



woodside academy
INSPIRING OUR FUTURE GENERATION

Previous Education Establishment/Nursery Setting _____

Address/Tel _____ DfE _____

Pupil's Legal Surname _____ Legal Forename _____

Middle name(s) _____ dob _____ Gender (M/F) _____

Preferred names (if different from above) _____

Start Date _____ Weekly Pattern _____

Year Group _____ Reg Group _____ House _____

Address _____

_____ Post Code _____ Home Tel _____

Family links in our Academy _____

Parent/Carer - Priority 1		Parent/Carer - Priority 2	
Relationship to Child		Relationship to Child	
Title		Title	
Surname		Surname	
Forename		Forename	
Address		Address	
Postcode		Postcode	
Home Tel	Main y/n	Home Tel	Main y/n
Mobile Tel	Main y/n	Mobile Tel	Main y/n
Work Tel	Main y/n	Work Tel	Main y/n
email		email	

Continue overleaf

Are there any Orders in place regarding this child (State Yes or No) _____

If yes, give details _____

Additional Emergency Contact Priority 3	Additional Emergency Contact Priority 4
Relationship to Child	Relationship to Child
Title	Title
Surname	Surname
Forename	Forename
Address	Address
Postcode	Postcode
Home Tel Main y/n	Home Tel Main y/n
Mobile Tel Main y/n	Mobile Tel Main y/n
Work Tel Main y/n	Work Tel Main y/n
email	email

Medical conditions (past and present) including any regular Medication _____

Dietary needs/Allergies _____

Doctor (Name of GP, Practice and Tel _____

Health Visitor (Nurs and Rec only) _____

First Language _____ EAL (y/n) _____ Home Language _____

Ethnic Group _____ Country of Birth _____ Nationality _____

Religion _____

Meal arrangements _____ (if fsm, have you applied to CBMDC?) _____

Travel _____ (bus/car/car-van/walk/cycle/dedicated school bus/taxi/train/other)

Child's Name:			
<p>The information you have given on this form will be held by the Academy and Bradford Metropolitan District Council Children's Services. It will be shared within Bradford Metropolitan District Council and its contractors in order to provide and plan services e.g. School Transport. It will be used to administer health, social and welfare care and will be shared with healthcare advisors, practitioners and other relevant agencies such as Children's Centres to inform their practice. It will be used as necessary to support the Academy's own contractual requirements. It will be forwarded to your child's new school if and when s/he changes school. It will also be used for statutory returns and for research purposes.</p> <p>All information given will be held in the strictest confidence under the requirements of the Data Protection Act 1998. For further details please see the Data Protection Act document included within the admission information given to you by the school.</p>			
<p>By signing this form:</p> <ul style="list-style-type: none"> • You agree to the above statements • You confirm that you have parental responsibility for this child • You confirm the information provided in this form to be correct as of this date. • You agree that you will inform the school of any changes that may occur to the above information whilst your child attends this Academy. 			
Signed (parent/carer):		Date:	

(Academy office use only)

Action	y/n/na	Details/Notes
Date on SIMS		
Admission Number		
CTF Requested		
CTF Received		
UPN		
Birth Certificate Seen		
Media Form etc		
P/C 1 HA Agreement		
P/C 2 HA Agreement		
End of Day (blue)		
FM Informed		
Photo		
Dietary for Kitchen inc photo poster and FM Dietary form (if applicable)		
Class Medical File		
CP (sibling) or own		
Child Arrangement Order/Care Order/Supervision/Other		
T2P		
Pupil Premium		
EY Pupil Premium		
Pupil Info for Teacher		
Other Additional Information (continue on separate piece of paper if necessary)		