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| **Date form submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****(Office use only)*****ALPERTON COMMUNITY SCHOOL**ADMISSIONS FORM |  |

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| **The information on this form is covered by the Data Protection Act (GDPR) and will not be passed on to any organisation unconnected with the educational needs of your child. You are welcome to view this information that we hold.** |

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| **A) STUDENT INFORMATION** |
| Date of Interview |  | Start Date |  |
| UPN |  | Form/Class |  |
| Surname |  | Forename |  |
| Date of Birth |  | Gender |  |
| Student's current permanent address: |  |
|  | Postcode |  |
| Home Tel number: |  |

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| **B) PARENT INFORMATION** |
| Most of the communication between the school and parents/carers are done through email or text message. Therefore, it is essential that we have a correct and up-to-date email and mobile number.  |
| Do you require a translator when communicating with the school? **Yes / No** |
|  | **FIRST PARENT/CARER** | **SECOND PARENT/CARER** |
| Full Name |  |  |
| Relationship to student |  |  |
| Main contact No: |  |  |
| Alternative contact No: |  |  |
| Email address |  |  |
| Occupation |  |  |
| Place of work Tel No: |  |  |

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| **C) EMERGENCY CONTACT DETAILS** |
| In case of an emergency, please provide **TWO** contacts. This must not be the Parent/Carer.  |
|  | **FIRST CONTACT** | **SECOND CONTACT** |
| Full Name |  |  |
| Relationship to student |  |  |
| Main contact No.: |  |  |
| Alternative contact No.: |  |  |

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| **D) EDUCATIONAL BACKGROUND** |
| Name & Address of all previous school/s and dates attended |
| Name of School |  |  |
| Address & Postcode |  |  |
| Borough/LA |  |  |
| From (date) |  |  |
| To (date) |  |  |
| Additional Schools (Please state the Name, Address, Borough and Start & End dates) |
|  |
| Has your child ever been excluded from school? |  |
| If Yes, please provide details:  |
| Lunchtime arrangements (School Meals, Packed Lunch) |  |
| Have you been entitled to claim Free School Meals within the last 6 years? |  |
| Is your child on the Pupil Premium register? |  |

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| **Subject** | **Teacher assessment** | **Score (80-120)** |
| English Reading |  |  |
| English Writing |  |  |
| Mathematics |  |  |
| Science |  |  |
| Please note any particular weakness of your child (e.g. reading, writing, maths) | Weakness  |

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| **D) EDUCATIONAL BACKGROUND** |
| The main languages spoken at home? | The main languages your child can **SPEAK**? | The main languages your child can **WRITE**? |
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| At Alperton, students will study **French or Spanish.** Please indicate your preference and we will endeavour to facilitate this. |  |

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| How will your child usually travel to this school? |  |
| Do you have a working computer at home? |  |
| Do you have access to the Internet at home? |  |
| How long does your child spend reading in a week? |  |
| What clubs or activities does your child participate in outside of school? |  |
| Does your child play any musical instruments and at what standard? |  |

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| **E) MEDICAL INFORMATION** |
| Name of GP Surgery |  | Doctor’s name |  |
| Surgery Address  |  |
| Postcode |  | Tel Number |  |
| Does your child have any Medical Conditions? eg: Asthma, Epilepsy |  |
| Give a brief description of the medical condition(s) |  |
| Do they have any allergies? If Yes, please give details |  |
| What special medication do they take? eg. inhaler |  |
| Please provide any other details not already mentioned, regarding your child's health. |  |

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| **F) SIBLING INFORMATION** |
| **List any family member already attending or who may have attended Alperton Community School** |
|  | **Sibling 1** | **Sibling 2** | **Sibling 3** |
| Name |  |  |  |
| Relationship |  |  |  |
| Year Group |  |  |  |

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| **G) ETHNICITY/CULTURAL DETAILS** |
| If you do not wish to disclose any of the following, please write 'Prefer not to say'. |
| **Child’s Ethnicity**  | **Child’s religion** | **Child's county of birth** | **Child's nationality** |
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| **H) ESSENTIAL INFORMATION** |
| **Is your child known to social care?** | **Are you a key worker?** | **If yes, in what capacity?** |
| **Yes / No** | **Yes / No** |  |

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| **I) OTHER INFORMATION** |
| **Use this space below to add any other relevant information** |
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| **J) CONSENT FORMS** |
| **Please read the four documents attached to this form carefully and answer the questions below.**  |
| **Biometric Data Agreement:** Do you give your consent to the school to use your child's biometric data? E.g. paying for meals using the school's fingerprint recognition system. |  |
| **Photography Agreement:** Do you give your consent to the school including your child in photographs taken by the school? |  |
| **School Visits & Trips Agreement:** Do you give your consent to the school taking your child on educational trips? |  |
| **Home School Agreement:** Do you, as a parent/Carer, as well as your child, both agree to the terms on the Home School Agreement? |  |
| **Do you have a parent pay account?** |  |

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| **K) CHECKLIST** |
| I understand that the school needs to see the ORIGINAL documents in the list below and I tick to show I understand that I must bring each of the following to the interview: |
|  | Birth certificate |  | KS2 SATs examination results letter |
|  | Passport |  | Educational Health Care Plan (if applicable) |
|  | Proof of address (i.e. recent utility bill) |  | Visa status (if applicable) |

**------------------------------------------------------------- FOR SCHOOL USE ONLY -------------------------------------------------------------**

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| **READING PROFICIENCY** |
| **Ask the child to read a few lines of the text from the ‘Home School Agreement’ to gage their reading proficiency then tick the most appropriate description below:** |
|  | **Student reads fluently and understands some key words** |
|  | **Student reads well but with occasional lapses and pauses or hesitates with unfamiliar words** |
|  | **Student struggles to read most or all of the text and has little understanding of the key words** |

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| **SEN** |
| **Special Educational Needs Code of Practice Stage (please tick)** |
|  | **School Action** |  | **School Action Plus** |
|  | **Educational Healthcare Plan** |  | **None**  |

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| **DOCUMENTS** |
| **Have the following documents been produced, verified and copied?** |
| **Birth Certificate** |  | Yes |  | No | **Passport** |  | Yes |  | No |
| **Proof of Address** |  | Yes |  | No | **Evidence of EHCP** |  | Yes |  | No |
| **KS2 Results Letter** |  | Yes |  | No |  |  |  |  |  |

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| **Passport Nationality** |  | **Visa status: Refugee?** |  | Yes |  | No |
| **Passport Number** |  | **Visa Expiry Date** |  |
| **Passport Expiry Date** |  | **Indefinite leave to remain?** |  | Yes |  | No |

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| **DEPARTMENTS** |
| **Have the following departments been contacted with relevant information?** |
| **MFL ALLOCATION** |  | **French** |  | **Spanish** |  | **Gujarati** |
| **Medical Requirements** |  | Yes |  | No | **PP** |  | Yes |  | No |
| **SEN** |  | Yes |  | No | **Pastoral** |  | Yes |  | No |
| **EAL** |  | Yes |  | No | **Outside Agency Involvement** |  | Yes |  | No |
| **MAT** |  | Yes |  | No |  |  | Yes |  | No |

**Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**