**Blue Coat Church of England Academy**

Birmingham Street,Walsall,West Midlands,WS1 2ND

Tel: 01922 720558 Email: postbox@bluecoatacademy.org

Website: www.bluecoatacademy.org

Principal: Mr D Smith

Headteacher: Mrs V Owen

**MIDYEAR ADMISSION FORM**

All information is held in accordance with our Data Protection policy

**You must complete ALL sections of the form** and return it to Mrs S Cawley

Blue Coat Church of England Academy, Birmingham Street, Walsall, West Midlands, WS1 2ND

If you need help or advice with this form please contact Mrs S Cawley

Email: st-cawley-s@bluecoatacademy.org Tel: 01922 720558

**Please note Blue Coat Church of England Academy opens a new waiting list each academic term. It is the Parent’s responsibility to ensure their child remains on the waiting list into each academic term**

**SECTION 1 - YOUR CHILD’S DETAILS**

|  |  |
| --- | --- |
| **Child’s full legal name** |  |
| **Date of Birth** |  | **Gender** | **Boy □ Girl □** |
| **Address and postcode** |  |

**If your child has any brothers or sisters attending Blue Coat Academy, please enter details below;**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  |  **Form** |  |

**Is your child in Public Care (A looked after child)? If yes, please state the name of the Local Authority and the Social Worker responsible for your child**

|  |  |  |  |
| --- | --- | --- | --- |
| **Local Authority** |  | **Social Worker** |  |

**Does your child have a Statement of Special Educational Needs or EHCP?**

|  |  |
| --- | --- |
| **If Yes, please state the Local Authority that issues your child’s Statement or EHCP** |  |

**SECTION 2 – PARENT/CARER/EMERGENCY CONTACT DETAILS**

|  |  |  |
| --- | --- | --- |
| **Mr/Mrs/Miss/Ms/Other** | **Full name** | **Relationship to child** |
|  |  |  |
| **Address and postcode** |  |
| **Mobile number** | **Work/daytime number** | **Email address** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Mr/Mrs/Miss/Ms/Other** | **Full name** | **Relationship to child** |
|  |  |  |
| **Address and postcode** |  |
| **Mobile number** | **Work/daytime number** | **Email address** |
|  |  |  |

**Details of who we can contact in an emergency if you are unavailable**

|  |  |  |
| --- | --- | --- |
| **Mr/Mrs/Miss/Ms/Other** | **Full name** | **Relationship to child** |
|  |  |  |
| **Address and postcode** |  |
| **Mobile number** |  | **Work/daytime number**  |  |

|  |  |  |
| --- | --- | --- |
| **Mr/Mrs/Miss/Ms/Other** | **Full name** | **Relationship to child** |
|  |  |  |
| **Address and postcode** |  |
| **Mobile number** |  | **Work/daytime number**  |  |

**SECTION 3 - EDUCATION INFORMATION**

**Is your child currently attending a secondary school?** Yes □ No □

**If YES, please complete the section below**:

|  |  |
| --- | --- |
| **Name of current school** |  |
| **Address and postcode** |  |
| **Start date** | **Contact at school** | **Telephone number** | **UPN number (Your school can provide this)** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Date your child first attended ANY school in the UK** |  |

**If your child is not attending school, please complete the section below. If the last school was NOT in the UK please state the country the school was in and the dates attended**

**Previous Schools Attended (continue in section 7 if necessary)**

|  |  |
| --- | --- |
| **Name of School** |  |
| **Address and postcode** |  |
| **Contact at school** | **Telephone number** | **Start date** | **End date** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Name of School** |  |
| **Address and postcode** |  |
| **Contact at school** | **Telephone number** | **Start date** | **End date** |
|  |  |  |  |

**Has your child ever been excluded from a school? Yes** □ **No** □

**If yes, give dates of fixed term and/or permanent exclusion/s (continue in section 7 if necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Number of days** | **Start date** | **End date** | **Reason for exclusion** |
|  |  |  |  |  |
|  |  |  |  |  |

**SECTION 4 - PLEASE TELL US WHY YOU WANT YOUR CHILD TO ATTEND THIS SCHOOL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Moved to the UK from a different country** |  | **Moved to a different area in the UK** |  |
| **I want my child to attend a Church school** |  | **My child has brothers or sisters at Blue Coat Academy** |  |
| **Distance from home** |  | **My child isn’t happy at their current school \*\*** |  |
| **My child is being bullied at their current school \*\*** |  | **Other \*\*** |  |
| **\*\*Please explain further: (continue in section 7 if necessary)** |

**SECTION 5 - OPTIONAL INFORMATION**

**Please refer to our Privacy Policies and Record Retention Policy available on our school website for information about how Blue Coat Academy collects, stores and uses personal data about pupils**

|  |  |  |
| --- | --- | --- |
| **What is your child’s religion?**  | **What is your child’s home language?** | **What is your child’s first language?** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **What is your child’s Country of birth?**  | **What is your child’s Nationality?**  | **If your child is new to the UK please state the date you arrived** |
|  |  |  |

|  |  |
| --- | --- |
| **Are you and your family refugees or seeking asylum? A copy of the NASS35 and the ARC card will be required if your child is offered a place** | **Is your child a carer for any member of the family?** |
| **An Asylum Seeker □ A refugee □** |  **Yes □ No □** |

**How would you describe the ethnic group of your child? (please tick one box)**

**Choose ONE from A –E, then tick appropriate box to indicate your child’s background**

**a) White b) Mixed**

 ** British  White & Black Caribbean**

 ** Irish  White & Black African**

 **Traveller of Irish Heritage  White & Asian**

 ** Gypsy or Roma  Any other Mixed background**

 ** Any other White background**

**c) Asian or Asian British d) Black or Black British**

 ** Indian  Black Caribbean**

 ** Pakistani  Black African**

 ** Bangladeshi  Any other Black background**

 ** Any other Asian background,**

**e) Chinese and other groups  I do not wish an ethnic group to be recorded**

 ** Chinese**

 ** Any other ethnic background**

|  |  |  |
| --- | --- | --- |
| **Please state any known medical conditions or allergies** | **Please list any medication your child needs** | **Does you consider your child to have a disability?** |
|  |  |  |
| **Doctor’s/practice name** | **Address** | **Telephone number** |
|  |  |  |

**SECTION 6 - DECLARATION**

* **I confirm that the information I have given on this form is accurate and true**
* **I understand that any information found to be fraudulent or misleading may result in a place being withdrawn**
* **I understand that the information given on this form will be shared with schools and other Local Authorites for school admission purposes and will be kept on file for at least 12 months from the date of this application**
* **I have Parental responsibility for the child.**

**Signed:** (Parent/ Carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_

**SECTION 7 – ADDITIONAL INFORMATION**

**Please provide any additional information below;**

|  |
| --- |
|  |