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**Pastoral Care and Admission Form**

**Student details**:

Student’s legal surname: Student’s surname:

*(If different from legal surname)*

Forenames: Date of Birth: DD MM YY

*(Underline the name used)*

Tutor Group:

Correspondence to be addressed to:

**Mr and Mrs / Mr / Mrs / Miss / Ms / Other** **Surname**…………………………………………………………………………………………………………………….

*(Delete as appropriate)*

Address……………………………………………………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………….. Post code……………………………………………………………..

Home telephone number…………………………………………………………….. Mobile……………………………………………………………………………………….

Parent/Carer Email………………………………………….......................................................................................................................................

**EMERGENCY CONTACTS**:

**Contact 1** Name: ……………………………………………………………… Relationship: ………………………………………………………….

Home phone: ………………………………………………………………….. Mobile: …………………………………………………….……………

Work phone: …………………………………………………………………… Gender: Male / Female *(delete as appropriate)*

**Contact 2** Name: …………………………………………………………….. Relationship: …………………………………………………………

Home phone: ………………………………………………………………….. Mobile: …………………………………………………………………

Work phone: …………………………………………………………………… Gender: Male / Female *(delete as appropriate)*

**Contact 3** Name: …………………………………………………………….. Relationship: …………………………………………………………

Home phone: ………………………………………………………………….. Mobile: …………………………………………………………………

Work phone: ……………………………………………………………….. …. Gender: Male / Female *(delete as appropriate)*

**Details of parent, if separated:**

(This information is essential) **Please tick if a second report is required? **

Name: …………………………………………………………………………………………………. (This report will be given to the student)

Address: ………………………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………… Post code: …………………………………………………………

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**Schooling Details:**

Name of previous school: ………………………………………………………………………………………………………………………………………………....................

Town: ………………………………………………………………………… Local Authority: ………………………………………………………………………………

Name(s) of sibling(s) who are currently attending Walton: .………………………………………………………………………………………….…………………..

**Free School Meals:**

The academy receives Pupil Premium Funding for students who have been registered for Free School Meals at any point in the last six years. Please indicate if the student named;

* is currently receiving free school meals **Yes  No **
* has received free school meals in the last six years **Yes  No **

The academy can access funding for students who are ‘Looked After’. Please indicate if the student named:

* Is currently ‘Looked After’. **Yes  No **

If **YES,** please indicate the Local Authority: ............................................................................................................................................

Please indicate if the student named:

* Has been adopted from Care or has left Care under a Special Guardianship or

Residence Order. **Yes  No **

If **YES,** please give details and provide a copy for school records. ………………………………………………………………………………………………………………………………………….…………..………………………………………………….

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The academy receives funding for students who live with Service Personnel. Please indicate if either parent:

* Is currently serving with the Forces **Yes  No **
* Has served with the Armed Forces in the last three years  **Yes  No** ****

Information in this box is not compulsory. Please indicate if you do not wish this information to be recorded.  ****

Do you or any member of your family have any disabilities or long term or mental health problems? **Yes  No **

Please supply brief details: …………………………………………………………………………………………………………………………………………….………………..

If **YES,** does your child help to look after them? **Yes  No **

**Please read the statements below and then sign and date this form:**

I received a copy of the academy prospectus and agree to support the academy by encouraging my / our child to abide by the discipline procedures and Code of Conduct contained within.

I agree to my child participating in the sex education programme.

I consent to photographs, digital and film images of my child whilst participating in academy activities, appearing in printed publications, news features or on the academy web site. I understand that the images will be used for educational purposes. I also acknowledge that the images may also be used in, and distributed by, other media as part of the promotional activities of the academy.

Occasionally we need to transport you to destinations, by signing below you are giving permission for your child to be transported in a car belonging to a member of staff who has insurance cover at any time.

The academy is registered under the Data Protection Act for holding personal data. The academy has a duty to protect this information and keep it up to date. The academy is required to share some data with the Local Authority, the Department for Education and the Government Careers Services.

I understand it is my responsibility to inform the academy of any changes to the information given during my child’s time at Walton.

I can confirm that I have read, understood and agree to the above statements.

**Parent / Carer’s signature:**

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*(Mother / father / guardian / carer - please delete as appropriate)*

**Religion:** ……………………………………………………………………………………….

Number of years as a UK Resident? ..........................................................................................................................................................

Main language spoken at home: English? **Yes No\*** *(please tick)*

\*Home Language: …………………………………………………………… \*Second Language: …………………………………………………..…………………………

Information in this box is not compulsory. Please indicate if you do not wish this information to be recorded.  ****