

Admission Details

Name	
Date of Birth	
Year Group	
Registration Group	
Date of Admission	

PUPIL DETAILS

Legal Forename:		Home Telephone:	
Legal Middle Name:		Date of Birth:	
Legal Surname:		Gender:	
Preferred Name (if different from above)			
Address:			
Postcode:			
Siblings in School:			
Emergency Contac	ts (please list in the order you wish them	to be contacted)	
1st Contact (Parent	t)		
Title (Mr/Mrs/Miss/Ms/Ot	her	Home Telephone:	
Forename:		Mobile Telephone:	
Surname:		Work Telephone:	
Address:		Place of Work:	
		E.mail:	
Postcode:		Relationship to Child:	

2nd Contact

Title (Mr/Mrs/Miss	/Ms/Other	Home Telephone:	
Forename:		Mobile Telephone:	
Surname:		Work Telephone:	
Address:		Place of Work:	
		E.mail:	
Postcode:		Relationship to child:	
3rd Contact			
Title (Mr/Mrs/Miss	/Ms/Other	Home Telephone:	
Forename:		Mobile Telephone:	
Surname:		Work Telephone:	
Address:		Place of Work:	
		E.mail:	
Postcode:		Relationship to child:	
4th Contact			
Title (Mr/Mrs/Miss	/Ms/Other	Home Telephone:	
Forename:		Mobile Telephone:	
Surname:		Work Telephone:	
Address:		Place of Work:	
		E.mail:	
Postcode:		Relationship to child:	

Dietary Needs			
() Artificial Colouring Allergy() No Dairy Produce() No Nuts at all() Vegetarian	() Ha () No	uten Free lal Pork ner - please specify	() Kosher Food Only () Ramadan () Seafood Allergy
Doctor / Health Centre			
Name/Address		Phone Nu	umber
Medical Conditions / Information			
Ethnic Background (please tick one)			
White () British () Irish () Traveller of Irish Heritage () Gypsy/Roma () Any Other White Background	As	ian or Asian Britis () Indian () Mirpuri Pa () Other Pak () Banglade () Any Other	akistani kistani
Shared Heritage () White & Black Caribbean () White & Black African () White Asian () Any Other Mixed Background	Bla	ack or Black Britisl () Caribbear () African () Any Other	
() Any Other Ethnic Background			
Country of Birth	Na	tionality	
() I do not wish an ethnic background,	country of birt	h or nationality to	be recorded
First Language (Language exposed to du development and still exposed to in the home,	•	English Add	itional Language:
Religion:		Asylum State	us:

() Asylum Seeker () Refugee

Meal T	ур	e :						
()	School Meal		()	Packed Lunc	h		
Travel	Ar	rangements to	scho	ol: (P	Please tick one)		
()	Walk	()	Car		()	Public Bus	() School Bus
()	Cycle	()	Taxi		()	Other	
PARE	NT	AL CONSENT						
I give co	onse	nt for my child to b	e inclu	ded in	the following a	activi	ties (please tick):	
Р	hote	ograph of Student	:/Vide	o Imag	ge			
()	•	the sch	ool, ne	ewsletters, pre		-	ne used for displays, promoting a transfer my child's name will not be
s	cho	ol Visits						
()		in sup	oort of			_	ool hours, arranged by the school I understand that I will be notified
s	por	ting Events						
()	I give permission I understand that	-				_	d by the school from time to time.
()	Internet Access						
()	Data Exchange						
()	Copyright Permi	ssion					
()	Sex Education (S	Second	lary O	ONLY)			
10	decl	are that I am the le	gal pa	ent or	r carer.			
S	igne	ed:			F	arer	nt/Carer	Date:

CONSENT FORM – PUPIL PERSONAL DATA

During your child's time with us we will gather information about you/them which we will use for various purposes. A Privacy Notice has been provided to you/them in relation to the use of this information, which is also available on the Academy website:

www.appletonacademy.co.uk

There are some things that we cannot do unless you tell us that we can. We have set these out in the tables attached. Please could you read this form very carefully and tick the appropriate options. This will let us know which of these things you are happy for us to do, and which you are not.

If you are not happy for us to do any of the things in the tables attached then this will not affect your child's place at the Academy. You are completely free to refuse to provide your consent to any of these things. You do not have to provide reasons for refusing your consent, but we are happy for you to give us additional information if you choose to so that we understand any concerns that you have and can take appropriate steps where necessary.

Photographs and Videos

Some of the information in the attached tables includes photographs and videos of your child. We assure you that we take very seriously the issue of potential misuse of photographs and videos of our pupils, and have the following measures in place:

- Pupil behaviour policy
- Staff discipline policy
- Data Protection Policy
- · Acceptable use of ICT Policy
- Safer working Practice Guidance

The Academy may provide photographs and videos to the media, or the Academy/Trust may be visited by the media who will take videos and photographs. When these have been submitted to or taken by the media the Academy/Trust has no control over these.

Student Name (Please state):

Date of Birth (Please state):

Celebrating Your Child's Achievements, Reporting on Events and Promoting the School/Trust

Appleton Academy is very proud of the achievements of all of our pupils, and we want to be able to celebrate these achievements both within the Academy/Trust and with others.

We may also want to report on significant events which involve our pupils, such as visits from dignitaries. This will involve providing information about involvement in certain activities such as sports.

We want to be able to promote the Academy/Trust to attract new pupils, and to show the quality of the Academy/Trust. As part of this we want to be able to use photographs and videos of our pupils in promotional material. This will include our prospectus, website, open day material etc.

Please tick table 1 or table 2 plus remaining fields*

	Yes	No
I am happy for the Academy/Trust to use:		
Photographs of my child		
Videos of my child		
The following information may be used with the above:		
Name		
Class		
Year Group		

	Yes	No
I am happy for the following information to be used BUT ONLY WITHOUT PHOTOGRAPHS or videos of my child:		
Name		
• Class		
Year Group		

	Yes	No
I am happy for the information selected above to be used:		
On internal screens which may also be viewed by visitors to the school site [and/or on internal notice boards]		
On the Academy/Trust intranet		
On the Academy/Trust website		
On the Academy/Trust social media sites		
In local news media – newspapers, websites and television		
In national news media – newspapers, websites and television		

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Paying for Meals

The Academy/Trust has a system for paying for meals which uses fingerprint recognition. The system works by using your child's fingerprint in conjunction with electronic payment technology to allow them to purchase food and drinks. The fingerprint of the pupil is stored for the duration of their attendance at the Academy on secure school ICT servers.

	Yes	No
I am happy for my child's fingerprint to be held by the Academy/Trust for the purpose of paying for meals		

You may change your mind in relation to any of the consents that you have provided at any time. This includes withdrawing your consent to anything that you have agreed to here.

To withdraw your consent to any of the above, or otherwise amend your position, please write to us at:

Ruth Jarvis Chief Operating Officer – Data Protection Officer

Email: info@exceedacademiestrust.co.uk

Phone: 01274574544

This consent will otherwise continue until your child leaves school.
Signed (Parent):
Name:
Date:

ACADEMY USE ONLY

Previous School						
New to UK	()		No	()	Yes
In Care	()		No	()	Yes
						Care Authority
						Care Start Date
Student UPN						
Student ULN (aged 14+)						
Student UCI						
KS2 Results: English Maths						
Previous Exam Results						
Proficiency in English Co	ode: .					
Codes Key:						
A - New to English						
B – Early Acquisition						
C – Developing Competence						
D – Competent						
E – Fluent						
N – Not yet assessed						