

Year 7 Admissions 2019
Reply Booklet



HEART OF ENGLAND
Creating Futures

Student Details			
Legal Forename	Middle Name(s)	Legal Surname	
Preferred Surname	Preferred Forename	Date of Birth	Gender (please circle)
			M/F
Transition Day			
<ul style="list-style-type: none"> I give permission for my child to attend the Transition Day on Wednesday 3rd July 2019 			
Yes		No	(Please Circle)
<ul style="list-style-type: none"> I give permission for my child to make their own way home at the end of the day (approx. 3.00pm) 			
Yes		No	(Please Circle)
<ul style="list-style-type: none"> My child would prefer to bring a packed lunch 			
Yes		No	(Please Circle)
Medical Information			
Does your child have any medical conditions/allergies?			
Yes		No	(Please Circle)
If yes, please give details. Please attach a copy of the care plan, if applicable.			
Dietary Needs			
Signed:			(Parent/Carer)
Home Address			
House Name/ Number		Office Use Only	
Road		Year Group	
District		Admission Date	
County		Tutor Group House	
Post Code		Admission Number	
Home Telephone		UPN	

Please turn over as more information required overleaf

Contact Details					
Contact 1		Contact 2		Contact 3	
Name		Name		Name	
Relationship to Student		Relationship to Student		Relationship to Student	
Address		Address		Address	
☎ Mobile		☎ Mobile		☎ Mobile	
☎ Daytime		☎ Daytime		☎ Daytime	
Email		Email		Email	

PARENTAL RESPONSIBILITY

Please list information about **ALL** those who have parental responsibility for the child. Please refer to the Parent/Carer handbook for guidance on who has parental responsibility.

The following adults live with the child and have parental responsibility:

Name	Relationship to Child	Address	Contact Number

The following adults have parental responsibility but do not live with the child:

Name	Relationship to Child	Address	Contact Number

Are there any court orders which relate to the child? Yes No (Please circle)

If Yes, please give details and provide a copy

Signed: _____ Parent/Carer Date: _____

ETHNICITY – please tick the appropriate box

White		Mixed or Dual Background		Asian or Asian British	
British		White and Black Caribbean		Indian	
Irish		White and Black African		Pakistani	
Traveller of Irish Heritage		White and Asian		Bangladeshi	
Gypsy/Roma		Any other mixed background		Any other Asian background	
Any other White background				Chinese	
Black		Any other ethnic group (please state)			
African					
Caribbean		I do not wish this information to be collected			
Any other Black background					

OTHER INFORMATION

First Language _____

Is English an additional language? Yes No (Please Circle)

Is either parent a serving member of the military? Yes No (Please Circle)

Travel Arrangements
(Please circle most frequent mode of transport)

Walks Car Train Bicycle Taxi Bus

BIOMETRIC REGISTRATION

Having read the guidance provided to me by Heart of England School in the handbook, I give consent to information from the fingerprint of my child being taken and used by Heart of England School for providing the ability to use this as a means of identification for the school catering provision. I understand that I can withdraw this consent at any time in writing or via our secure parent portal, Insight.

Signed _____ **Parent/Carer** Date _____

IT ACCEPTABLE USE STUDENT AGREEMENT and HOME SCHOOL PARTNERSHIP

I have read and agree to the conditions in the IT Acceptable Use Student Agreement and Home School Partnership included in the handbook.

Signed _____ **Student** Date _____

Signed _____ **Parent/Carer** Date _____

PHOTOGRAPHIC CONSENT

Having read the information in the accompanying booklet: (Please tick the box if you consent)

I do consent to the use of my child’s image for external purposes.	
I do consent to the sharing of my child’s image to third parties for school related purposes.	
I do consent to the use of my child’s image for internal purposes.	

Signed _____ **Parent/Carer** Date _____

SCHOOL FAIR PROCESSING NOTICE

I have read the Fair Processing Notice in the accompanying booklet and agree to information being passed to Youth Support Services as outlined in that notice.

Signed _____ **Parent/Carer** Date _____

Please return this booklet completed and signed on all pages by Thursday 27th June

ADDITIONAL INFORMATION - please add any further information that you feel we should be aware of.

Privacy notice: Heart of England School will process the personal details provided above for the purpose of Education with your consent. All personal data entered in this form will be held securely by the school until your child is 25 years old, in line with the school's data retention policy.

This information will also be passed onto any involved external organisations and may be recorded in their database. You and your child's personal details will always be stored securely and they will never be passed on to third party organisations to use for their own purposes. We will use your personal data to communicate with you only in the way(s) that you have agreed to. You may amend your and your child's details anytime by emailing dataprotection@heart-england.co.uk For further details please see the privacy policy (available on our website, www.heart-england.co.uk).