# Anglian Learning Admission Form

# Sawston Village College



**Pupil Details** 

First Language



Please complete in conjunction with the Admission Form Information Booklet which gives clear explanations of how to answer the questions and information about your rights under current legislation.

a) Basic										
Legal Surname			Preferred Surname							
Legal Forename			Preferred Forename							
Middle Name(s)		Date of Bi	rth		·	Sex (M/F)				
Home Address			Name a	nd Mentor	Group of	any sibling attending	the College			
Post Code										
b) Previous Educa	uon									
Previous School										
Has your child ever been	n educated outs	side of the UK?								
<ul><li>Which country this ed</li><li>What main language</li></ul>	If yes to the above, please state  • Which country this education took place in?  • What main language was this education was delivered in?  • The dates for when this education took place									
c) Ethnicity, Religi	on and Langu	age								
Ethnic Origin	Ethnic Origin									
White British		Bangladeshi			Black African					
White Irish		Chinese			Black Caribbean					
Mixed White / Asian		Indian			Any Ot	her Black backgrou	ınd			
Mixed White / Black Afr		Pakistani			Gypsy					
Mixed White / Caribbean Any Other Asian			1		Other 0	Gypsy/Roma				
Any other white background										
Any other mixed background Any other ethnic group Answer declined										
Religion	Date of arrival in UK									

Second Language

#### d) Medical and Dietary

•		•							
Doctor's nar	me and	surgery addres:	5						
Does your cl	nild hav	e a diagnosed							
medical con	dition								
Does your ch	nild nee	d to have							
medication to be stored at school									
Does your cl	nild hav	e any food aller	gies (p	olease tick relev	ant fo	ood groups below)			
Celery		Eggs		Fish		Crustaceans		Molluscs	
Milk		Nuts		Peanuts		Sesame		Mustard	
Lupin		Soy		Sulphates		Gluten			
e) Special Educational Need									
Does your cl	nild hav	e a disability			•				
and / or SEND diagnosis									

Does your child have a disability and / or SEND diagnosis	
Does your child have an EHCP	
Is your child currently undergoing an EHCNA	

#### f) Travel and Lunch Arrangements

School Bus		Public Bus	Bicycle		Walking			Train			
School Me	al		Fre	ree School Meal			Packed	Luncl	h		

#### g) Other information

	Yes	No	Do not wish to
	168	INO	declare
Are one or more parents / carers currently in British armed forces?			
Is your child currently in Local Authority Care?			
Has your child ever been in Local Authority Care?			
Is your child current receiving free school meals?			
Has your child received free school meals at any point in the last 6 years?			
Is your child a young carer?			
Is your child subject to Special guardianship?			
Is your child subject to a Child Arrangement Order?			
Has your child every been allocated a Social Worker?			

Em	ergenc	y Cont	tacts								
Contact -	- Priority	1.									
Title		Forename					Surname				
Relatio	nship to	Pupil				Par	ental Respo	nsibility	(Y/N)		
		Teleph	none Nun	nbers	Main	Add	dress				
Mobile											
Home											
Work											
Email A	Address				l	Firs	t Language				
Date of	Birth#				Nationa	al Insi	urance Num	ber#			
Contact -	- Priority	<b>2.</b> (To be o	completed in	n conjunction with	n the GDPR	form, i	f contact does r	not have d	lirect Parental Res	ponsibi	ility)
Title		Fore	name				Surname				
Relatio	nship to	Pupil		l		Par	ental Respo	nsibility	(Y/N)		
		Teleph	hone Nun	nbers	Main	Add	dress				
Mobile											
Home						]					
Work											
Email A	Address				I						
Date of	Birth#				Nationa	al Ins	urance Num	ber#			
Contact -	- Priority	<b>3.</b> (To be o	completed in	n conjunction with	n the GDPR	form, i	f contact does r	not have d	lirect Parental Res	ponsibi	ility)
Title		Fore	name				Surname				
Relatio	nship to	upil				Parental Responsibility (Y/N)					
		Teleph	hone Nun	nbers	Main	Add	dress				
Mobile											
Home											
Work											
Email A	Address										
Anv othe	er adult w	ith Pare	ntal Resp	onsibility (Not	listed ab	ove)					
Title			name	,,,			Surname				
Relatio	nship to	Pupil									
		Telepho	one		Main	Add	dress				
Mobile											
Home						1					
Email					<u> </u>	Firs	t Language				

National Insurance Number#

Date of Birth#

### **Parental Consent**

### a) Biometrics

Print Name Signature

a) Districtives									
Please tick either of the boxes below to indicate your consent for your child to use the Biometric system									
to pay for catering ser	vices at the College.								
I give my permission for	r my child to use the Biometric system for catering services at the Colleg	е							
I <b>do not give</b> permission for my child to use the Biometric system for catering services at the College									
b) Photography and	Media	•							
Please tick each box tha	t you give consent for Anglian Learning and/or Sawston Village College	Photo	Video						
to use photographs and	videos of your child in the following ways: (possibly containing audio)								
On College or Trust webs	sites (eg:- articles. Newsletters, school prospectus)								
On College or Trust print	red resources (eg:- newsletters, school prospectus)								
In internal displays (eg:-	pictures of events and classroom activities )								
In the media (eg:- Local r	newspapers or magazines)								
On social media (eg:- Lin	ked in, Facebook, Instagram)								
	recruitment (eg:- recruitment packs, job adverts, school / Trust websites)								
	ol or Trust by third party organisations listed on our website								
	n of my child by the school photographer.								
	and the control process process process								
I do not give consent for	the College to use photos and / or videos of my child								
	,								
c) Offsite activities									
Please tick the hoy he	low to indicate your consent for your child to take part in offsite activ	rities							
r tease tick the box be	tow to indicate your consent for your cirita to take part in onsite activ	ities							
I give my consent for my	y child to take part in supervised activities and represent the College off-	site							
d) Research and Tra	ining	1							
Please tick the box if v	ou consent to your child taking part in research and training activitie	s undert	aken						
the College	od oonsent to your onto taking part in research and training detivitie	3 unucr	aken						
- · ·	r my child to be photographed, filmed or recorded to gather information follege quality assurance processes	or							
training, research or oc	niege quality assurance processes								
• .	searchers to process and publish anonymous data regarding my child's								
academic work, experie	ence and attitudes, including anonymised examples of their work.								
	pleted this form while referring to the Admission Form Information Bookl It given above is correct to the best of my knowledge.	et and tr	iat the						
Print Name									
Signature	Date								
<b>J</b>									
support available; verific	ve permission for the data to be shared as appropriate to enable: deterr ation of any entitlement to Free School Meals/Pupil Premium; preventior ith any claims and periodic checks by the Education Welfare Benefit Ser	and det	ection						
entitlement to education	benefits.								

Date