**Use the tab key to move from one field/shaded area to the next.**

**Once complete email to 6thform@taverhamhigh.org**

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| **Student Details** |

|  |  |
| --- | --- |
| **Legal forename** | **Legal surname** |
|       |       |
| **Preferred forename (if different)** | **Preferred surname (if different)** |
|       |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of birth** |       | **Gender** |  | **Is your child part of a service family?** |  |

|  |  |
| --- | --- |
| **Address** |       |
| **Postcode** |       |

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| **A young person is classified as a Young Carer if they are under 18 and help to look after a relative with a disability, illness, mental health condition or alcohol problem.** |
| **I would class my child as a Young Carer** |  |

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| **Details of the people who have legal responsibility for the student****We require this information to allow us to send information to you and to contact you, for example to keep the child safe in the case of an emergency. Please list in order of priority for contact during the school day**  |

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| **The Education Act 1996 defines a parent to include the natural parents of the child as well as a person who is not a parent but who has parental responsibility or who has care of the child** |

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| --- | --- | --- | --- | --- | --- |
| **Parent contact:****priority 1** | **Relationship (to child)** | **Mr/Ms etc** | **Forename** | **Surname** | **Home address (if different from above)** |
|       |       |       |       |
| **🕿 Mobile** |       |       |
| **🕿 Work** |       |
| **🕿 Landline** |       |
| **Email** |       |

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| --- | --- | --- | --- | --- | --- |
| **Parent contact:****priority 2** | **Relationship (to child)** | **Mr/Ms etc** | **Forename** | **Surname** | **Home address (if different from above)** |
|       |       |       |       |
| **🕿 Mobile** |       |       |
| **🕿 Work** |       |
| **🕿 Landline** |       |
| **Email** |       |

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| **Please give details for your child if living with different parents/carers on different days of the week** |
|       |
| **Additional emergency contacts: people other than the above who can be contacted in an emergency** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Emergency contact: priority 1** | **Relationship (to child)** | **Mr/Ms etc** | **Forename** | **Surname** | **Home address** |
|       |       |       |       |
| **🕿 Mobile** |       |       |
| **🕿 Work** |       |
| **🕿 Landline** |       |

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| **Please give details of any other children currently living at your child’s home(s)** |
| **Child’s name** | **Date of birth** | **Year Group** | **School attending** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

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| **Educational History****We require this information to support student learning. We will obtain earlier educational school records from the school named below. This is a statutory requirement.** |
| **Last school attended** | **Address** |
|       |       |
| **Dates attended above school** |
| **From** |       | **To** |       |
| **If your child has had any gaps in their education please provide the details below. The start and end dates of the gap/s and reason/s are required.** |
|       |

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| **Medical Details****We require this information to keep your child safe, to support student learning and to provide appropriate pastoral care** |

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| --- |
| **Name of medical centre / surgery** |
|       |

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| --- | --- |
| **Does your child suffer from asthma?** |  |
| **If Yes please select as applicable below** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **My child’s asthma is** | Mild | [ ]  | Moderate | [ ]  | Severe | [ ]  |

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| --- | --- | --- |
| **My child uses an inhaler** | [ ]  | If any selected please complete the emergency salbutamol consent form and long term medication form |
| **My child carries their inhaler on their person** | [ ]  |
| **My child is required to keep an inhaler in the school medical room** | [ ]  |

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| **Does your child suffer from any of the following (select box if applicable)** |
| Diabetes | [ ]  | Eczema | [ ]  | Epilepsy | [ ]  | Hayfever | [ ]  | Hearing impairment | [ ]  |
| If you have marked any of the above please provide details of the medical condition below and any medication used on a regular basis. Please also let us know if there is any other medical condition/information relevant to your child’s development and school life e.g. allergies, sight, hearing etc.  |
|       |

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| **My child has an Epi Pen**  | [ ]  |

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| **If your child is required to take or have medication from home kept in the school medical room, please complete the long term medication consent form. Note: all medication kept in school MUST be prescribed by a doctor and have the prescription attached to the box/packet.** |

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| **Does your child have a Statement/Education Health Care Plan (EHCP) of Special Educational Needs?** |  |
| If Yes, or if your child has any other particular need in relation to their education, please give details below |
|       |

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| **Dietary Requirements** |
| Gluten free | [ ]  | Dairy free | [ ]  | Halal | [ ]  | Other (please give details below | [ ]  |
|       |

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| **How will your child normally travel to and from school?** |
| Walk | [ ]  | Cycle | [ ]  | Bus | [ ]  | Car | [ ]  |
| **Is your child entitled to free transport?** |  |

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| **Nationality/Ethnicity/Religion/Language** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nationality** |  | **Country of birth** |  | **Religion** |  |
| **If Other please specify** |       | **If Other (please specify)** |       | **If Other (please specify)** |       |

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| **Please select the box that you believe best describes your child’s ethnicity** |
| **White** | **Asian/Asian British** |
| British | [ ]  | Bangladeshi | [ ]  |
| Albanian | [ ]  | Indian | [ ]  |
| Bosnian-Herzegovinian | [ ]  | Pakistani | [ ]  |
| Eastern European | [ ]  | Other Asian background | [ ]  |
| Greek | [ ]  | **Other** |
| Irish | [ ]  | Afghan | [ ]  |
| Kosovan | [ ]  | Arab | [ ]  |
| Serbian | [ ]  | Chinese | [ ]  |
| Traveller | [ ]  | Egyptian | [ ]  |
| Turkish | [ ]  | Filipino | [ ]  |
| Western European | [ ]  | Iranian | [ ]  |
| White Other | [ ]  | Iraqi | [ ]  |
| **Black/Black British** | Japanese | [ ]  |
| Caribbean | [ ]  | Korean | [ ]  |
| Ghanaian | [ ]  | Kurdish | [ ]  |
| Nigerian | [ ]  | Malay | [ ]  |
| Somalian | [ ]  | Moroccan | [ ]  |
| Sudanese | [ ]  | Thai | [ ]  |
| Other black background | [ ]  | Vietnamese | [ ]  |
| **Mixed** | **An ethnic group not listed** (please state below) | [ ]  |
| White and Black African | [ ]  |       |
| White and Black Caribbean | [ ]  |
| White and Asian | [ ]  |
| Other mixed background | [ ]  |

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| **Languages: please give details of the language/s that your child speaks** |
| First language |       |
| Other language/s spoken at home |       |
| If English is not the first language please state the level | Excellent [ ]  | Good [ ]  | Weak [ ]  |
| Please state the level of languages other than English | Excellent [ ]  | Good [ ]  | Weak [ ]  |
| Please state how often languages other than English are spoken | Daily [ ]  | Once a month [ ]  | Once a year [ ]  |

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| **Parent/Carer language details** |
| First language |       |
| Main language spoken |       |
| Do you require a translator? |  |

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| **Key Documents** |

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| Within the admission pack there are a number of documents that you are required to read and if in agreement we will need to have signed consent from you. Please complete as applicable below and return these documents to the sixth form office.The 16-19 bursary eligibility depends on household circumstances and income. |
| **Document check list** | **Returned to THS 🗸** | **Date rec’d** |
| Admission form |  |  |
| Welcome booklet | Read only |  |
| Appendix A (forms to sign and return) |  |  |
| 16-19 bursary policy | Read only |  |
| 16-19 bursary application form |  |  |

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| **Data Exchange and Declaration** |
| * The information you have given on this form will be held by Norfolk County Council Children’s Services and by the school for use in educational administration.
* It will be shared with other departments within Norfolk County Council in order to provide and plan services e.g. school transport.
* It will be used to administer health, social and welfare care and will be shared with healthcare advisors and practitioners.
* It will be forwarded to your child’s new school if they change school.
* It will be used for statutory return and for research purposes.
* It will be used to communicate with you via phone, text message and email regarding your child/ward.
* All information given will be held in the strictest confidence under the requirements of the Data Protection Act 1988.

**Name of parent/carer completing this form**     **Date**       |

**Once complete please email to** **6thform@taverhamhigh.og**