

**YEAR 7 STUDENT ADMISSION FORM**

**SURNAME:** Click or tap here to enter text.

**FIRST NAME:** Click or tap here to enter text.

**DATE OF BIRTH:** Click or tap to enter a date.

This form must be completed and returned to Forest Hill School by **Friday 22 May 2020**

Please return it to: admissions@foresthillschool.co.uk

Or Admissions

 Forest Hill School

 Dacres Road

 London

SE23 2XN

**SME Admission Form 2020**

**For office use only**

**TG BIO** [ ]  **PHOTO** [ ]

**PLEASE COMPLETE ALL PAGES OF THIS FORM**

**OFFICE USE** [ ]  **ONLY**

WE WILL REQUIRE A COPY OF EITHER YOUR SON’S BIRTH CERTIFICATE OR VALID PASSPORT – ADMISSIONS WILL NOT BE PROCESSED WITHOUT THIS DOCUMENT

**STUDENT DETAILS**

|  |  |  |
| --- | --- | --- |
| **Legal Surname:** | Click or tap here to enter text. | **Date of Birth:** Click or tap to enter a date. |
| **Legal Forename:** | Click or tap here to enter text. |
| **Preferred Forename:** | Click or tap here to enter text. |
| **Child’s Permanent Home Address:****POSTCODE:** | Click or tap here to enter text.Click or tap here to enter text. |
| **Borough in which student lives:** | Click or tap here to enter text. | **Mode of Travel to School (e.g. bus, car, walk)**:Click or tap here to enter text. |
| **Primary School Attended:** | **Name of School:** Click or tap here to enter text.**Postcode:** Click or tap here to enter text. |
| **Country of Birth:** | Click or tap here to enter text. | **Date of Entry to UK for those born overseas:** Click or tap to enter a date. |
| **Nationality:** | Click or tap here to enter text. |
| **Languages Spoken:** | **Does your son speak English?** Yes [ ]  No [ ] **Does your family speak any languages other than English at home?** Yes [ ]  No [ ] **If yes, please specify languages spoken:** Click or tap here to enter text. |
| **Does your son have a sibling at our school?****Yes** [ ]  **No** [ ]  | **If YES, please give the sibling(s) full name(s) and tutor group(s):**Click or tap here to enter text. |
| **Child’s position in the family:** | Choose an item. | **Number of Brothers?** Choose an item.**Number of Sisters?** Choose an item. |

**PARENT/CARER DETAILS**

|  |  |  |
| --- | --- | --- |
|  | **Priority 1 Parent/Carer** | **Priority 2 Parent/Carer** |
| **Title:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Surname:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Forename:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Relationship to Student:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Address:** | **Same as Student’s?** Yes [ ]  No [ ] **If address is different, please provide:** Click or tap here to enter text. | **Same as Student’s?** Yes [ ]  No [ ] **If address is different, please provide:** Click or tap here to enter text. |
| **Home Tel No:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Mobile Tel No:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Work Tel No:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Do you have parental responsibility?\*** | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |

\* Definition of Parental Responsibility can be found here: <https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

**ADDITIONAL EMERGENCY CONTACT DETAILS (excluding Parent/Carer details given above)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Priority 3 Contact** | **Priority 4 Contact** | **Priority 5 Contact** |
| **Title:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Surname:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Forename:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Relationship to Student:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Home Tel No:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Mobile Tel No:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Work Tel No:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**SPECIAL EDUCATIONAL NEEDS**

|  |  |
| --- | --- |
| **Does your son have any special educational needs?** | Yes [ ]  No [ ]  **If Yes, please provide details:** Click or tap here to enter text.You will also be required to provide evidence, e.g. an EHCP. |

**CHILDREN IN CARE**

|  |  |
| --- | --- |
| **Is the child in care?** | Yes [ ]  No [ ]  If Yes, please provide further details requested below.**You must also** provide a letter from a social worker confirming the legal status of the child and the local authority with whom the child is in care. |
| **Start Date:** | Click or tap here to enter text. |
| **End Date:** | Click or tap here to enter text. |
| **Care Authority:** | Click or tap here to enter text. |
| **Social Worker’s Name:** | Click or tap here to enter text. |
| **Social Worker’s Tel No:** | Click or tap here to enter text. |

**YOUNG CARER**

Young carers are children and young people who often take on practical and/or emotional caring responsibilities that would normally be expected of an adult.

|  |  |
| --- | --- |
| **Is the student a young carer?** | Yes [ ]  No [ ]  If Yes, please provide further details: Click or tap here to enter text. |

**FREE SCHOOL MEALS**

|  |  |
| --- | --- |
| **Does your son qualify for Free School Meals?** | Yes [ ]  No [ ]  Not sure [ ] If you are not sure but think your son may qualify, you can check eligibility at <https://lewisham.gov.uk/freeschoolmeals>  |

**COMPLETING SCHOOL WORK AT HOME**

|  |  |
| --- | --- |
| **Does your son have a quiet place at home to do his school work?** | Yes [ ]  No [ ]  Comments: Click or tap here to enter text. |
| **Does your son have his own laptop/tablet and access to the internet at home for electronic homework?** | Yes [ ]  No [ ]  Comments: Click or tap here to enter text. |

**ANY OTHER COMMENTS**

If you have any comments to add or information you would like to bring to our attention that is not covered in the form above, please use the box below.

|  |
| --- |
| Click or tap here to enter text. |



**STUDENT MEDICAL INFORMATION / CONSENT FORM**

|  |  |
| --- | --- |
| **Surname:** | Click or tap here to enter text. |
| **Forename:** | Click or tap here to enter text. |
| **Date of Birth:** | Click or tap here to enter text. |
| **Medical Practice/GP:****Address:****Postcode:****GP Telephone No:** | Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. |

**Does your child suffer from any of the following? (Please check all that apply)**

|  |  |
| --- | --- |
| Asthma |[ ]  Sickle Cell Anaemia |[ ]
| Bladder/Kidney Infection |[ ]  Epilepsy |[ ]
| Diabetes |[ ]  Hearing Impairment |[ ]
| Hayfever |[ ]  Sight Impairment |[ ]
| Migraine |[ ]   |  |

**Does your child have any other conditions not listed above?** Yes [ ]  No [ ]

If yes, please provide details: Click or tap here to enter text.

**Does your child have any allergies?** Yes [ ]  No [ ]

If yes, please specify: Click or tap here to enter text.

**Please list ANY prescribed medication (e.g. asthma pump, EpiPen) which your child may need to take during the school day. Please provide instructions for use and a supply of the medication to be kept in school:** Click or tap here to enter text.

**NB. ALL MEDICINES MUST BE HANDED IN TO THE MAIN SCHOOL OFFICE**

(All medication is marked with the student’s name and kept in a locked medical cabinet)

**EMERGENCIES – PARENT/CARER PERMISSION:**

1. I/we give permission for my child named above to be given First Aid treatment if necessary

Signed: Click or tap here to enter text. (Parent/Carer) Date: Click or tap to enter a date.

1. I/we give permission for any necessary treatment to be given or investigations to be made using X-rays if my child requires admission to the Accident and Emergency Department of a hospital.

Signed: Click or tap here to enter text. (Parent/Carer) Date: Click or tap to enter a date.

**ETHNICITY**

This section contains information required by the DfE. The information is requested on a voluntary basis and access will be strictly controlled.

|  |  |
| --- | --- |
| **Ethnic Origin** (Please check only **one** as appropriate) | **Religion** (Please check only **one** as appropriate) |
| Any other Black Background |[ ]  Buddhist |[ ]
| Any other Mixed Background |[ ]  Christian |[ ]
| Any other Ethnic Group |[ ]  Hindu |[ ]
| Bangladeshi |[ ]  Jewish |[ ]
| Black – Somali |[ ]  Muslim |[ ]
| Black British/Black Caribbean |[ ]  Sikh |[ ]
| Chinese |[ ]  Other Religion |[ ]
| Gypsy/Roma |[ ]  No Religion |[ ]
| Indian |[ ]  Refused |[ ]
| Other Asian |[ ]   |  |
| Other Black African |[ ]   |  |
| Pakistani |[ ]   |  |
| Refused |[ ]   |  |
| Sri Lankan Other |[ ]   |  |
| Sri Lankan Sinhalese |[ ]   |  |
| Sri Lankan Tamil |[ ]   |  |
| Traveller of Irish heritage |[ ]   |  |
| Turkish/Turkish Cypriot |[ ]   |  |
| Vietnamese |[ ]   |  |
| White |[ ]   |  |
| White British |[ ]   |  |
| White Irish |[ ]   |  |
| White and Asian |[ ]   |  |
| White and Black Caribbean |[ ]   |  |
| White European |[ ]   |  |

**DECLARATION AND SIGNATURE OF PARENT/CARER**

**I certify that I am the person with parental responsibility for this child.**

**I have provided Forest Hill School with a copy of his birth certificate.**

**I have read and understood the school policies and my signature (typed name in full) is confirmation that my son and I agree and accept the school policies as listed below.**

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all students. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

[ ]  **Child Protection Statement**

Parent/Carer Signature: Click or tap here to enter text. Student Signature: Click or tap here to enter text.

[ ]  **School Partnership Form**

Parent/Carer Signature: Click or tap here to enter text. Student Signature: Click or tap here to enter text.

[ ]  **Internet Permission Form**

Parent/Carer Signature: Click or tap here to enter text. Student Signature: Click or tap here to enter text.

[ ]  **Mobile Phones**

Parent/Carer Signature: Click or tap here to enter text. Student Signature: Click or tap here to enter text.

[ ]  **Anti-bullying Contract**

Parent/Carer Signature: Click or tap here to enter text. Student Signature: Click or tap here to enter text.

[ ]  **Photography/Video Consent Form**

Parent/Carer Signature: Click or tap here to enter text. Student Signature: Click or tap here to enter text.

[ ]  **Privacy Notice (GDPR)**

Parent/Carer Signature: Click or tap here to enter text. Student Signature: Click or tap here to enter text.

[ ]  **Relationships and Behaviour Policy**

Parent/Carer Signature: Click or tap here to enter text. Student Signature: Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**CHECKLIST**

Before returning this form, please ensure that you have completed the following:

[ ]  Provided Forest Hill School with a copy of your son’s birth certificate or passport

[ ]  Completed all sections of this form

[ ]  Read and understood the school policies

[ ]  Signed (typed name in full) the declarations at the end of the form