

## **Admission Form**



Please ensure this form is returned in a sealed envelope to protect the information you have supplied PLEASE RETURN BY 1ST MAY 2025

Student Personal De	tails			
Home Address:	<u>Legal</u> Forename:	Preferred Forename:	enable us to identify	We collect this data to enable us to identify students and because the
	Middle Name(s):	Date of Birth:	law requires us to.  Preferred Forename a Preferred Surname ar optional - please com	and e plete
Condon M/5	<u>Legal</u> Surname:	Preferred Surname:	if your student would I to be known by a nam other than their legal name.	
Gender: M/F				
Do you have a sibling/sibli	ngs attending the school?	_		
	L PERSONS who have pare			
Priority 1: Title and Full Name:	Relationship to stud	dent: Parental Responsibility?	Correspondence:	
		YES / NO	Correspondence: We v	
Home Address:	Home Telephone:	Work Telephone Number:	box for any other contact	e-mail or postal correspondence to the Priority 1 contact. Tick this box for any other contacts
	Mobile Number:	Preferred E-Mail:	that you would like to receive copies of correspondence. For those with parental responsibility but no e-m	nail
Priority 2: Title and Full Name:	Relationship to stud	Parental Responsibility?  YES / NO	Correspondence:  This data enables us to	0
Home Address:	Home Telephone:	Work Telephone Number:	communicate with Par & Carers about their children and school life as well as to contact them in an emergency	ents e,
	Mobile Number:	Preferred E-Mail:	Only complete fields the you are happy for us to store and process.	nat
Priority 3: Title and Full Name:	Relationship to stud	Parental Responsibility?  YES / NO	Correspondence:  Please ensure you have checked with any person whose details you enter on this form that they agree to you providing	on er
Home Address:	Home Telephone:	Work Telephone Number:	their information.	
	Mobile Number:	Preferred E-Mail:		

Emergency Consent	and Medical Informati ency medical treatment neces		
course of a school visit	We use this data to help care for students in the case of a		
Medical Practice (Surgery):	С	ietary Needs:	medical emergency. It's optional, but failing to provide it may delay medical treatment should it become necessary.
Medical information (including any o	ullergies):	visabilities:	
			We use this to cater for the needs of your student and ensure they receive education that is appropriate for them.
Statutory Information			We collect this information
Ethnicity: please tick			because the Department for Education ask us to.
White—British White—Irish Traveller of Irish heritage Any other white background Gypsy / Roma White and Black Caribbear	Pakistani	Black Caribbean	we don't use it to treat any individuals in a different manner to anyone else—sometimes we'll even use it to make sure we don't. The DfE use it to monitor education patterns and trends across the country to ensure that the educational needs of all
			are being catered for.  If you prefer not to supply
Pupil Country of Birth:	PL	pil Nationality:	any of these pieces of information please write  "Refused" in the relevant box.
<b>Looked After Young F</b>	People		
Student is currently a Loc defined in the Children A by, an English local authors  Student has previously by they have ceased to be local (i.e. they were adopted firm residence order)	We ask for this information because it enables us to claim "Pupil Premium" funding for students that are entitled to it.		
If either of the above apply, the Loca	ul Authority roop opsible is fugge		
in entire of the above apply, the Loca	an Authority responsible is/was.		
Previous School Deta	ils		
Previous School:		Contact Name:	This allows us to request
			your child's Educational Record from their
Email Address:		Telephone Number:	previous school. This gives us an insight into
		Top of the second	your child's educational progress to allow us to understand their needs.
Address:			
			We promise to ensure that this personal information is processed fairly, is correct,
SIGNATURE			is stored safely, and is kept for no longer than needed. In most cases student data
Parent/Carer Signature:	Print Name:	Date:	will be kept until the student reaches 25 years old.We
			might share this with other agencies or external service providers, full details can be
			seen in our Privacy Notice at www.imberhorne.co.uk/ data-protection

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