

MELKSHAM OAK COMMUNITY SCHOOL IN YEAR TRANSFER ADMISSION FORM



(Please complete **ALL SECTIONS** and tick where appropriate)

CONFIDENTIAL

Student's Personal Details (at the time of entry to Melksham Oak Community School)

Legal Forename _____ Preferred Forename _____

Legal Surname _____ Preferred Surname _____

Any other names _____ Date of Birth _____ Gender: M F

Current Address _____

Future Address if moving (if known) _____

Name of current school _____

Names of sibling/s at/joining Melksham Oak Community School: _____

Parent/Guardian Contact Details

Should an emergency occur at school it is sometimes necessary to telephone a contact during the day. Please indicate below how each person can be contacted during school hours. **Please ensure you complete contact details for at least 2 people.**

Contact Priority 1 (Compulsory)

Full Name _____ Title _____

Address _____

Relationship to student _____

Mobile telephone number _____ Use during school hours? Yes/No

Home phone number _____ Use during school hours? Yes/No

Work telephone number _____ Use during school hours? Yes/No

Email address _____

Does this person have parental responsibility? Yes No

(For clarification of this legal term see www.gov.uk/parental-rights-responsibilities)

Contact Priority 2 (Compulsory)

Full Name _____ Title _____

Address _____

Relationship to student _____

Mobile telephone number _____ Use during school hours? Yes/No

Home phone number _____ Use during school hours? Yes/No

Work telephone number _____ Use during school hours? Yes/No

Email address _____

Does this person have parental responsibility? Yes No

(For clarification of this legal term see www.gov.uk/parental-rights-responsibilities)

Further Parental Information

Is either parent serving in HM Forces (Regular)? Yes No If Yes, which parent? _____

Court Order Yes No If Yes, please contact the school with further details

Emergency Contact Authorisation Details

In the event of an emergency where a parent/guardian cannot be contacted, an additional emergency contact can be authorised to be contacted instead.

Please refer to the Melksham Oak Community School website for how we use your information.

Full Name _____ Title _____

Relationship to student _____

Mobile telephone number _____

Home telephone number _____

I, being the person listed above as an emergency contact, confirm that I am happy for Melksham Oak Community School to hold my personal details on record and for the school to contact me should the need arise. I am aware that the school policies relating to the use of data are available on the Melksham Oak Community School website and understand that I can withdraw my consent at any time by notifying the school.

Emergency contact signature _____

(A typed signature and returning of the form to the school email address will be taken as agreement)

Date _____

Further Student Details - Welfare

Is your child a 'Looked After Child'? (i.e. a child who is in the care of the Local Authority) Yes No

Has your child 'ever been in care'? Yes No

Is your child a 'Young Carer'? (i.e. a child who helps to look after a relative who has a disability, illness, mental health condition or drug/alcohol problem) Yes No

Is your child 'Adopted'? Yes No

It is your responsibility to update the school of any changes; inaccurate information can lead to delay in an emergency. School will only discuss your child with adults named on this form.

Medical

Name of Medical Practice: _____ Tel. No. _____

Address of Medical Practice: _____

Does your child have any medical conditions/allergies Yes No If Yes, please give details

Any other medical information of which the school should be aware? Yes No If Yes, please give details

Does your child have to take any tablets/medication on a daily basis? Yes No If Yes, please name them.

Meal Arrangements

• Please tick which most regularly applies: School Meal Packed Lunch

• Has your child been in receipt of Free School Meals (FSM) whilst at primary school? Yes No

If yes, please reapply by completing the attached form and return it to Wiltshire Council or apply online. This is essential in order for your child to continue receiving FSM at Melksham Oak Community School.

If you would like to make an application for FSM, please complete the attached form and return it to Wiltshire Council or apply online via the Wiltshire Council website.

NB. You must reapply even if your child is taking FSM at primary school.

Mode of Transport

Please circle the mode of Transport:

Walk Car Car Share Taxi School Bus Service Bus Cycle Other

If your child is catching the bus, please complete and forward the relevant forms or apply online to Wiltshire Council by the deadline, as appropriate.

Additional Information

(Please include anything about the student which will help to avoid misunderstanding, and so benefit him/her)

Photographic Consent

Melksham Oak Community School occasionally photographs students for use within the school and for promotional purposes. These photos may be sent to the media with a press release, used for our publications, or on our website.

• I give permission for photographs of my child to be used as stated above. Yes No

In accepting a place at Melksham Oak Community School for my son/daughter, I undertake to ensure that he/she will attend regularly and punctually, and will obey the school rules. ***(A typed signature and returning of the form to the school email address burgessk@melkshamoak.wilts.sch.uk will be taken as agreement to this paperwork)***

Contact 1 Signature: _____ Date: _____

Contact 2 Signature: _____ Date: _____

ETHNIC BACKGROUND - DATA COLLECTION FORM

Student's Name

Date of Birth

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history.

Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registry) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Students aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the student or child named above. Please also tick whether the form was filled in by a parent or the student.

White

- [] British
- [] Irish
- [] Eastern European
- [] Western European
- [] Traveller of Irish Heritage
- [] Traveller (Other)
- [] Turkish/Turkish Cypriot
- [] Gypsy/Roma
- [] White other

Mixed

- [] White and Black Caribbean
- [] White and Black African
- [] White and Asian
- [] Any other mixed background

Asian or Asian British

- [] Indian
- [] Pakistani
- [] Bangladeshi
- [] Nepali
- [] Other Asian

Black or Black British

- [] Caribbean
- [] African
- [] Any other Black background

Chinese

- [] Chinese

Any other ethnic background

- [] Japanese
- [] Moroccan
- [] Filipino
- [] Thai
- Any other Ethnic Group

[] **I do not wish an ethnic background category to be recorded.**

This information was provided by

[] Parent [] Student

(Any information you provide will be used solely to compile statistics on the school careers and experiences of students from different ethnic backgrounds, to help ensure that all students have the opportunity to fulfil their potential. These statistics will not allow individual students to be identified. From time to time the information will be passed on to the Local Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.)

EQUAL OPPORTUNITIES

The information you give us here will enable the school to implement its Equal Opportunities Policy effectively.

Student's Language:

English

and/or other (please state) _____

Does the student have English as an additional language? YES / NO

Student's Religion (please state) _____

Student's Country of Birth (as per Birth Certificate or Passport) _____

Student's Nationality (as per Passport or EEA Identity Card) _____

Does the student have a disability that might have an impact on their education? YES / NO. If YES, please provide details

Please give your reasons for wanting your child to attend Melksham Oak Community School

PLEASE EMAIL THIS COMPLETED FORM TO: burgessk@melkshamoak.wilts.sch.uk