



<b>Student's Surname:</b> <input style="width: 95%;" type="text"/>	Male / Female	<b>Year Group</b> <input style="width: 95%;" type="text"/> <b>Form</b> <input style="width: 95%;" type="text"/>
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<b>Forename/s (please underline the one by which the student is known)</b> <input style="width: 98%;" type="text"/>	<b>Date of birth</b> <input style="width: 95%;" type="text"/>
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**The Student's Main Residential Address:**

  
  
  
  
  
  
  
  
  

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

The information which you enter on this form is required for the efficient organisation of the academy and the children's educational needs. It will be kept on the office computer under restricted access and is subject to the provisions of the Data Protection Act 1998. The information will be disclosed only to the Education Authority, the Health and Welfare agencies or where a law or an emergency necessitates a disclosure. The information held must be kept up to date by law and so if any of the information which you now supply changes in the future, will you please notify the academy in writing or ask for another of these forms.

**Name of Parents/Carers with whom student lives with at the student's main residential address:**

1. Name (Mr/Mrs/Miss/Ms): _____	2. Name (Mr/Mrs/Miss/Ms): _____
Relationship to student: _____	Relationship to student: _____
Legal Parental Responsibility: YES / NO	Legal Parental Responsibility: YES / NO
Signature: _____	Signature: _____
Date:                    /        /	Date:                    /        /

**E-mail address:**            Parent/Carer 1)  
   Parent/Carer 2)

**Emergency contact numbers:** Please indicate below who you would like us to contact if your child is ill in the academy or in the event of an emergency. (This should be someone who is able to collect your child). E.g. 1. Mother, 2. Father, 3. Relative or Neighbour.

***\*Please Note: The mobile phone number of contact 1 below is the number we will use for our text alert system.***

1. Name: _____	Relationship to student: _____	
Home Tel: _____	Mobile Tel*: _____	Work Tel: _____
<hr/>		
2. Name: _____	Relationship to student: _____	
Home Tel: _____	Mobile Tel: _____	Work Tel: _____
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3. Name: _____	Relationship to student: _____	
Home Tel: _____	Mobile Tel: _____	Work Tel: _____

**Siblings:** Please indicate below if there are any brothers/sisters in Granville Academy.

<b><u>Name(s)</u></b>	<b><u>Form</u></b>
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<p><b><u>Any medical conditions/information:</u></b></p>         <p><b><u>Doctor's Name:</u></b> _____</p> <p><b><u>Surgery:</u></b> _____ <b><u>Tel:</u></b> _____</p>	<p><b><u>Last school/academy attended + Telephone Number:</u></b></p>         
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**STUDENT ABSENCE - IMPORTANT**

In order to keep our absence monitoring system at its very best, it is necessary for you to keep the reception informed of any absence or lateness which involves your child. **IT IS THE ACADEMY POLICY THAT YOU SHOULD CONTACT RECEPTION BEFORE 9.00 AM ON THE FIRST DAY OF YOUR CHILD'S ABSENCE.** Any absences that have not been notified to reception will be marked in the register as **unauthorised** and may be passed on to the ESW (Education Social Worker) for further investigation. Please sign below to indicate that you are aware of this procedure.

**Signed:** ..... (Parent/Guardian) **Date:** .....

For your child's safety and well-being we need to seek your permission for him/her to participate in certain activities. Please could you <b>SIGN</b> in the relevant box to indicate your wishes.	PLEASE SIGN	
	Permission Granted	Permission Not Granted
For first aid to be administered or ambulance called, if necessary.		
For my child to travel in the academy minibus. The minibus is fitted with seatbelts and these must be worn.		
For my child to walk, under adult supervision, to a nearby location for educational purposes.		
For my child's image or photograph to be used for academy publicity. E.g. the academy website, newsletters, videos.		
For my child's thumb print to be taken to enable use of the Biometric Cashless Catering system.		
For data to be shared with the Careers Service team.		

**In the event of an unforeseen closure of the academy all students will be sent home after a text message has been sent by us notifying you of the closure (please complete the mobile number for contact 1 on the reverse of this form). Students will only be kept on site to be collected if you request us to do so in writing.**

**Is the student a looked after child (e.g. fostered)?** Yes  No

**Is the student a post looked after child (i.e. adopted)?** Yes  No

**Usual Type of Meal Taken in the academy at Lunch time:** School Meal  Packed Lunch

**Usual Mode of Travel to the academy (please indicate):** Bus  Walk  Bicycle  Taxi  Car

**HM Forces:**

**Is there a parent of the student serving in HM Forces currently/has done in the past six years or receiving a Forces Pension?** Yes  No

**Student's Ethnic Origin Data (Please tick one of the following):**

- |  |  |   |
|--|--|---|
| White - British <input type="checkbox"/>   | White & Black – Caribbean <input type="checkbox"/> | Any other White background <input type="checkbox"/> |
| White – Irish <input type="checkbox"/>     | White & Black – African <input type="checkbox"/>   | Any other Black background <input type="checkbox"/> |
| White - Other <input type="checkbox"/>     | White & Asian <input type="checkbox"/>             | Any other Asian background <input type="checkbox"/> |
| Black – Caribbean <input type="checkbox"/> | Indian <input type="checkbox"/>                    | Any other mixed background <input type="checkbox"/> |
| Black – African <input type="checkbox"/>   | Pakistani <input type="checkbox"/>                 | Any other ethnic group <input type="checkbox"/>     |
| Black – Other <input type="checkbox"/>     | Chinese <input type="checkbox"/>                   |   |

**Student's Main Language Spoken at Home:** .....

**Student's First Language During Early Years:** .....

**Student's Religious Affiliation (Please tick one of the following):**

- Christian  Muslim  Jehovah's Witness  Sikh  Jewish   
 Buddhist  Other  Unclassified  No Religion

(The questions below are optional)

**Student's Country of Birth:** .....

**Student's Nationality (as stated on passport):** .....