

Five Islands Academy

Carn Gwaval, St Mary's, Isles of Scilly, TR21 0NA

Headteacher: Mrs Rachel Lewin

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CONFIDENTIAL ADMISSION FORM

The information given here will be recorded and maintained on the school's information management systems, this data will be accessible only to authorised personnel and subject to control under the data protection act.

STUDENT DETAILS	
Legal Forename:	Preferred Forename:
Legal Surname:	Preferred Surname:
Middle Names:	Previous Surname/s (if relevant):
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Preferred Start Date:	Year Group on Admission:
Please tick relevant base: St Mary's <input type="checkbox"/> Tresco & Bryher <input type="checkbox"/> St Agnes <input type="checkbox"/> St Martin's <input type="checkbox"/>	

PASTORAL / REGISTRATION INFORMATION: FOR OFFICE USE ONLY	
Registration Group:	House:
Admission Date:	Enrolment Status:
Admission Number:	UPN:
Student Premium: <input type="checkbox"/> SEN: <input type="checkbox"/> Birth Certificate Seen: <input type="checkbox"/>	Part-time dates:
Notes:	
CTF <input type="checkbox"/> Paper File <input type="checkbox"/> Documents <input type="checkbox"/> Assessment Data <input type="checkbox"/> Options <input type="checkbox"/> Timetable <input type="checkbox"/>	

STUDENT HOME ADDRESS
Address:
Post Code:

CONTACTS					
Contact/Priority 1					
Title:	Forename:	Parental Responsibility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Surname:		Student Report:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Relationship to Student:		Correspondence :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Email:		Court Order (If yes, please give details below):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Additional Information:					
Phone Numbers (in order of priority)		Type			
1		Home <input type="checkbox"/>	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>
2		Home <input type="checkbox"/>	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>
3		Home <input type="checkbox"/>	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>

Address Details (if same as applicant just indicate here) <input type="checkbox"/>	
Address:	
Post Code:	

Contact/Priority 2	
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Title:	Forename:	Parental Responsibility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surname:		Student Report:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relationship to Student:		Correspondence :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:		Court Order (If yes, please give details below):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Information:				

Phone Numbers (in order of priority)		Type			
1		Home <input type="checkbox"/>	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>
2		Home <input type="checkbox"/>	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>
3		Home <input type="checkbox"/>	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>

Address Details (if same as applicant just indicate here) <input type="checkbox"/>	
Address:	
Post Code:	

Contact/Priority 3	
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Title:	Forename:	Parental Responsibility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surname:		Student Report:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relationship to Student:		Correspondence :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:		Court Order (If yes, please give details below):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Information:				

Phone Numbers (in order of priority)		Type			
1		Home <input type="checkbox"/>	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>
2		Home <input type="checkbox"/>	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>

Contact/Priority 4	
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Title:	Forename:	Parental Responsibility:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surname:		Student Report:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relationship to Student:		Correspondence :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:		Court Order (If yes, please give details below):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Information:				

Phone Numbers (in order of priority)		Type			
1		Home <input type="checkbox"/>	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>
2		Home <input type="checkbox"/>	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Other <input type="checkbox"/>

FAMILY LINKS: Please list brothers and sisters (including half/step family) currently at this school				
Surname	Forename	Gender	Date of Birth	Same Address?
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

DIETARY INFORMATION
What meal arrangement will the child typically have? (Indicate one only) <input type="checkbox"/> School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Go home
Please state any dietary needs (Details of any allergies should be provided in Medical Conditions):

MEDICAL INFORMATION: Please provide any details that will enable us to better support your child whilst attending this school. Include any care plans from medical agencies, and ensure that the school is informed of any future amendments or updates to these	
Medical Practice	
<input type="checkbox"/> St Mary's Health Centre <input type="checkbox"/> Other (Please specify below)	
Practice Name:	Practice Address:
Doctor's Name:	
Practice Telephone:	
Medical Conditions (if none, just indicate here) <input type="checkbox"/>	
Condition:	Condition:
Symptoms Displayed:	Symptoms Displayed:
Daily Care Requirements:	Daily Care Requirements:
Criteria Constituting An Emergency:	Criteria Constituting An Emergency:
Emergency Action Required:	Emergency Action Required:
Special Educational Needs information – please give details e.g., EHCP, 1:1, specific interventions	

ETHNIC / CULTURAL INFORMATION	
Ethnicity:	Religion:
First Language:	Home Language:
Additional Information:	

PUPIL PREMIUM FUNDING

Has either of the applicant's parents been in a Service Profession in the last four years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the applicant currently In Care, or has he/she ever been In Care (this includes adopted from care)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the applicant currently eligible for Free School Meals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the applicant been eligible for Free School Meals within the last 6 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes, please give full details below. You will also need to provide us with documentary evidence. Please attach a copy or bring in an original document so we can copy it for our files.		
Documents Included: Yes <input type="checkbox"/> No <input type="checkbox"/>		

SCHOOL HISTORY

Previous School Name:	Previous School Address:
Previous School Tel Number:	
Dates Attended - From (dd/mm/yy): To: (dd/mm/yy):	

PARENTAL / CARER CONSENTS: For your information, the following permissions are assumed unless you specifically inform us otherwise and enable your child to integrate in all school activities and to be fully supported by our team. For additional information relating to the "Acceptable Use of Digital Devices Policy", please visit the policy section of the school website. For information relating to the other permissions listed below, please see the supporting booklet "Consents and Permissions" on our website, or if you have any other queries, please E-mail enquiries@fiveislands.org.

Home School Agreement (Page 2): Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirms that you have read and agree to the terms of the Home-school agreement policy
Local off-site activities consent (Page 3): Yes <input type="checkbox"/> No <input type="checkbox"/>	Enables teaching off-site. All trips will be notified in advance. Additional consent will be sought for adventurous activities/residential visits.
School/Local Off-Site Emergency Medical Consent: (Page 4) Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirms that you authorise the school to initiate appropriate medical treatment in the event of an emergency at school/locally off-site.
Copyright Permission: Yes <input type="checkbox"/> No <input type="checkbox"/>	This enables us to display, share and promote good work.
Acceptable Use Policy For Digital Devices Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirms that you have read and agree to the terms of the acceptable use policy for digital devices.
Photograph Student (Page 5): Yes <input type="checkbox"/> No <input type="checkbox"/>	This enables us to share and promote achievement, eg: school displays, school newsletter, local media, local newspapers and social media.
Sex Education: Yes <input type="checkbox"/> No <input type="checkbox"/>	This is part of the National Curriculum and is delivered sensitively.
Data Exchange (Pages 6 - 17): Yes <input type="checkbox"/> No <input type="checkbox"/>	This enables us to share information with you where relevant. Eg: Academy letters, club information, events, newsletters.
Ipad at Home Permission: Yes <input type="checkbox"/> No <input type="checkbox"/>	This allows home use of the Academy Ipads (Years 7-11).

	SIGNATURE	PRINT NAME	DATE
Parent/Carer 1:			
Parent/Carer 2:			

ABILITIES

Can your child swim 50 metres unaided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Thank you for completing this form. Please return it to the school office as soon as possible.