



STANGROUND ACADEMY

Admission form

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

Id	<input type="text"/>	Tutor	<input type="text"/>	Start	<input type="text"/>
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Student details

Student's surname	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Student's forename	<input type="text"/>	Middle name	<input type="text"/>		
Student's address	<input type="text"/>				
and postcode	<input type="text"/>	<input type="text"/>			
Home phone	<input type="text"/>	Date of birth	<input type="text"/>		

Parent/ carer details and contact information

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
- Academy closures of any kind

Only for contacts with parental responsibility (other contacts should be added to the next page)

1	Name and title	<input type="text"/>	Relationship	<input type="text"/>
	Address	<input type="text"/>		
		Postcode	<input type="text"/>	
	Date of Birth	<input type="text"/>	Email	<input type="text"/>
	Home phone	<input type="text"/>	Mobile	<input type="text"/>

2	Name and title	<input type="text"/>	Relationship	<input type="text"/>
	Address	<input type="text"/>		
		Postcode	<input type="text"/>	
		Email	<input type="text"/>	
	Home phone	<input type="text"/>	Mobile	<input type="text"/>

Are any of the parents listed above employed in the Armed Forces?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Correspondence name(s)

Name and title of person(s) to whom letters should be addressed

Brothers and sisters

Please list the names of all brothers or sisters of this child currently at the Stanground Academy:

Full name	Tutor group
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Additional emergency contact list

If an emergency occurs at the Academy and it is not possible to contact a parent/ carer, please indicate below another responsible adult that may be contacted easily during the day and who would be available to collect your child if necessary. Add the name(s) of any person who may be contacted in an emergency to act on your behalf. Please place them in the order you wish them to be contacted in an emergency.

3	Name and title	<input type="text"/>	Relationship	<input type="text"/>
	Address	<input type="text"/>		
		<input type="text"/>		
	Postcode	<input type="text"/>	Email	<input type="text"/>
	Home phone	<input type="text"/>	Mobile	<input type="text"/>

4	Name and title	<input type="text"/>	Relationship	<input type="text"/>
	Address	<input type="text"/>		
		<input type="text"/>		
	Postcode	<input type="text"/>	Email	<input type="text"/>
	Home phone	<input type="text"/>	Mobile	<input type="text"/>

Ethnic origin, home language and religion

The Department of Education requires information about the ethnic make-up of each school. Please tick the most appropriate box.

<input type="checkbox"/> White British	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> White / Asian	<input type="checkbox"/> Slovakian
<input type="checkbox"/> White European	<input type="checkbox"/> Black African	<input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Refused
<input type="checkbox"/> White Italian	<input type="checkbox"/> African / Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Any other ethnic group or mixed background
<input type="checkbox"/> Other white background	<input type="checkbox"/> White / Black African	<input type="checkbox"/> Pakistani	
<input type="checkbox"/> Irish	<input type="checkbox"/> White / Black Caribbean	<input type="checkbox"/> Portuguese	
<input type="checkbox"/> Traveller – Irish	<input type="checkbox"/> Any other black background	<input type="checkbox"/> Chinese	

Home language	<input type="text"/>	Religion	<input type="text"/>
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Medical information

Please provide the contact details for your child's doctor, and any medical conditions that the Academy should be aware of.

Name of GP practice

Doctor's name

Address

Telephone

Details of medical condition

If your child needs to take medication during the school day please complete the additional "Administration of Medicines" form.

Looked-after children

If your child is a 'looked-after child', please provide the name of the social worker, their contact details and the local authority to which they have been assigned.

Social worker's name

Authority

Address

Telephone

Travel arrangements to school

Please advise which mode of transport your child takes the **majority** of the time to arrive to school.

Former school

School name

Leaving date

School address

School telephone

Contact Name

Curriculum support

Has the student received support for his/ her educational needs?

Yes

No

If yes, please give details below:

Behaviour support

Has your child received support for behavioural problems?

Yes

No

If yes, please give details below:

Has your child ever received a fixed-term exclusion for one or more days?

Yes

No

If yes, please give details below:

Has your child ever been permanently excluded?

Yes

No

If yes, please give details on a separate sheet.

Outside agency support

Has your child received support from social services, an education welfare officer, behaviour support unit, educational psychologist or support with mental health. i.e CAMSH or Chums?

Yes

No

If yes, please give details below:

Has an Early Help Assessment been completed?

Yes

No

Attendance

Is your child's attendance:

Excellent

Good

Poor

Very poor

Have there been any unauthorised absences?

Yes

No

If yes, please give details below:

Declaration

I confirm the information contained in the above sections is accurate and no relevant facts about behaviour or attendance at any previous schools have been withheld. I understand that any inaccuracies may result in a delay in the admissions process.

Parent/ carer's full name

Signature

Date

Students full name

Signature

Date

Office use (data validation checks)

Data Input

Signature

Date

Data Manager

Signature

Date



STANGROUND ACADEMY

Home/ Academy agreement

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

The agreement

Parents - we will

- ensure that our child attends the Academy regularly, on time and properly equipped
- inform the Academy of any concerns or problems that might affect our child's work, behaviour or attendance
- support the Academy policies 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 balanced and technologically-focused 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
- offer opportunities for you to become involved in the life of the Academy

Student - I will

- attend the Academy regularly and on time
- 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

Declaration and signatures

I have read the above agreement and agree to abide by its terms.

Parent/ carer

Date

Student

Date

Academy

Date



STANGROUND ACADEMY

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.

As soon as this form is processed you will be sent your account details, after which you can start to use your account.

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.

Parent/ carer's full name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>
Student's full name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

Office use

Data Manager	Signature	<input type="text"/>	Date	<input type="text"/>
Finance Office	Signature	<input type="text"/>	Date	<input type="text"/>



STANGROUND ACADEMY

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.

Photographic and film consent declaration

Student's name

I give my consent for the Stanground Academy and the Greenwood Academies Trust to use photographs and films of the above named child on the following social media platforms (*please tick the appropriate box*):

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Facebook	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Twitter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Instagram
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I give my consent for the Stanground Academy/ Greenwood Academies Trust to use photographs and films of the above named child in following ways (*please tick the appropriate box*):

<input type="checkbox"/> Yes	<input type="checkbox"/> No	on the Academy website
<input type="checkbox"/> Yes	<input type="checkbox"/> No	on the Greenwood Academies Trust website
<input type="checkbox"/> Yes	<input type="checkbox"/> No	in any Greenwood Academies Trust promotional material
<input type="checkbox"/> Yes	<input type="checkbox"/> No	in the Academy on wall displays
<input type="checkbox"/> Yes	<input type="checkbox"/> No	in the Academy on TV screens
<input type="checkbox"/> Yes	<input type="checkbox"/> No	in the local press
<input type="checkbox"/> Yes	<input type="checkbox"/> No	in national press

I have read and understood the information above. I understand that it is my responsibility to notify the Academy if I change my mind about withdrawing or granting permission at any time in the future.

Parent/ Carer name

Signature

Date

Students full name

Signature

Date



STANGROUND ACADEMY

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):

- income Support
- income Based Job Seekers Allowance
- 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)
- Working Tax Credit run-on – paid for 4 weeks after you stop qualifying for Working Tax Credit
- **Universal Credit – if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)**

Children who receive IS or IBJSA in their own right are also entitled to free school meals.

Title Surname

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

National Asylum Seeker Service (NASS) Reference Number

(The NASS reference taken from the Home Office letter is e.g. 06/06/01234/001 should be entered as 060601234)

Children details

Child's full name

1

2

3

Child's full name

4

5

6

Relationship to children listed above

Mother Father Carer

Parent/ carer consent

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



STANGROUND ACADEMY

Able, Gifted and Talented

In order to help every student fulfil their potential, we would like to know about the special gifts and talents that your child has.

Student details

Is your child particularly interested and/ or talented in an area of sport, expressive arts or other area of learning? For example do they speak a foreign language, are they a grade 4 and above musician, or do they excel in a sporting activity? We would like to support your child in building on these interests and talents during their time at the Stanground Academy.

Please help us by completing the student details below and any of the gifted/ talented sections that you feel are appropriate:

Student's surname Male Female

Student's forename Middle name

Year group Start date

Sporting talent

Talent

Level Recreational Club County Regional National

If you play for a club, what is the name of the club?

How many hours do you train per week?

Do you have a personal coach?

Expressive arts talent

Talent

Level Recreational Club County Regional National

If you belong to a club, what is the name of the club?

How many hours do you practise per week?

Any other talent

Talent



STANGROUND ACADEMY

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

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 in its original box from the doctor if prescribed, or its original packaging if non-prescribed..

Student details

Student's full name	<input type="text"/>	Tutor group	<input type="text"/>
Parent home telephone	<input type="text"/>		
Parent work telephone	<input type="text"/>		
Parent emergency contact number	<input type="text"/>		

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 ensure that the Academy has adequate supplies of the medication/ 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 this will be reviewed annually.

Parent/ carer's full name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>
Students full name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>



STANGROUND ACADEMY

This is me

So we can know more about you, please complete the sections below on life at home, your time in school and how you like to spend your time outside of school.

Life at home

Life at school

Your interests