

# **PUPIL ADMISSION FORM**

**Woods Bank Academy** - TEL: 0121 568 6421



OFFICE USE ONLY	
START DATE .....	.....
YEAR .....	.....
ADMISSION NO.....	.....
UPN NO.....	.....
ON SCHOLARPACK.....	.....

**Pupil's Surname** ..... **First Names** .....

**Male or Female** ..... **Date of Birth** ..... (Verified .....) )

**CONTACTS: Please give details of all persons who have parental or legal responsibility for this pupil. Please give details of persons we should contact if your child is unwell, or in an emergency. Relation to the child should be shown as parent, aunt, friend, grandparent, neighbour etc. Please use the contact priority number to tell us who to telephone first, second, etc.**

<b>Mother:</b> Surname .....	Title .....	First Name .....
Date of Birth ...../...../.....	National Insurance Number .....	Parental Responsibility (Yes/No) .....
Daytime Telephone Number .....	Daytime Place .....	
Home Address .....	Postcode .....	
Home Tel No .....	Mobile Tel No .....	Contact Priority Number .....

<b>Father:</b> Surname .....	Title .....	First Name .....
Date of Birth ...../...../.....	National Insurance Number .....	Parental Responsibility (Yes/No) .....
Daytime Telephone Number .....	Daytime Place .....	
Home Address .....	Postcode .....	
Home Tel No .....	Mobile Tel No .....	Contact Priority Number .....

<b>Other:</b> Surname .....	Title .....	First Name .....
Daytime Telephone Number .....	Daytime Place .....	
Home Address .....	Postcode .....	
Home Tel No .....	Mobile Tel No .....	
Relationship to pupil .....		

<b>Other:</b> Surname .....	Title .....	First Name .....
Daytime Telephone Number .....	Daytime Place .....	
Home Address .....	Postcode .....	
Home Tel No .....	Mobile Tel No .....	
Relationship to pupil .....		
Contact Priority Number .....	Parental Responsibility (Yes/No) .....	

**Please ask for a continuation sheet if you want to give more contact details**

**Education Background** Has your child got any brothers or sisters at Woods Bank? Yes ..... No .....

If so, please write their name(s) and class .....

**Name(s) of all previous schools attended** .....

Approximate dates attended .....

**Address & Telephone Number of last school** .....

Does your child receive any extra help in class? Yes ..... No ..... Don't Know .....

Is your child on the Special Needs Code of Practice? Yes ..... No .....

If you have moved house in the past 12 months, please state your previous home address

**Medical:** Name of Child's GP .....

Doctor's Surgery (name and address) .....

Surgery Telephone Number .....

Does your child suffer from any illness or have any allergy or any disability or any dietary needs which we should know about? Yes / No

If yes, please give details .....

Does your child suffer with Asthma? Yes/No

**UNLESS YOU TELL US OTHERWISE, SCHOOL ASSUMES THAT WE HAVE YOUR PERMISSION FOR:**

**We may use your child's photograph....**

- around school
- in the school prospectus
- in the local press
- in the national press
- on the school website
- in a short video film
- on television

- **Your child may be transported by private car (fully insured member of staff) ...**

- in a medical emergency
- for a sports event

- **We may occasionally take your child out on short local trips (walking) during school hours as part of the curriculum**

**Please tick the main method your child will normally travel to this school**

Walk	Cycle	Car / van	Car share with other pupil	Taxi	Bus	Other? (please state)

**Lunchtime arrangements** — Do you wish your child to go home? **Yes / No** Bring a packed lunch **Yes / No**

Stay for school dinners? **Yes / No** If yes, is your child entitled to **Free Meals?** **Yes / No**

**Dietary Needs (Please circle any which apply to your child)**

Artificial Colour Allergy, No Dairy Products, Gluten Free, Halal, Allergy to Nuts, No Pork, Ramadan, Sea food Allergy, Vegetarian, Other Dietary Needs .....

**Pupil/Child's Ethnic Background**

The information provided will be used to support teaching and learning in the school and help to ensure that all pupils have the opportunity to fulfil their potential. The information will also be passed on to future schools to minimise the need for re-collection.

From time to time the information will be passed on to the Local Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. These statistics will not allow individual pupils to be identified in the public domain.)

**Ethnicity**

*Please tick one box only*

**Language** (Please tick)

**White**

- British [ ]
- Irish [ ]
- Traveller of Irish Heritage [ ]
- Gypsy/Roma [ ]
- Any other White background [ ]

- Bengali
- Mirpuri
- Cantonese
- English
- Greek
- Gudjurathi
- Hindi
- Italian
- Panjabi
- Portugese
- Spanish
- Turkish
- Urdu
- Other
- If English is not the child's first language please state usual spoken language .**

**Mixed**

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

**Religion** (Please tick)

**Asian or Asian British**

- Indian [ ]
- Pakistani [ ]
- Bangladeshi [ ]
- Any other Asian background [ ]

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim

**Black or Black British**

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

- Roman Catholic
- Sikh
- Other Religion
- No Religion
- I do not wish a religious category to be recorded**

**Chinese** [ ]

**Any other ethnic background** [ ]

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

**Please state the country that the child was born in:** .....

**Child's Nationality:** ..... **Date of entry into the UK**.....

**Any other information you think we should know**

**PRIVACY NOTICE for pupils in schools, early years settings,  
alternative provision and pupil referral units**

**Privacy Notice - Data Protection Act 1998**

We (Woods Bank Academy) are the Data Controller for the purposes of the Data Protection Act. We collect information from you, and may receive information about your child from any previous school. We hold this personal data and use it to:

- support your child's teaching and learning;
- monitor and report on your child's progress;
- provide appropriate pastoral care, and
- assess how well your school is doing.

This information includes your contact details, national curriculum assessment results, attendance information, characteristics such as ethnic group, special educational needs and any relevant medical information.

We will not give information about your child to anyone outside the school without your consent unless the law and our rules permit it.

We are required by law to pass some of your child's information to the Local Authority (LA), and the Department for Children, Schools and Families (DCSF).

If you want to see a copy of the information we hold and share about you then please contact

***Mrs Anne Mason***

If you require more information about how the LA and/or DCSF store and use this data please go to the following websites:

<http://www.educationwalsall.com> and

<http://www.teachernet.gov.uk/doc/13856/DCSF%20what%20we%20do%20with%20Children's%20data%20v4%20final.doc>

If you are unable to access these websites, please contact the LA or the DCSF as follows:

Data Protection Officer  
c/o Walsall Council  
The Civic Centre  
Darwall Street  
Walsall  
WS1 1TP

Public Communications Unit  
**Department for Children, Schools and Families**  
Sanctuary Buildings  
Great Smith Street  
London  
SW1P 3BT  
website: [www.dcsf.gov.uk](http://www.dcsf.gov.uk)  
email: [info@dcsf.gsi.gov.uk](mailto:info@dcsf.gsi.gov.uk)  
tel: 0870 000 2288.

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**The request by a parent for a child to be admitted to Woods Bank implies that the parent is willing to conform to the rules and regulations of Education Walsall as they apply to the school, and also to the internal rules (both written and traditional) of Woods Bank. I acknowledge receipt of the privacy notice (above).**

**I wish my child to attend Woods Bank. Signed: ..... Date: .....**