

SIXTH FORM ADMISSION FORM

All schools and academies are required by law to keep on record details of students admitted. We should therefore be grateful if you would complete this form in BLOCK CAPITALS and return to the Academy a.s.a.p. No student will be admitted to the Sixth Form without the submission of a completed Admission Form and Sixth Form Contract.

Please sign pages 3,4 & 5.

STUDENT'S DETAILS	
Legal surname:	Address:
Legal forename:	
Preferred forename:	
Middle name/s:	
Date of birth:	
Gender: Male / Female	

It would be very helpful to have details of any siblings who are currently attending, or have attended this school.

Sibling's Forename	Sibling's Surname	Date of Birth	Current School

CONTACT DETAILS
<i>Parental responsibility may be shared between a number of people beyond the child's natural parents, for example those with a Parental Responsibility Order. Married parents have equal parental responsibility; on separation or divorce both parents continue to have responsibility. In such circumstances the Academy will forward copies of school reports, etc. to the separate parent if requested. Please attach a copy of any court orders relating to your child.</i>

PARENT/CARER 1	
Legal surname:	Title: Mr / Mrs / Ms / Miss / Other
Legal forename:	Address:
Gender: Male / Female	
Relationship to student:	
Home telephone number:	Mobile telephone number:
Work telephone number:	Email address:

PARENT/CARER 2	
Legal surname:	Title: Mr / Mrs / Ms / Miss / Other
Legal forename:	Address:
Gender: Male / Female	
Relationship to student:	
Home telephone number:	Mobile telephone number:
Work telephone number:	Email address:

If the child's current residence (whether living with parents or any other person) is not permanent, please state the reason, probable duration of the stay and give the name and address with whom the person normally resides:

Reason	Dates applicable:
Forename:	Surname:
Address:	

Is the child resident with foster parents: Yes No

Is the child resident with a family member who is not their legal guardian: Yes No

It may be necessary to contact someone during the school day (generally in the case of sickness when a parent/carer cannot be contacted for whatever reason). Please list below details of anyone we can contact on such an occasion.

ADDITIONAL CONTACT 1	
Legal surname:	Title: Mr / Mrs / Ms / Miss / Other
Legal forename:	Address:
Relationship to student:	
Home telephone number:	Mobile telephone number:

MEDICAL INFORMATION

Knowledge about your children's health is vital if we are to help them to achieve their educational potential. Please supply the following medical information about your child. This information will only be shared with relevant professionals within education and health who need to know in order to support your child in school. If you wish to discuss your child's health confidentially, please contact the First Aid Administrator.

Dietary Needs

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Artificial colour allergy | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Kosher food only | <input type="checkbox"/> No dairy produce |
| <input type="checkbox"/> No nuts of any type/quantity | <input type="checkbox"/> No pork | <input type="checkbox"/> Ramadan | <input type="checkbox"/> Seafood allergy |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Halal | <input type="checkbox"/> Other (please specify) _____ | |

Medical Practice

Surgery Name:

Surgery Telephone Number:

Medical Conditions

- Does your child suffer from? Asthma Epilepsy Diabetes
- Bowel or bladder problems Eczema Any other medical condition _____

Do you consider your child to have a disability? Yes / No *If Yes, please select all that apply from the list below. A child is considered to have a disability if their parent indicates substantial and/or long term difficulties with one or more of the areas listed below. Please exclude difficulties that you would expect for a child of their age.*

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Hand Function | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Eating and drinking |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Communication | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Behaviour | <input type="checkbox"/> Consciousness e.g. seizures |
| <input type="checkbox"/> ASD/Aspergers | <input type="checkbox"/> Palliative care needs | <input type="checkbox"/> Other Disability/Health problem _____ | |

Does your child attend any medical clinics? - Yes / No *(if Yes, please give details in the box below)*

If you have ticked any of the above boxes, please give further details below:

If your child is on regular medication, does it need to be given during school hours? – **Yes / No**

If Yes please discuss with the First Aid Administrator.

MEALS

- Eligible for Free Meals

TRAVEL ARRANGEMENTS – please tick the main method of transport to and from school

- | | | | | |
|-------------------------------|----------------------------------|------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Car/Van | <input type="checkbox"/> Car share | <input type="checkbox"/> Train/Tube | <input type="checkbox"/> Cycle |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Taxi | | | |

Service Children in Education Indicator - are one/both parents Service personnel, serving in regular military units of any of the HM Forces, or in the Armed Forces of another nation and stationed in England and exercising parental care and responsibility?

Yes No I do not wish to answer this question

ETHNICITY/CULTURAL INFORMATION

The Department for Education has asked for the following information for all students.

Ethnicity

White

- British
 Irish
 Traveller of Irish Heritage
 Gypsy/Roma
 Any other white background

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

Mixed

- White & Black Caribbean
 White & Black African
 White & Asian
 Any other mixed background

Black or Black British

- Caribbean
 African
 Any other Black background

Other

- Chinese
 Any other ethnic group
 I do not wish an ethnic background category to be recorded

First Language (the language to which your child was first exposed in their early childhood and which they continue to use or be exposed to at home or in your community).

- Arabic Bengali Chinese Cantonese Chinese Mandarin Dutch
 English French German Greek Gujarati
 Hindi Italian Japanese Panjabi (Gurmukhi) Panjabi (Mirpuri)
 Pashto Polish Portuguese Shona Spanish
 Swahili Tagalog/Filipino Tamil Thai Turkish
 Urdu Vietnamese Other (Please specify) _____
 I do not wish a first language to be recorded

RELIGION

- Anglican Baptist Buddhist Christian Church of England
 Hindu Jehovah's Witness Jewish Methodist Mormon
 Muslim Plymouth Brethren Quaker Roman Catholic Sikh
 United Reform Church No Religion I do not wish a religion to be recorded Other

PREVIOUS SCHOOL HISTORY

School Name and Town	Telephone number	Date of Arrival	Date of Leaving	Reason for Leaving

PARENTAL DECLARATION

DATA PROTECTION STATEMENT:

The purpose of this form is to collect data for further processing within Chiltern Hills Academy according to our Data Protection Policy and Privacy Notice. Information provided will be kept as a hard copy and also entered onto a computer and will form part of the Academy database. Your signature on this form implies your consent.

DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

I confirm that I and my son/daughter will abide by the policies and procedures as set out in the Sixth Form Handbook and Sixth Form Contract. I declare the information provided on this form was correct, to the best of my knowledge, at the time of completion.

I agree to notify the Academy of any change in my child's circumstances.

Parent/Carer's signature: _____ Date: _____

CONSENT FOR ADMISSION AGREEMENTS AND POLICIES

If you wish to withdraw your consent at any point please contact our Academy Data Protection Officer on dataprotection@chacademy.co.uk or by telephoning the Academy. Personal data is stored in accordance with our Privacy Notice for Parents/Carers and Students and Data Protection Policy.

CONSENT FOR BIOMETRIC SYSTEM - PROTECTION OF FREEDOM ACT 2012

I give consent for the biometrics of my son/daughter to be used by Chiltern Hills Academy as part of the recognition system.

Yes

No

If you wish to withdraw your consent at any point please contact our Academy Data Protection Officer on dataprotection@chacademy.co.uk or by telephoning the Academy.

Parent/Carer's signature: _____ Date: _____

Name: _____

CONSENT FOR USE OF IMAGES OF STUDENTS

At Academy we take images (photographs, video and webcam recordings) of Academy performances, events, trips, activities and the general school day. These photographs/video recordings may be used in printed or electronic publications, printed or electronic media, our Academy website, social media (such as Chiltern Hills Academy Facebook and Twitter) or on internal displays.

Chiltern Hills Academy believes that these images can provide a valuable record of the student's learning. Learning takes places in a variety of different ways at the Academy and we like to celebrate and share this learning with others. Images of students and students' successes can be a source of pleasure and pride, which we believe can enhance self-esteem for students, their families and the local community.

Continues overleaf

The Academy values using photographs or video recordings to be able to share and showcase the Academy environment as well as allow us to keep parents up to date with what goes on.

To comply with the Data Protection Act and the General Data Protection Regulation 2018 we need your consent to take and use images of your child. Please tick the appropriate boxes below:

I give consent for the Academy to take images of my child. Yes No

I give consent for images of my child to be used on the Academy website. Yes No

I give consent for the Academy to use images of my child in printed or electronic publications (such as the Academy prospectus, newsletter and letters to parents). Yes No

I give consent for the Academy to use images of my child on internal displays. Yes No

I give consent for the Academy to use images of my child in printed or electronic media. Yes No

I give consent for the Academy to use images of my child in social media. Yes No

If you wish to withdraw your consent at any point please contact our Academy Data Protection Officer on dataprotection@chacademy.co.uk or by telephoning the Academy.

The Academy will take a photograph of all students, on entry by the Academy and subsequent year, by the Academy's appointed professional photographer. This image will be used to update our Academy Database. The use of this image is required to carry out the task of educating and ensuring the welfare of our students. This image, along with full name, will be used to produce examination identification cards. This image is collected and used in compliance with the General Data Protection Regulation 2018 under Article 6 (Lawfulness of Processing).

Conditions of use:

- This form is valid until your child leaves Chiltern Hills Academy. The consent will automatically expire after this time. We will not reuse any photographs or recordings after your child leaves the Academy, however, historic images will remain on our Academy prospectus, printed and electronic publications, printed and electronic media, our Academy website and social media.
- We will not use the personal details, contact details or full names (which means first name and surname) of any child in an image on our Academy prospectus, printed and electronic publications, our Academy website and social media.
- If we name a student in the text, we will not use an image of that student to accompany the article.
- We may include pictures of students and teachers that have been drawn by the students.
- We may include work from students.
- We may use group or class images with very general labels, such as 'a Science lesson'.
- We will only use images of students who are suitably dressed, to reduce the risk of such images being used inappropriately.
- Parents/Carers' consent will be recorded on the Academy's database and will be retained according to our Privacy Notice for Parents/Carers and Students. The hard copy will be retained in the student's personal file.

I have read and understood the above information and conditions and informed my child.

Parent/Carer's Signature: _____ Date: _____

Name: _____ Year group: _____