


STUDENT ADMISSION FORM 2021/2022

It is **VITALLY** important for your child's welfare that this information is received and kept up to date. Please fully complete the form below then sign and return it to Manor High School Office on or before their first day at school.

 This data is being collected for the purpose of essential school information to comply with legal requirements and is in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). We are required by law to pass some of this information to the Local Authority and the Department for Education (DfE). Full details of our Privacy Notice can be found on our website: www.manorhigh.leics.sch.uk/Policies

| SCHOOL USE ONLY: | | | |
|------------------|---------------|------|--|
| House | B / C / K / W | | |
| Admission Date | / / | Year | |
| Admission No. | | Reg | |

| | | | |
|---------------------------------------------------------|--|-------------------|---------------|
| Legal forename (s) | | Legal surname | |
| Preferred forename | | Preferred surname | |
| Date of birth | | Gender* | Male / Female |
| Home address | | | |
| Previous school | | | |
| Please list any siblings currently attending Manor High | | | |

To receive communications from the school and access our online payment system, School Gateway, a mobile number and email address are essential for each parent requiring access.

| EMERGENCY CONTACT 1: (MUST BE A PARENT/CARER WITH PARENTAL RESPONSIBILITY) | | | | |
|----------------------------------------------------------------------------|---------------------------------|-----------------------------------------|-------------------------------------|--------------------------|
| Full name and title | | | Mr/Mrs/Ms/Miss* | |
| Relationship to student | | Parental responsibility* | Yes / No | |
| Home telephone | | Mobile | | |
| Work telephone | | Email | | |
| Level of English spoken | <input type="checkbox"/> Fluent | <input type="checkbox"/> Conversational | <input type="checkbox"/> Not spoken | Priority* 1 2 3 |
| Address and postcode (if different from above) | | | | |

| EMERGENCY CONTACT 2^ | | | | |
|------------------------------------------------|---------------------------------|-----------------------------------------|-------------------------------------|--------------------------|
| Full name and title | | | Mr/Mrs/Ms/Miss* | |
| Relationship to student | | Parental responsibility* | Yes / No | |
| Home telephone | | Mobile | | |
| Work telephone | | Email | | |
| Level of English spoken | <input type="checkbox"/> Fluent | <input type="checkbox"/> Conversational | <input type="checkbox"/> Not spoken | Priority* 1 2 3 |
| Address and postcode (if different from above) | | | | |

| EMERGENCY CONTACT 3^ | | | | |
|------------------------------------------------|---------------------------------|-----------------------------------------|-------------------------------------|--------------------------|
| Full name and title | | | Mr/Mrs/Ms/Miss* | |
| Relationship to student | | Parental responsibility* | Yes / No | |
| Home telephone | | Mobile | | |
| Work telephone | | Email | | |
| Level of English spoken | <input type="checkbox"/> Fluent | <input type="checkbox"/> Conversational | <input type="checkbox"/> Not spoken | Priority* 1 2 3 |
| Address and postcode (if different from above) | | | | |

* Please circle as applicable. ^ Please ensure you have gained authorisation from any additional contacts for us to hold their personal data in line with our Privacy Notice.

| MEDICAL INFORMATION | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any medical conditions or allergies | |
| | EpiPen required: <input type="checkbox"/> NO / <input type="checkbox"/> YES (Please ensure an EpiPen is kept at school and is in date) |
| Dietary requirements | <input type="checkbox"/> No Pork <input type="checkbox"/> Halal Meat Only <input type="checkbox"/> Nut allergy <input type="checkbox"/> No Dairy Produce <input type="checkbox"/> No Beef <input type="checkbox"/> Vegetarian <input type="checkbox"/> Seafood Allergy <input type="checkbox"/> Other: |

| CULTURAL INFORMATION | | |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ethnicity | <input type="checkbox"/> White - British <input type="checkbox"/> Chinese <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Indian <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other white background <input type="checkbox"/> Pakistani <input type="checkbox"/> White & Black African <input type="checkbox"/> I do not wish an ethnic background to be recorded <input type="checkbox"/> Bangladeshi <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Other (please state): <input type="checkbox"/> Black African <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other black background | |
| | First language** | <input type="checkbox"/> English <input type="checkbox"/> Other (please state): |
| | Home language | <input type="checkbox"/> English <input type="checkbox"/> Other (please state): |
| | Child's Level of English | <input type="checkbox"/> Fluent <input type="checkbox"/> Competent <input type="checkbox"/> Early acquisition <input type="checkbox"/> Developing competence <input type="checkbox"/> New to English |
| | | Religion |

** A first language should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

| ADDITIONAL INFORMATION | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| To allow us to fully support your child, please advise us if your child has any special educational needs (SEN): | <input type="checkbox"/> No SEN needs <input type="checkbox"/> Yes, they have been identified as having additional needs |
| Does either parent serve in the armed forces? Yes / No | Is your child a young carer? Yes / No |
| <p>Schools and education settings have a statutory duty to support previously looked after children. Previously looked after children are entitled to Pupil Premium Plus funding to help support their education. If this applies to your family please contact your House Manager to discuss in confidence or, if preferred, tick this box to indicate your child was previously looked after. <input type="checkbox"/></p> | |

| MEDICAL AND PARENT/CARER DECLARATION | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <ul style="list-style-type: none"> I agree to my child receiving emergency medical treatment, including anesthetic and blood transfusions as considered necessary by the medical authorities present. I agree to give online consent for trips and excursions that involve a charge. I agree to inform the School Administration as soon as possible of any changes to the above, including medical information. | |
| Signed: | Date: |
| Print name: | Relationship to child: |

In addition to this form, please also complete your parental consents. The form can be found on our website: Governance – Policies – Links are in the tab “Student data forms and parental consents”