

ALPERTON COMMUNITY SCHOOL

Please tick when completed

Admissions form completed by Parent/ Carer

Admissions form checked by ACS Administration team



The information on this form is covered by the Data Protection Act and will not be passed on to any organisation unconnected with the educational needs of your child. You are welcome to view this information that we hold.

Part A: Parent/ Carer to complete:

UPN Number:		Start date:	
Surname			
Forename(s)		Please underline the name by which the child would like to be called.	
Student's Date of Birth (DD/MM/YY)		Gender (F/M)	
Student's Current Permanent Address		Post Code	
Home Phone Number			
Mother/Carer's Name			
Mother/Carer's Work Number		Occupation	
Mother/Carer's Mobile Number			
Father/Carer's Name			
Father/Carer's Work Number		Occupation	
Father/Carer's Mobile Number			
Mother/Carer's E-mail Address		Circle Main contact	
Father/Carer's E-Mail Address			
Emergency details if above not available Must not be the parent/carer		Name and relationship to student	Home: Mobile:
How will your child usually travel to this school?		Walk / Car / Underground / Bus	

Part A continued. Parent/ Carer to complete.

Doctor's Name		
Doctor's Address		Postcode
Doctor's Phone Number		

Does your child have any Medical Condition? e.g. Asthma	Yes / No
If yes, please give details of the condition. For example, how often is medication taken or outpatient information	
Do they have any allergies	Yes / No
If yes, please give details	
Special Medical requirements? (e.g. inhaler, epi-pen etc)	

Sibling Information

List any family member already attending Alperton Community School

Name	Relationship	Year Group

Name & Address of previous school and dates attended

Name of School				
Address of School				
Borough / LA			Postcode	
Dates Attended	From:		To:	
Has not been in an Educational Provider	Yes / No (details)			

Date of interview: _____**Start date:** _____

UPN Number:

Form/Class Allocated:

Supplementary form for Parent/Carer

Use this space to add any other relevant information

Part B. ACS Administration staff to complete. For school Use Only.

Have the following been produced, verified and copied?

Passport nationality	
Passport number	
Passport expiry date	
VISA Status	Refugee: Y/N Indefinite leave to remain: Expiry date: N/A
Birth certificate	Seen and copied Y/ N
Proof of address Bank Statement, council tax bill or utility bill	Seen Y/ N

For Office Use

Have the following departments been contacted with relevant information?

	Yes	No
Medical Requirements		
SEN		
Outside agency involvement		
EAL		
MAT		
PASTORAL		
PP		
MFL ALLOCATION		

Signed: _____

Dated: _____

Interviewed by: _____

Part C. Interview with ACS senior leader.

Name of senior leader: _____

Date: _____

Is the child a 'Looked After Child' (LAC) / have they been in the last 5 years?

Y/ N

Special Educational Needs Code of Practice Stage (please tick)

School Action	School Action Plus	Educational Healthcare Plan	None

KS2 / KS3 / KS4 results as applicable or Teacher assessment

	English Reading	English Writing	Mathematics	Science
Working at greater depth at the expected standard				
Working at the expected standard				
Working towards the expected standard				
KS2 Score (if known)				
Language studied in previous school				
Your child will be allocated to study one of the following languages:	FRENCH / SPANISH / GUJARATI			

Do you have a working computer at home?	Yes / No
Do you have access to the Internet?	Yes / No

What clubs or activities does your child participate in outside of school?	
Does your child play a musical instrument and at what standard?	
Please note any particular weakness of your child (e.g. reading, writing, maths)	

Has your child ever been excluded from school?	Yes / No
If yes then please give details:	

Part C continued. ACS senior leader to complete.

Lunchtime Arrangements	School Meal / Packed lunch
Have you been entitled to claim Free School Meals within the last 6 years?	Yes / No
Is your child on the pupil premium register?	Yes / No
If not, please take a letter giving guidance on application for pupil premium.	Letter given out? Yes / No
Home school agreement	Yes / No
GDPR Data use sheet	Yes / No
Visits consent form	Yes / No
Use of images for school website and publicity	Yes / No

Main DfE Codes for Ethnicity please tick

AOTH	Any other Asian background	WIRI	White: Irish
ABAN	Bangladeshi	WIRT	Traveller: Irish Heritage
AIND	Indian	WROM	Gypsy/Roma
APKN	Pakistani	MWBA	Mixed: White/Black African
BCRB	Black Caribbean	MOTH	Mixed: Any other mixed background
BAFR	Black - African	MWAS	Mixed: White/Asian
BSOM	Black - Somalia	MWBC	Mixed: White/Caribbean
BOTH	Any other Black background	CHIN	Chinese
WOTH	Any other White background	NOBT	Info not obtained
WBRI	White: British	OOTH	Any other ethnic background

Part C continued. ACS senior leader to complete.

What is the main language spoken at home?	
What is the main language your child can speak? What is the main language your child can write?	
What is your country of birth? What is your nationality?	
What is your religion?	
County of birth	
Nationality	

Supplementary form

Use this space to add any other relevant information