

# Whitley Bay High School Admission Form 2018/2019

Please fill all boxes as accurately and completely as possible. \* = Compulsory Information

## Student Details

<p>* Legal Surname <input style="width: 90%;" type="text"/></p> <p>* Chosen Surname <input style="width: 90%;" type="text"/></p> <p>* Middle Name (s) <input style="width: 90%;" type="text"/></p> <p>* Date of Birth <input style="width: 90%;" type="text"/></p> <p>* Address <input style="width: 90%; height: 30px;" type="text"/></p>	<p>* Legal Forename <input style="width: 90%;" type="text"/></p> <p>* Chosen Forename <input style="width: 90%;" type="text"/></p> <p>* Gender                      Male <input type="checkbox"/>      Female <input type="checkbox"/></p>
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\* Post Code                       \* Telephone Number

\* E-Mail address (Parent)

\* Ethnic Origin/Please see attached sheet. \*Language spoken at home  \*Religion

## \*All Previous Schools Attended

Name of School	Town	Date Admitted	Date Left

## \*Parent Details

Please give details of all persons with parental responsibility for the student.

Name	Relationship to Student	Address and Post Code	Occupation and Place of Work	Telephone Number or Mobile for Text Alerts

\*Parent/Parents ever served full time in the Armed Forces                      Yes       No

**\* Emergency Contact Details**

Please give details of who should be contacted in an emergency in priority order.  
Please note that all texts from school will be sent to the top mobile number.

	Name	Relation to Student	Day Time Address	Daytime Phone Number or Mobile
1				
2				
3				

\*Pupil Nationality

\*Pupil Country of Birth

**Medical Details**

Name of Doctor

Surgery

Details of any medical condition, including any long-term medication.

**If the above box is filled in, we will contact you at a later date for further information.**

**\*Travel to School**

Please tick to indicate the normal method of travel to and from school.

Bus  Metro  Car  Taxi  Walk  Bicycle

**\*Free School Meals**

Please tick appropriate boxes.

Does student receive free school meals at present school?

Yes

No

Will student be eligible for free school meals at Whitley Bay High School?

Yes

No

Please tick this box if you would like to find out if you are eligible for free school meals

**\*Meal Arrangement - Please tick all boxes that apply**

Home

Off site

School Meal

Packed Lunch

**\*Brothers/Sisters**

Please give details of all brothers and sisters of the student.

Name	Date of Birth	School (if at school)	School Year (if at school)

Signed: \_\_\_\_\_ Parent

Date: \_\_\_\_\_

## EQUALITY MONITORING FORM

The Government requires schools to monitor and report on the progress of students from all ethnic groups and those with other protected characteristics (as defined by the Equality Duty 2010). This information will assist us in ensuring that we have equal access for everyone and allow us to work to remove any barriers as well as to eliminate discrimination and harassment. Would you please fill in the relevant sections below and add any further details that you think may be appropriate?

*Completion of this information is entirely voluntary. Parents/carers may want to fill in the whole form or only certain parts of it. Any information will be kept strictly confidential. If, however, you have any needs or concerns that you wish to discuss or for the school to address you may wish to contact us direct.*

### \*Ethnic Monitoring

The categories for ethnic monitoring are those used by the Government in the 2011 census.

	Further Details
<p><b>White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other white background</p> <p><b>Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background</p> <p><b>Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> <p><b>Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background</p> <p><b>Chinese or Other Ethnic Group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other group</p>	

**Does anyone in the immediate family suffer any medical condition?**

Yes/No

**Further details** (if answered Yes above)

**Is anyone in the immediate family registered with a disability?**

Yes/No

**Further details** (if answered Yes above)

**Is the student named on this form a carer?**

(A carer is someone who looks after and supports someone who could not manage without their help because of age, physical or mental illness or disability)

Yes/No

**Further details** (if answered Yes above)

**Any further information you would like to inform us of in relation to our Equality Duty**