



Wykham Park Academy In-Year Student Application Form

Section 1: Details of Child:

Surname: _____ Forename: _____

Middle name(s): _____ Chosen name: _____

Previous surname (if applicable): _____

Gender: Male / Female Date of Birth: _____

Home Address: _____

Postcode: _____ Home phone number: _____

(The child's home is the permanent address where they live with their legal guardian and where any child benefit is addressed. If this is different from the parent/carer's address, please explain why on the back of this form. Also, if parents share custody, please give both addresses and state this below; continue on the back of this form if necessary).

Does your child have any siblings who currently attend the Academy? Yes / No

If yes please give names: _____

Section 2: Details of Parent/Carer:

Mother's Title: _____ Mother's name: _____

Mother's address: _____

Mother's phone no (if different from above): _____

Mother's mobile no: _____ Mother's work no: _____

Mother's e-mail address: _____

(It is important that you supply an email address as weekly correspondence is sent out by this method).

Do you have parental responsibility? Yes / No (please delete as appropriate)

If no please state who does: _____

Father's Title: _____ Father's name: _____

Father's address: _____

Father's phone no (if different from above): _____

Father's mobile no: _____ Father's work no: _____

Father's e-mail address: _____

(It is important that you supply an email address as weekly correspondence is sent out by this method).

Do you have parental responsibility? Yes / No (please delete as appropriate)

If no please state who does: _____

For Looked After Children:

Please give Social Worker's name and contact details below:

Local Authority Responsible for child: _____

Section 3: Emergency Contacts:

Please give additional names and addresses of two people who may be contacted in the event of an emergency in order of priority

Title: _____ Forename: _____ Surname: _____

Address: _____

Daytime phone no: _____ Home phone no: _____

Relationship to child _____

Title: _____ Forename: _____ Surname: _____

Address: _____

Daytime phone no: _____ Home phone no: _____

Relationship to child _____

Section 4: Medical Information:

Knowledge about children's health is vital if we are to help them reach their potential educationally. Would you please, therefore, supply the following information about your child. This information will be available to relevant officers at the LEA, school staff and to the school health nurse.

GP's name: _____ Phone number: _____

Address of practice: _____

Has your child had his/ her pre-school booster? Yes / No / Don't know

Does your child suffer from/have any problems with:

Asthma	Mobility	Epilepsy	Behaviour	Diabetes
Hearing	Bowel or bladder conditions		Speech	Vision
Serious allergies	Wears glasses	Any other medical conditions		

If you have circled any of the above, please give details:

Does your child need regular medication on prescription? Yes / No

Will your child need medication during school hours? Yes / No

Does your child suffer from any condition which may affect participation in PE? Yes / No

If you have replied yes to any of the above please give details:

Section 5: Ethnic Monitoring:

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the school's and the LEA's equal opportunities policies and practices in maximising your child's progress and achievement.

White British	
White Irish	
White Traveller of Irish heritage	
Any other white background*	
White Gypsy/Roma	
White and black Caribbean	
White and black African	
White and Asian	
Any other mixed background*	
Indian	

Pakistani	
Bangladeshi	
Any other Asian background*	
Black Caribbean	
Black African	
Any other black background*	
Chinese	
Any other ethnic group*	
Prefer not to answer	
*(please specify):	

Please state your child's Country of Birth: _____

Please tick your child's first language. Please tick one box only.

English	
Punjabi	
Urdu	
Bengali/Bangla/Sylheti	
Hindi	

Guajarati	
Chinese (Mandarin/Cantonese)	
Albanian	
Caribbean Creole	
Other (please state):	

Please tick your child's main language (if different from above). This is the language your child speaks at home. Please tick one box only.

English	
Punjabi	
Urdu	
Bengali/Bangla/Sylheti	
Hindi	

Guajarati	
Chinese (Mandarin/Cantonese)	
Albanian	
Caribbean Creole	
Other (please state):	

Please tick your child's religion, if you wish. Please tick one box only.

Christian	
Muslim	
Hindu	
Sikh	

Jewish	
Buddhist	
Other	
No religion	

Non UK applicants:

Date of entry into the UK: _____ day _____ month _____ year

Is your child in the country now? Yes / No

Can your child speak, read and write fluent English? Yes / No

Is this the first school in the UK that your child has attended? Yes / No

Section 6: Meal Arrangements:

Free school meal	
Home	
Other	

Sandwiches	
Paid school meal	

By law, children in families claiming Income Support or Income Based Jobseeker's Allowance are entitled to free school meals (provided evidence of these benefits has been made available to the school). Even if your child will not be taking free school meals it is important that we have this information since it affects our funding and the way in which the school's performance in tests and examinations is compared with that in other schools. We will ask this question again from time to time to ensure that our records are accurate, and on occasion may need to see relevant proof.

Section 7: Travel:

How will your child travel to the Academy? Please tick one box only.

Walks	
School coach	
Bicycle	
Train	

Car	
Taxi	
Bus	
Other	

Section 8: Previous Education:

Please give details below of the previous school attended by your child.

Name of previous school: _____

Address: _____

Date started: _____ Date left: _____

Name of member of staff at this school who knows your child: _____

Reason for change of school: _____

Please give details of your child's school attendance (how many days missed in the past year): _____

Did your child ever receive any Fixed Term Exclusions at his/her previous school(s)?
Yes / No

If yes, please provide details:

Has your child ever received a Permanent Exclusion from any of their previous schools?
Yes / No

If yes, please provide details:

Does your child have an EHCP or has one been agreed? Yes / No

Was your child on the Special Educational Needs Register at his/her previous school?
Yes / No

If yes, please provide details:

Does your child have support in class? Yes / No

What modern foreign language(s) did your child study at his/her previous school?

I give permission for my child's previous school to be contacted for additional information, including attendance, behaviour, exclusions, child protection, EAL (English as an Additional Language) and SEND (Special Educational Needs and Disability) data: Yes / No

Section 9: Signature of Parent/Carer:

Signature: _____ Date: _____

Name (in block capitals): _____

Relationship to child: _____