

1. Student Information

Legal Forename:		Home Address:	
Middle Name:			
Legal Surname:			
Preferred Forename:			
Preferred Surname:			
Gender:			
Date of Birth:			

2. Parental and Emergency Contact Information

Miss / Ms / Mrs / Mr / Other:		Priority 1
Relationship to Child:		
Name:		
Date of Birth:	National Insurance No:	
Home Address:		
Home No:		
Mobile No:		
Email:		
Place of Work:		
Occupation:		
Work No:		

Miss / Ms / Mrs / Mr / Other:		Priority 2
Relationship to Child:		
Name:		
Date of Birth:	National Insurance No:	
Home Address:		
Home No:		
Mobile No:		
Email:		
Place of Work:		
Occupation:		
Work No:		

Miss / Ms / Mrs / Mr / Other:		Priority 3
Relationship to Child:		
Name:		
Date of Birth:	National Insurance No:	
Home Address:		
Home No:		
Mobile No:		
Email:		
Place of Work:		
Occupation:		
Work No:		

3. Medical Information

We will treat what you tell us here sensitively. None of the information will be shared with other parents or students; the information is only used in case of emergency.

Medical Practice:	
Address:	
Tel. No:	

Medical Conditions / Notes

Please use the box below to provide information regarding medical conditions and/or notes and be sure to include, if applicable, whether your child needs any physical aid or has a specific medical condition (e.g. asthma, allergies) and/or details of dosage, administration instructions/regularity. If your child does require medication or treatment, please include relevant dates.

Medical Consent

Should my son/daughter need medical attention or hospital treatment and I father/mother/carer (*delete as appropriate*) am unable to be present, I give my consent for qualified staff at Bluecoat Meres Academy to arrange for, or give approval for, any treatment or tests that may be deemed necessary in the best interests of my son/daughter

Signed.....Date.....

4. Information Management Data

Please tick one of the below options:

- No Special Educational Need (N) SEN Support (K)
 Education, Health and Care Plan (E)

If you have selected 'K' or 'E', please tick the specific need your child has:

- | | |
|--|--|
| <input type="checkbox"/> Specific Learning Difficulty | <input type="checkbox"/> Moderate Learning Difficulty |
| <input type="checkbox"/> Severe Learning Difficulty | <input type="checkbox"/> Profound and Multiple Learning Difficulties |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Multi-sensory Impairment |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Speech, Language or Communication Need |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Other Disability |
| <input type="checkbox"/> Social, Emotional and Mental Health | <input type="checkbox"/> No Specialist Assessment |

Information Regarding Ethnic Origin (Voluntary)

Ethnicity.....First Language.....

Country of Birth.....Religion.....

Passport No.....

Proficiency in English (Foreign Language Students)

- | | | |
|---|--|--|
| <input type="checkbox"/> New to English (A) | <input type="checkbox"/> Early Acquisition (B) | <input type="checkbox"/> Developing Confidence (C) |
| <input type="checkbox"/> Competent (D) | <input type="checkbox"/> Fluent (E) | <input type="checkbox"/> Not Yet Assessed (N) |

Service Child (Armed Forces) Yes No

5. Youth Support Services

This is parental permission for Careers Advisors to meet with your child and for us to share contact details and students date of Birth with Futures (a local authority provider of jobs and skills advice, training, apprenticeships and support to young people and adults who need help preparing for work or training).

Consent Agreed

Consent Refused

6. Transportation of student consent

Occasionally, children are transported in the school minibus or privately owned cars for sports matches, enrichment activities or to take a sick child home. We always ensure seat belts are worn. Usually, parents would be fully aware of any arrangements made and sign a specific consent form. However, in some circumstances children may be transported without specific parental consent.

I agree / do not agree (*please delete*) to my child being conveyed in a private car or minibus to and from Academy activities or in the interest of the child welfare, if required.

6. Parental Declaration

- I certify that the information given on this form is to the best of my knowledge correct
- I agree to the Archway Learning Trust using the details I provide to check my eligibility for Free School Meals and other qualifying benefits now and in the future using the Eligibility Checking Service provided by the Department for Education
- I have completed the Parental Emergency Contact Information and will keep it up-to-date by informing the academy of any changes

Signed.....Date.....
Parent / Carer

Data Protection

This information will be stored digitally and is subject to the current Data Protection Act 1984 and GDPR. All information is confidential and may only be accessed by those with a legal right to see it. You may see, at any reasonable time, the information kept digitally about your child and may correct information that is wrong or misleading. This information will help us safeguard and promote your child's welfare at the Academy.