

New Intake Admission Form

Student Details

Legal Surname											
Legal Forenames											
Preferred Forename: (if different from legal name)						Preferred Surname: (if different from legal name)					
Address						Gender					
						Date of Birth					
						Postcode					
Method of travel to school:		Bus	Car	Cycle	Walk	Other:					
All schools are asked to share information with Youth Support Service, to advise students on future education and careers. Please indicate your permission for data about your child to be shared with Youth Support Service.								Yes	No		
From time to time, we may take photographs of students and use the photographs for display or publicity. Please indicate your permission for photos of your child to be taken, stored and used for display or publicity.								Yes	No		
Sometimes we take students on trips during the school day, free of charge. We will always inform you of this in advance. Please indicate your permission for your child to be taken out on trips during the school day, if there is no charge.								Yes	No		
Does your child wear glasses?		Yes	No	Does your child have hearing difficulties?		Yes	No	Is your child registered disabled? (if yes please give details below)		Yes	No
Does your child have any Special Educational Needs provision?		No		Yes – Education, Health & Care Plan			Yes – SEN Support				
Please give details of any relevant medical information, including allergies or disabilities.											
Country of Birth								Nationality			
Date of arrival in UK (if born abroad)								Passport Number (if not UK national)			
Names of siblings already at Ely College (including step- and half-siblings)						House:					
<p>These diversity questions (First Language, Religion and Ethnic Origin) are optional. If you do not want to give this information, please tick 'rather not say'. Answering these questions will help us to monitor equal opportunities, ensure we are treating all students fairly, and allocate resources effectively.</p>						Ethnic Origin:					
						White British					
						Asian Bangladeshi					
						Asian Chinese					
						Asian Indian					
						Asian Pakistani					
						Other Asian					
First Language:			Religion:			Black African					
English			Anglican / C of E			Black Caribbean					
Bengali			Roman Catholic			Gypsy/Roma/Traveller					
Lithuanian			Other Christian			Mixed White/Asian					
Polish			Jewish			Mixed White/Black African					
Portuguese			Hindu			Mixed White/Caribbean					
Romanian			Muslim			White Irish					
Russian			No Religion			Other White					
Other: (please specify)			Other: (please specify)			Other: (please specify)					
Rather not say			Rather not say			Rather not say					

Family and Emergency Contact Details

Which adults does the student live with? (please circle all that apply)	Mother	Father	Step-Mother	Step-Father	Other:	
Please give details for the primary contact. This should be someone with legal Parental Responsibility who lives at the same address as the child. Date of birth and National Insurance number are optional, but they will help us to identify students who are eligible for Free School Meals and Pupil Premium funding.						
Name			Relationship to student			
Main phone			Email address			
Other phone			National Insurance Number			
Work phone			Date of birth			
Work location			Is this contact a member of the armed forces?	Yes	No	
If another adult also has legal Parental Responsibility for the student, please give their details here. If you do not know all the details, just put what you do know.						
Name			Relationship to student			
Home address (if different from student)			Main phone			
			Other phone			
			Email address			
			National Insurance Number			
			Date of birth			
Does this contact have Parental Responsibility?	Yes	No	Does this contact require progress reports and other information?	Yes	No	Is this contact a member of the armed forces?
						Yes No
It is important that we have contact details for other adults who may be able to support your child in the rare event of accident or illness, if parents or carers are not available. These should be other family members or close family friends.						
Name			Relationship to student			
Main phone			Other phone			
Name			Relationship to student			
Main phone			Other phone			
Any other relevant information:						
<p>I understand that it is my responsibility to notify the school as soon as possible of any changes to the information I have given. I understand that the information I have given will be held on a computer-based data management system, and that I can inspect it for accuracy.</p> <p>I understand that this information will be treated confidentially, but may be shared with Cambridgeshire County Council, the Department for Education and other bodies administering public funds as appropriate.</p> <p>I understand that this information may be used to: determine available support; verify entitlement to Free School Meals, Pupil Premium and other education benefits; detect and prevent fraud.</p> <p>I certify that, to the best of my knowledge, the information on this form is correct.</p>						
Signed				Date		
Name of person signing:						