STUDENT ADMISSION FORM

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, Arbor,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	☐ Fluent	☐ Conversational	☐ 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	☐ Fluent	☐ Conversational	☐ 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	☐ Fluent	☐ Conversational	☐ 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: ☐ NO / ☐ YES (Please ensure an EpiPen is kept at school and is in date)			
Dietary requirements	☐ No Pork ☐ No Beef	☐ Halal Meat Only ☐ Vegetarian	☐ Nut allergy ☐ Seafood Allergy	☐ No Dairy Produce ☐ Other:

CULTURAL INFORMATION			
Ethnicity	☐ White - British ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Black African ☐ Black Caribbean	☐ Chinese ☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐ Any other Asian background ☐ Any other black background	☐ Any other mixed background ☐ Any other white background ☐ I do not wish an ethnic background to be recorded ☐ Other (please state):
First language**	☐ English	☐ Other (please state):	
Home language	☐ English	☐ Other (please state):	
Child's Level of English	☐ Fluent	☐ Competent ☐ Developing competence	☐ Early acquisition ☐ New to English
Religion	☐ Christian ☐ Hindu	☐ Muslim ☐ No religion	☐ Roman Catholic ☐ Sikh ☐ Other

*** 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):	☐ No SEN needs ☐ 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
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. ☐	

MEDICAL AND PARENT/CARER DECLARATION

- 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"