



STUDENT ADMISSION FORM

School Office: 01202 871243 (8am–4pm Mon-Thurs, 8am-3.30pm Fri)

Email: school@fernup.dorset.sch.uk / transfer@fernup.dorset.sch.uk

Website: www.fernup.dorset.sch.uk

Please print all information **CLEARLY** and ensure that you have **signed and dated** the form.

STUDENT DETAILS

Legal Surname:	Legal Forename(s):	
Preferred Surname:	Preferred Forename:	
Home Telephone	Date of Birth	Gender:
Main Home Address (including postcode):		

CONTACTS

PARENTS/GUARDIANS/CARERS

Please ensure that you complete **ALL** fields in this section

The school will contact parents/guardians/carers in the **priority order** you supply here. You may include additional contacts if you wish – please supply on a separate sheet securely attached to this form. ParentMail sends school information direct to your Inbox so you will never miss out on important school information

Priority Contact 1 – WILL BE FIRST CONTACT

Title:	First Name(s):		Surname:			
Relationship to student: (please circle)	Mother	Father	Step-mother	Step-father	Guardian	Other (please specify)
Home Address: (if different to student's) Postcode				Parental Responsibility? (please circle)	Yes	No
Home telephone:		Work telephone:				
Mobile:		Email:				
Please circle clearly which of these should be used as the MAIN contact number. (NB : Must accept incoming "Caller Withheld" calls as the school's Caller ID is not given out and we MUST be able to contact you quickly in an emergency)			Home	Work	Mobile	Other Comments

Priority Contact 2

Title:	First Name(s):		Surname:			
Relationship to student: (please circle)	Mother	Father	Step-mother	Step-father	Guardian	Other (please specify)
Home Address: (if different to student's) Postcode				Parental Responsibility? (please circle)	Yes	No
Home telephone:		Work telephone:				
Mobile:		Email:				
Please circle clearly which of these should be used as the MAIN contact number. (NB : Must accept incoming "Caller Withheld" calls as the school's Caller ID is not given out and we MUST be able to contact you quickly in an emergency)			Home	Work	Mobile	Other Comments

Priority Contact 3

Title:	First Name(s):			Surname:		
Relationship to student: (please circle)	Mother	Father	Step-mother	Step-father	Guardian	Other (please specify)
Home Address: (if different to student's) Postcode				Parental Responsibility? (please circle)	Yes	No
Home telephone:			Work telephone:			
Mobile:			Email:			
Please circle clearly which of these should be used as the MAIN contact number. (NB : Must accept incoming "Caller Withheld" calls as the school's Caller ID is not given out and we MUST be able to contact you quickly in an emergency)			Home	Work	Mobile	Other Comments

OTHER CHILDREN IN YOUR FAMILY ATTENDING THIS SCHOOL:

Relationship to your child (e.g. sibling, cousin, step-sibling etc)

Name & Tutor Group:		
Name & Tutor Group:		
Name & Tutor Group:		

MEDICAL DETAILS

Medical Practice Address:	Doctor's Telephone:
NHS Number:	
Please circle if receiving any of the following	
Speech Therapist	Occupational Therapist
Physiotherapist	Other (Please state)
Does your child have a history of, or have problems with, any of the following: If so please tick & supply further details :	
Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Travel Sickness <input type="checkbox"/> Vertigo <input type="checkbox"/> Previous Injuries <input type="checkbox"/>	
Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Muscular <input type="checkbox"/> Neurological <input type="checkbox"/> Other <input type="checkbox"/>	
Please provide full details of any Medical Condition(s) your child has (use additional sheet if necessary):	

Dietary Requirements and Lunch arrangements

Does your child have any special dietary arrangements?		
Is your child entitled to free school meals?	Yes	No

ETHNIC/CULTURAL (please tick) A person's ethnic group describes how they see themselves and is not the same as nationality

White - British		Any Other Black Background		Gypsy/Roma	
White - Irish		Any Other Ethnic Group		Indian	
White & Asian		Any Other Mixed Background		Nepali	
White & Black African		Bangladeshi		Other Asian	
White & Black Caribbean		Black African		Pakistani	
White European		Black Caribbean		Refused	
White		Chinese		Traveller or Irish Heritage	

Religion (please tick)

Budhist		Sikh	
Christian		No religion	
Hindu		Refused	
Jewish		Other religion	
Muslim			

HOME LANGUAGE / ASYLUM STATUS

Home Language:		
First Language:		
Asylum Seeker:	Yes	No
Refugee:	Yes	No

Traveller Status (please tick)

Gypsy/Roma (Housed)			
Gypsy Roma (Travelling)			

OTHER DETAILS

Child of Armed Services Family:	Yes	No
Is your son/daughter a 'Young Carer' (i.e. has significant responsibility for the care of another family member – parent, sibling, grandparent etc)	Yes	No
Is your child adopted from care, or been in care and left under a Special Guardianship Order (SGO). <i>This is optional information to provide, however it can provide the school with the ability to claim additional support for your child.</i>	Yes	No
Is there any court order relating to this child in place? If yes please provide details on a separate sheet.	Yes	No

GIFTED & TALENTED – Please tick if your child has been identified as Gifted & Talented in any area and give details

Academic		Sporting		Creative		Other	
Please give further details (e.g. subject, activity, creative area etc):							

Special Educational Needs – Please tick if your child has been identified as having any special educational needs

ECHP		Identified need		Possible Need		No need	
Please give further details (e.g. assessments that have been conducted, medical evidence received, concerns, difficulty with learning you would like us to be aware of)							

Curriculum 2019 -20

Languages provision. Please circle which preference is relevant to your child

French	Spanish	Either French or Spanish	Would prefer no language
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PARENTAL CONSENT

I UNDERSTAND AND GIVE MY CONSENT TO ALL THE POINTS DETAILED BELOW:

I agree to reinforce and support my child in following the school's code of behaviour and the school rules and I/we and my child have read and understood the included school's acceptable computer, Internet and WiFi use policy. A copy of the acceptable computer, Internet and WiFi use policy can be found on the Ferndown Upper School website.	
I agree to my son/daughter taking part in school journeys, educational visits and sporting fixtures. I accept that out of school activities may pose additional risks to those that students might be expected to encounter during a normal school day and that risk assessments are carried out for each individual trip.	
I understand and agree that arrangements for care, supervision and discipline on school trips will be in accordance with normal school rules and policies.	
I agree to my child travelling by any form of public transport and/or in a motor vehicle driven by a suitably qualified and approved person for school trips or visits.	
I understand and agree that if my child behaves in a particularly unsafe or unacceptable manner, purchases, possesses or consumes alcohol, tobacco, vape pens or illegal/banned substances on school trips, they may be banned from taking part in future school trips and I may be contacted to bring them home, if appropriate, and will be asked to pay associated costs.	
I agree that my child will abide by the school rules surrounding mobile phones.	
I understand and accept that neither the school, County Council, or their representatives, can be held liable for any loss of or damage to any personal property, money or valuables either on the school site or whilst on school trips.	
I agree to my child receiving emergency medical, dental and surgical treatment if necessary, which might involve the use of <i>anaesthetics and/or blood transfusions*</i> . I understand that the school, or trip leaders if out of school, will do their best to contact me prior to any such treatment. <i>*Please delete if consent for anaesthetics and/or blood transfusions is not given</i>	
I agree to my child carrying and administering their own medication.	
I agree to advise School immediately of any changes to my child's health, of any medical conditions and/or changes in contact information – temporary or permanent.	
I agree to images of my child being taken and used by the school and for school promotional material and/or in the local media. This includes the school's Facebook and Twitter feeds.	
Schools hold and process a variety of information on their pupils which is necessary to support their learning. From time to time, schools are required by law to pass on some of this information to other educational and healthcare organisations. This is in order to run the education and healthcare services.	

If you have not ticked a box above, please give further details of any points you do not consent to here

PRIVACY NOTICES and the GENERAL DATA PROTECTION REGULATION 2018

Under the General Data Protection Regulation 2018, the information held about pupils must only be used for specific purposes. Under the Regulation, the school is required to write to parents/pupils to tell them about the types of data held, why it is held and to whom it may be passed. This is referred to as a 'Privacy Notice'.

A copy of our Privacy Notice can be obtained from the school or is available on the school website.

**WE NEED TO BE ABLE TO CONTACT YOU QUICKLY SHOULD THERE BE AN EMERGENCY
SO PLEASE NOTIFY THE SCHOOL IMMEDIATELY IF THERE ARE ANY CHANGES
TO THE CONTACT INFORMATION SUPPLIED ON THIS FORM**

PARENT/GUARDIAN DECLARATION THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE

Signature of Parent/Guardian:	
Parent /Guardian Name (please print clearly)	
Date:	