

Admission form

Please complete the following details as fully as possible in block capitals and black ink.

		IG	Tutor		Otari			
Student details								
Student's surname				N	1ale	Female		
Student's forename		M	iddle name					
Student's address								
and Postcode								
Home phone			Date o	f birth				
Parent/ carer detai	ils and contact informatior	n						
The Pupils' Registration Regulations (1988) require us to record all possible parental names. Please give details of all persons who have parental responsibility (parents/ carers) for the student, including those not living at the student's address. Please also state the relationship to the student (ie mother, father etc). In order to keep you informed of all the important events that affect your child we use Groupcall Messenger . This facility can send text messages to your phone or electronic versions of letters to your email account. All messages will be sent to the contact detailed as priority 1. Nothing can replace a telephone call when it is needed and mobile text messaging will only be used in appropriate situations. Examples of this might be: If your child is absent or late without authorisation Same day/ next day detentions Changes or cancellation of Academy activities Only for contacts with parental responsibility (other contacts								
	osures of any kind			1		ed to the I	next p	page)
1 Name and title				Rela	ationship			
Address								
Destro la		F 1						
Postcode		Email						
Home phone		Mobile						
2 Name and title				Rela	ationship			
Address								
Postcode		Email						
Home phone		Mobile						

Correspondence name(s)					
Name and title of person(s) to who should be addressed	om letters				
Brothers and sisters					
Please list the names of all bro	others or sisters of th	is child cur	rently at the Stangro	ound Acade	my:
Full name				Tutor grou	p
Additional emergency conta	ct list				
If an emergency occurs at the another responsible adult that your child if necessary. Add the behalf. Please place them in t	may be contacted ea e name(s) of any pers	asily during	the day and who way be contacted in a	ould be avan	ailable to collect
3 Name and title			Relatio	nship	
Address					
Postcode		Email			
Home phone		Mobile			
4 Name and title			Relatio	nship	
Address					
Postcode		Email			
Home phone		Mobile			
Ethnic origin, home languag	e and religion				
The Department of Education Please tick the most appropria 'Refused' box provided.					, please tick the
White British	Black Caribbear	1	White / Asian	Slov	akian
White European	Black African		Any other mixed background	Refu	sed
White Italian	African / Asian				other ethnic p or mixed
Other white background			Pakistani group or m background		
Irish	White / Black Caribbean		Portuguese		
Traveller – Irish	Any other black background		Chinese		
Home language		Reli	gion	-	
Country of origin		Nation	ality		

Medical information	
Please provide the conta should be aware of.	ct details for your child's doctor, and any medical conditions that the Academy
Name of GP practice	Doctor's name
Address	
	Telephone
Details of medical	
condition	
	e medication during the school day please complete the additional "Administration te two forms, together, constitute an individual health care plan for your child.
Looked-after children	
If your child is a 'looked- the local authority to which	after child', please provide the name of the social worker, their contact details and ch they have been assigned.
Social worker's name	Authority
Address	
	Telephone
Travel arrangements to	
	de of transport your child takes the majority of the time to arrive to school.
Please advise which mod	de of transport your child takes the majority of the time to arrive to school. I support for his/ her educational needs? Yes No
Please advise which mod Educational support Has the student received	de of transport your child takes the majority of the time to arrive to school. I support for his/ her educational needs? Yes No
Educational support Has the student received If yes, please give details Young carer	de of transport your child takes the majority of the time to arrive to school. I support for his/ her educational needs? Yes No
Educational support Has the student received If yes, please give details Young carer	de of transport your child takes the majority of the time to arrive to school. I support for his/ her educational needs? So on a separate sheet.
Educational support Has the student received If yes, please give details Young carer Does your child help care	de of transport your child takes the majority of the time to arrive to school. I support for his/ her educational needs? So on a separate sheet. I so, who?
Educational support Has the student received If yes, please give details Young carer Does your child help care Yes No Declaration I confirm the information	de of transport your child takes the majority of the time to arrive to school. I support for his/ her educational needs? So on a separate sheet. I so, who?
Educational support Has the student received If yes, please give details Young carer Does your child help care Yes No Declaration I confirm the information	de of transport your child takes the majority of the time to arrive to school. I support for his/ her educational needs? So on a separate sheet. Yes No Who Contained in the above sections is accurate no relevant facts have been withheld. I curacies may result in a delay in the admissions process.
Educational support Has the student received If yes, please give details Young carer Does your child help care Yes No Declaration I confirm the information understand that any inaccess.	de of transport your child takes the majority of the time to arrive to school. I support for his/ her educational needs? So on a separate sheet. Yes No Who Contained in the above sections is accurate no relevant facts have been withheld. I curacies may result in a delay in the admissions process.



Home/ Academy agreement

Please read the home/ Academy agreement below and sign to accept its terms.

The agreement

Parents/ Carers - we will

- ensure that our child attends the Academy regularly, on time and properly equipped
- support out-of-regular-hours events such as additional tuition or enrichment activities
- refrain from using social media to air any issues or concerns we may have with the Academy and will contact the Academy in the first instance
- inform the Academy of any concerns or problems that might affect our child's work, behaviour or attendance
- support the Academy policies, particularly those on behaviour, dress and appearance
- support homework and encourage other home-learning opportunities
- attend parents' evenings and contribute to other discussions about our child's progress
- take an active interest in life at the Stanground Academy and the part your child plays in it

The Stanground Academy - we will

- provide a safe, caring and stimulating environment for your child
- ensure your child achieves their potential as a valued member of the Academy community
- provide a broad and balanced curriculum and meet your child's individual needs
- encourage your child to achieve high standards of work and behaviour, through building good relationships and developing a sense of responsibility
- keep you informed about Academy matters and about your child's progress in particular
- promote a wide range of extra-curricular activities
- · be open and welcoming at all times
- listen to parental concerns and work in partnership with you to support your child
- offer opportunities for you to become involved in the life of the Academy

Student - I will

- attend the Academy regularly, on time and with the right attitude to learn
- bring all the equipment I need every day and a rucksack in which to keep it
- wear the full Academy uniform and be tidy in appearance
- complete all classwork and homework as well as I can
- be polite and courteous to others and do as my teachers tell me
- respect the feelings, views and property of others in the Academy
- help to keep the Academy free from litter, graffiti and vandalism
- respect the Academy's computer network
- ensure that letters and information from the Academy reach my parents/ carers

Declaration and signatures								
I have read the abo	ve agreement and agree to abide by its terms.							
Parent/ carer		Date						
Student		Date						
Academy		Date						



Online payments agreement

This form must be completed for all students wishing to purchase food in the Academy.

Online payments for school meals

The Stanground Academy uses a cashless payment system for all purchases of meals in the canteen. This system gives you the flexibility of two methods of depositing money for your child's school meals and removes the need for your child to have to pay in cash in the canteen.

The online system offers you the freedom to make payments whenever you like through a secure account using your debit/ credit card. Making a payment is straightforward and the system holds an electronic record of your payments for you to view. No card details are stored in any part of the system. Alternatively, cash can still be deposited on the Academy site using the cash machines.

The Stanground Academy has the following terms of use for its online payments system:

- You are expected to keep your child's balance in credit at all times and ensure there are sufficient funds to cover the purchase of meals in the canteen.
- If your child's balance falls into arrears of more than £2.20 the meal provision will be suspended until sufficient funds are deposited to clear the debt. When your child leaves the Academy we will automatically refund any balance over £10, as long as current contact details are available. If the balance is below £10 we will not issue a refund unless you make a request in writing within 28 days of your child's leaving date
- It is the responsibility of your child to use their account in the correct way. Your child must keep the personal identification number (PIN) issued confidential at all times. The Stanground Academy does not accept any liability for any debt incurred due to the misuse of a Pin.

Please refer to the Vericool Payment Portal user guide.

If for any reason you experience difficulty with payment at any time, please notify the finance department immediately.

Declaration							
I hereby agree to the Stanground Academy terms of use of online payments as detailed above. I understand that by depositing cash on to my account, I am also deemed to have accepted the Stanground Academy's terms of use.							
Student's full name							
Parent/ carer's full name							
Signature		Date					



Photographic and film consent

Please read the information below and then complete the following details in block capitals and black ink.

Photographic and film consent

To comply with the General Data Protection Regulations 2018, we need to make you aware that from time to time we may photograph or film your child undertaking Academy activities.

The Academy may photograph your child for the purpose of identification in the Academy's management information system. The Academy may also use photographs and film for monitoring or educational uses (eg curriculum subjects requiring video and photographs to be submitted to external examiners). The Academy does not require parental consent for these purposes as they are deemed to be public interest.

The use of photographs and films of your child for other purposes require consent and you should tick the appropriate boxes below if you are willing to give such consent.

Pho	togra	phic	and film consent	declar	ation					
Stud	dent's	name	е							
pho	togra	hs a	sent for the Stan nd films of the abo e box):	_	•					
	Yes	No	Facebook	s No	Twitter	Yes	No I	nstagram		
_	_		ent for the Stangroomed child in follow						use photographs a	nd films
	Yes	No	on the Academy v	vebsite						
	Yes	No	on the Greenwood	d Acad	emies Trust we	bsite				
	Yes	No	in any Greenwood	d Acade	emies Trust pro	motion	al mate	erial		
	Yes	No	in the Academy o	n wall d	displays					
	Yes	No	in the Academy o	n TV so	creens					
	Yes	No	in the local press							
	Yes	No	in national press							
			nd understood the nange my mind abo					•		otify the
		F	Parent/ Carer name)						
		Pare	ent/ Carer signature					Date		



Free school meal application

This application must be completed by the person in receipt of the benefits. Please provide proof of entitlement to benefits.

Parent/ carer details

A student whose parent/ carer receives the following benefits is entitled to a free school meal (FSM):

- Universal Credit, provided they have an annual net earned income not exceeding £7,400(£616.67 per month)
- Income Support (IS)
- Income-based Job Seeker's Allowance (IBJSA)
- income-related Employment and Support Allowance
- support under Part VI of the Immigration and Asylum Act 1999
- the guarantee element of Pension Credit
- Child Tax Credit, provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190, as assessed by HMRC
- Working Tax Credit run-on paid for four weeks after you stop qualifying for Working Tax Credit

Children who receive IS or IBJSA in their own right are also entitled to free school meals.								
	Title	Suri	name					
	First name(s)							
	Home address							
	Postcode			Telephone				
	Date of birth				Male	Female		
Please provide one of the following reference numbers to support your application: National Insurance (NI) Number								
	Ť	ker Service (NASS) Retaken from the Home			4/001 should be ent	ered as 060601234)		
Chi	ldren details							
	Last name		First name		Date of	birth		
1								
2								
3	_							
	Re	lationship to children li	sted above	Mother	Father	Carer		
Par	ent/ carer cons	ent						
Lun	derstand that th	e information I have	provided in th	nis form will be	e used to check the	e FSM eligibility against		

I understand that the information I have provided in this form will be used to check the FSM eligibility against a national database. I agree that you will use the information I have provided to process my claim for free school lunches and will contact other sources as allowed by law to verify my initial, and ongoing, entitlement.

Signature Date



Administration of medicines

This form is for students that need to take their own medication during the day. Please complete the following details in block capitals and black ink.

Administration of medicines information

Student details

In order to provide support and assistance to parents and to allow students to continue their education without prolonged interruption, the Academy offers to administer medication to students via designated trained staff. For health and safety reasons, students must not carry medicines/ tablets around the Academy in their bags, apart from asthma inhalers and EpiPens.

If your child takes medication on a regular basis please contact our reception staff to discuss his or her needs as soon as possible.

Please return this consent form to the Academy as soon as possible and ensure we have a supply of your child's medication for the start of the new term in September.

Student's full name			Т	utor group				
Parent l								
Parent	work telephone							
Parent emergency	contact number							
Medication to be given or procedure to be undertaken, including doses and frequency of application. Please provide details, where appropriate, of what constitutes an emergency for your child with regard to their medical condition.								
Declaration								
I undertake to ensu	re that the Acad	emy has adequate supplies of the me	dication/	equipment				
I undertake to ensure that the medication/ equipment supplied by me and prescribed by my child's doctor is correctly labelled, in date, with storage details attached, and that the Academy will be informed of any changes.								
I understand that the medication/ procedure will be carried out by a member of staff who has received appropriate training.								
I understand that th	is will be review	ed annually.						
Parent/ o	carer's full name							
	Signature		Date					