add to any additional information if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you give permission for the Academy to administer first aid in case of an emergency?** |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |

# Dietary needs (tick any that apply to your child)

|  |  |  |
| --- | --- | --- |
| [ ]  Artificial colouring allergy | [ ]  Gluten free | [ ]  Kosher / [ ]  Halal |
| [ ]  No dairy produce | [ ]  No nuts of any type/quality | [ ]  No pork / [ ]  No beef |
| [ ]  Observe Ramadan | [ ]  Seafood allergy | [ ]  Vegetarian / [ ]  Vegan |

# Student ethnicity

|  |  |  |
| --- | --- | --- |
| [ ]  White British | [ ]  White Irish | [ ]  Other White background |
| [ ]  Black or Black British Caribbean | [ ]  Black or Black British African | [ ]  Other Black background |
| [ ]  Asian or Asian British Indian | [ ]  Asian or Asian British Pakistani | [ ]  Asian or Asian British Bangladeshi |
| [ ]  Other Asian background | [ ]  Chinese | [ ]  Mixed White and Black Caribbean |
| [ ]  Mixed White and Black African | [ ]  Mixed White and Asian | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Country of birth** |  | **Nationality** |  |
| **First language** |

|  |  |
| --- | --- |
| [ ]  English | [ ]  Other (please state) |

 |
| **Language spoken at home** |

|  |  |
| --- | --- |
| [ ]  English | [ ]  Other (please state)  |

 |
| **Religion** |  |

# Siblings/Other student guardianship

If your child has any siblings, half-brothers/sisters who attend the Academy, please list below;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sibling first name** | **Sibling surname** | **Sibling date of birth** | **Current year group** | **Does student live at same address?** |
|  |  |  |  |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
|  |  |  |  |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
|  |  |  |  |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |

# Additional information

|  |  |  |  |
| --- | --- | --- | --- |
| **Is your child entitled to Free School Meals (FSM)? (If yes, please ensure Parent/carer date and country of birth and National Insurance number are completed for HMRC purposes)** |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| **If yes, do you wish your child to claim their FSM?** |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| **Has your child ever been entitled to a FSM? (whether or not they have claimed this meal)** |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| **Does your child have a disability? (If yes, please state below)** |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |

# Any other additional information

|  |
| --- |
|  |

# Court orders and social care

Please detail any court orders applying to the child and the date that they were applied, also give information of any involvement with Social Care and which Local Authority.

|  |  |
| --- | --- |
| **Type of court order/ Agencies involved** |  |
| **Date of order** |  |

# Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Print name** | **Signature** | **Relationship to student** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# For office use only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date admission processed** |  | **Admission form processed by** |  | **Admission number** |  |

# Parental Consent Preferences

|  |  |
| --- | --- |
| **Policy Area** | **Parental Preference (please tick)** |
| **Careers** |  |
| I am happy for my child to receive carers education, guidance and advice |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| **Photo/Video consent** |  |
| Using photographs of my child on the academy/OAT website. |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| Using videos of my child on the academy/OAT website. |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| Using photographs of my child on social media, including, but not limited to: Twitter, Facebook, Instagram, LinkedIn\*. |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| Using videos of my child on social media, including, but not limited to: Twitter, Facebook, Instagram, LinkedIn\*. |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| The local, regional and national media using photographs of my child to publicise academy/OAT events and activities. |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| The local, regional and national media using videos of my child to publiciseacademy/OAT events and activities. |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| Using photographs of my child in display and marketing material, e.g. the academy brochure and prospectus and wider OAT promotional publications/materials. |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| Share data with an OAT academy-appointed external photography company for official academy photography. This includes: name, class, roll or student number. |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| \* If you have any additional stipulations regarding the use of photographs and/or videos of your child on *social media*, please state them below |
| **Privacy – Data exchange** |  |
| I give permission for my child’s data to be exchanged between the LA and/or other schools/agencies |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| **Sex and relationship education** |  |
| I am happy for my child to participate in sex and relationships education lessons |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |
| **Visits and other off-site activities** |  |
| I am happy for my child to take part in local visits and other activities that take place off academy premises. |

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer name** |  | **Parent/Carer signature** |  |
| **Student name** |  | **Date** |  |

**If you have any questions regarding consent given to the Academy or the policies they relate to please do not hesitate to contact us on 01902 493797.**

**All of the Academy policies relating to the consent areas above can be found on our website; www.ormistonswbacademy.co.uk**

**Thank you for your co-operation.**

**Please return completed forms to the Academy Reception.**