ADMISSION FORM

Sun Academy Bradwell

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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: |

|  |  |  |
| --- | --- | --- |
| 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) |  |