

***This form MUST be completed in full, signed on page 4
and returned in the envelope provided by Friday 29 May 2020***

Hope Academy Student Admission Form

Legal Surname:		Preferred Surname:	
Legal Forename:		Preferred Forename:	
Middle Name:		Gender:	Male / Female
Date of Birth:		Age:	
Year Group:		Registration Group:	
Home Address:			
Postcode:		Home Telephone Number:	

Please list below, in priority order, any person you wish to be contacted in an emergency.

Please read the guidance relating to Parental Responsibility as this information will be used when school staff need to contact you about this student – this also includes health staff who work in the school.

Priority Contact 1	Does this person have legal Parental Responsibility?	Yes / No	
Full Name:		Relationship to Student:	
Home Address:			
Postcode:		Home Telephone Number:	
Work Telephone Number:		Mobile Telephone Number:	

Priority Contact 2	Does this person have legal Parental Responsibility?	Yes / No	
Full Name:		Relationship to Student:	
Home Address:			
Postcode:		Home Telephone Number:	
Work Telephone Number:		Mobile Telephone Number:	

Priority Contact 3	Does this person have legal Parental Responsibility?	Yes / No	
Full Name:		Relationship to Student:	
Home Address:			
Postcode:		Home Telephone Number:	
Work Telephone Number:		Mobile Telephone Number:	

Priority Contact 4	Does this person have legal Parental Responsibility?	Yes / No	
Full Name:		Relationship to Student:	
Home Address:			
Postcode:		Home Telephone Number:	
Work Telephone Number:		Mobile Telephone Number:	

Email Correspondence and SIMS Parent App:	<p>In order for you to receive an invitation to join the SIMS Parent App, we <u>MUST</u> have your email address. The SIMS Parent App is the <u>ONLY</u> way we share information with you about your child's school life. You are able to access the system from a smartphone, tablet or computer – anytime, anywhere. The App provides: Important information such as attendance, behaviour and achievements; School term, inset dates and contact details; Access to your child's school report; Notifications to remind you about important information such as key dates for your diary; Access to update your contact details, so we always have the most up-to-date information in case of emergency. If you have more than one child at school, you'll have access to information for all your children, from the same app.</p> <p>Please specify the email address we can use for email correspondence and the SIMS Parent App.</p>
Preferred Email Address:	

Medical Information:	Please complete this section giving details of your child's current doctor and any medical conditions and/or disabilities which the Academy needs to be made aware of.					
Medical Practice Name:						
Medical Practice Address:						
Medical Practice Telephone Number:						
Does your child have any of the following conditions:	Asthma	Yes / No	Diabetes	Yes / No	Eczema	Yes / No
	Epilepsy	Yes / No	Hayfever	Yes / No	Migraine	Yes / No
	Other	Yes / No	Please specify:			
If you have answered 'Yes' to any of the above, please give any relevant information relating to the condition(s):						
Does your child attend any regular hospital/GP clinics? If so, please give details:						
If your child has any allergies, for example to food, stings, medicines, etc, please give details of the allergen and how your child reacts:						
Has your child been prescribed with and EPI-PEN?				Yes / No		
Is your child taking any routine medication (including asthma inhalers)?				Yes / No		
If you have answered 'Yes' to the above, please list the name of each medication, the dose and frequency required:						
Medication	Dose			Frequency		
<p>Please ensure you supply any medication required for emergency treatment <u>clearly labelled</u> with your child's name and directions for use. Please note expiry dates.</p>						
Does your child have a care plan issued by a Doctor, Consultant or Medical Team:				Yes / No		
If you have answered 'Yes' to the above, please attach a copy to this completed form.						
<p>Thank you for your co-operation with this important information about your child's health and well-being while at school. Please contact your child's Pastoral Support Manager at any time if you wish to discuss any new changes in health needs or other health issues that your child may have.</p>						

Ethnicity & Culture:	Please complete all of the sections relating to Ethnicity & Culture using the guidance and lists provided with this form.		
First Language:			
Nationality:		Country of Birth:	
Ethnicity:		Religion:	

Additional Information:	Please tick one choice each of Lunch / Travel Arrangements for this student.		
Lunch Arrangements:	School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/>	
Travel Arrangements:	Bicycle <input type="checkbox"/>	Car/Van <input type="checkbox"/>	Public Bus <input type="checkbox"/>
	School Bus <input type="checkbox"/>	Taxi <input type="checkbox"/>	Train <input type="checkbox"/>
	Walk <input type="checkbox"/>	Other (please specify)	
If this student uses the School Bus , please specify the number of the bus they use:			
Service Child in Education:	<input type="checkbox"/> Please tick if this student has a parent in the armed forces (evidence required)		
Adopted from Care:	<input type="checkbox"/> Please tick if you wish the Academy to know that this student has been adopted or is under a special guardianship order or a residence order (evidence required)		
Previous School Attended:		Date of Leaving:	

Consent Preferences:	Please read the guidance provided with this form and then indicate your preferences by ticking Yes or No below as applicable. Please be aware that consent to using your child's images will last throughout your child's time at the Academy and will continue to apply for a short time after they leave (except for images published for historical purposes which may be kept for an extended period of time to show the history of the Academy).	
Images/Photographs/Publications Consent Description:	Consent Given	
	Yes	No
We upload photographs onto the Academy database system (SIMS) for identification purposes		
We publish photographs on the Academy website to promote the Academy to current and prospective parents as well as providing updates on current events		
We publish photographs on our social media accounts such as Twitter to provide updates on events and news within the Academy. The Academy ensures that its privacy settings are such to limit viewing of photographs to followers of the Academy accounts (as approved by the Academy)		
From time to time we put videos on our 'you tube' channels which can be seen by subscribers to our channel		
Within our newsletters we may provide photographs of recent events or the achievements of our students		
In order to promote the Academy we send out prospectuses, flyers, leaflets and brochures which contain images to show life at the Academy. These will be sent to prospective parents		
We may also use other promotional materials such as banners and signs which may contain photographic images for prospective parents to view		
We may be visited by the media who will take photographs or film footage of events. Students will sometimes appear in these images, which may then be published in local or national newspapers, in televised news programmes and on social media sites		
We publish photographs in and around the Academy building to illustrate to current students and parents life around the Academy including educational materials and images of recent trips and events. These can be seen from time to time by other parents or visitors within the Academy		
In promotional materials to show the history and character of the school to future generations		
Biometric Data:	Yes	No
I give permission for Hope Academy to use biometric data (three point fingerprint scan) of my child for Academy services, such as cashless catering, library and printing and copying services		
E-Safety:	Yes	No
I give permission for my child to use the internet, email and other ICT facilities at the Academy in accordance with the Hope Academy e-Safety Policy		

Consent for Day Trips and Other Off-Site Activities:	The information you complete below will cover Transition Days and Trips from June 2019 until July 2024. Please sign and date the form below if you are happy for your child to take part in Hope Academy Activities and Off Site Visits and to be given first aid or urgent medical treatment during any trip or activity.		
Name of Child:		Date of Birth:	
Address including Postcode:			
Current Primary School:			
The trips covered by this consent are:	All school trips from July 2019 to July 2024 Hope Academy Transition days: Tuesday 18 June, Tuesday 25 June and Tuesday 2 July 2019		
Medical Information:	Please give details below of any medical condition your child suffers from and any medication they should take during off-site visits.		
Emergency Contacts:	Please give details of the person(s) you would prefer us to contact for Transition/Trip emergencies.		
	Name:		Relation:
	Mobile:		Home:
	Name:		Relation:
	Mobile:		Home:
In the event that we are able to host Transition Days at the Academy, please complete the information below:			
Travel Arrangements for Transition Days:	Parents/Carers are responsible for their child's travel arrangements to and from Hope Academy. Please specify below, for safeguarding purposes, if your child has permission to make their own way home from Hope Academy at the end of each Transition Day.		
	Yes - they can make their own way home	No – they will be collected	
Consent Preferences for Transition Days:	Photographs/video/voice/image recordings may be taken during the Transition Days which could be used by Hope Academy, please indicate below if you give permission for your child's Photographs/video/voice/image recordings to be taken and used.		
	Yes	No	

To be signed by a person with Parental Responsibility for this student			
Data Protection Legislation: The school is registered within the Information Commissioners Office for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF.			
Signature:		Date:	
Print Name:		Relationship to Student:	

FOR OFFICE USE ONLY	<input type="checkbox"/> Please tick once the information on this form is added to the student record on SIMS		
Date added:		Added by (initials):	

Please return the signed and fully completed form in the envelope provided no later than Friday 29 May 2020