ADMISSION FORM

Sun Academy Bradwell

Cauldon Avenue, Newcastle under Lyme, Staffordshire, ST5 8JN

01782 973855

sun-office@attrust.org.uk

[www.sunacademy.attrust.org.uk](http://www.sunacademy.attrust.org.uk)



 

 The information contained on this form will be placed on our electronic records and held in keeping with the terms of the Data Protection Act 2018

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| Please enter your child’s details: |
|   Child’s Surname: | Child’s First Name(s): |
| Date of Birth\*: | DD | MM | YYYY | Application for:* School (Year Group: ……………………………….)
* Nursery
 |
| * Male
* Female
 |
|  Child’s Home Address: |

 *\* Please provide your child’s birth certificate*

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| To be completed by the child's parent(s), legal guardian(s) or carer(s) with Parental Responsibility |
| 1. Parent Full Name: | 2. Parent Full Name: |
| Address (if different from above): | Address (if different from above):  |
| Postcode: | Postcode: |
| Mobile Tel No: | Mobile Tel No: |
| Home Tel No: | Home Tel No: |
| Work Tel No: | Work Tel No: |
| Email Address: | Email Address: |
| Relationship to Child: | Relationship to Child: |
| Are there any Court Orders which relate to your child (please provide information):  |

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| Additional Contacts (if parents are unavailable) |
| 3. Full Name: | 4. Full Name: |
| Address:  | Address:  |
| Postcode: | Postcode: |
| Mobile Tel No: | Mobile Tel No: |
| Home Tel No: | Home Tel No: |
| Relationship to Child: | Relationship to Child: |

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| Medical Information |
| Medical Conditions (please list all conditions) e.g. asthma:  |
| Any Additional Needs: |
| Dietary Restrictions: |
| Doctor’s Name & Surgery: |

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| Previous Nursery/School/Childcare Information |
| Name of present/previous nursery/school/childcare: |
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| Siblings |
| Name of any brothers/sisters in school: |

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| Service Child\*: | Yes | No | *\* Please indicate whether anyone with parental responsibility for your child is a member of the* *Armed Forces.* |

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| Ethnic Group |
| Please tick only one box which best describes your child’s Ethnic Group |
| * Bangladeshi
* Black - African
* Black Caribbean
* Chinese
* Gypsy
* Gypsy/Roma
* Pakistani
* Roma
* Traveller of Irish Heritage
 | * White British
* White - Irish
* White and Asian
* White and Black African
* White and Black Caribbean
* Any other Asian background
* Any other Black background
* Any other Ethnic Group
* Any other Gypsy/Roma
 | * Any other Mixed background
* Any other White background
* Any Other (please specify)
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| National Identity |
| Please tick only one box which best describes your child’s National Identity Group |
| * British
* English
* Irish
* Scottish
* Welsh
* Prefer Not to Say
* Other (Please specify)
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| Language Spoken At Home |
| Please state what best describes your child’s First Language |
|  Child’s First Language: |
|  Any Other Language spoken at home: |

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| Religion |
| Please tick only one box which best describes your child’s Religion |
| * Buddhist
* Christian
* Hindu
* Jewish
* Muslim
* Sikh
 | * No Religion
* Prefer Not to Say
* Other (please specify)
 |  |