



Cloudside Academy

A L.E.A.D. Academy

SCHOOL ADMISSION FORM

Executive Head Teacher: Mrs. Nicola McIntyre

Head of School: Mrs Susan Wass

Cloudside Academy

Stanton Road, Sandiacre

Nottingham NG10 5DE

Telephone: 01159392263

Email : info@cloudsideacademy.co.uk

Website: www.cloudsideacademy.co.uk

Child's Information

Legal Forename: **Legal Surname:**
Middle Name(s): **Preferred Surname:**
Preferred Forename: **Date of Birth:**
Age at Admission: **Gender:** *Male/Female*
Previous Surname:
Address:

Family Details

Does your child have any siblings already attending Cloudside Academy? If yes please give details below	Yes		No	
1. Child's Full Name				
2. Child's Full Name				
3. Child's Full Name				

Parents Details

Legal Forename: **Legal Surname:**
Relationship to child: **Preferred Surname:**
Address: **Contact Number:**
 **Email:**

Legal Forename: **Legal Surname:**
Relationship to child: **Preferred Surname:**
Address (if different from above): **Contact Number:**
 **Email:**

Welfare

Is your family accessing support under one of the following areas (please tick):-

Support Area	Current	Historical
None		
Early Help		
Targeted Support		
Priority Family		
Child In Need		
Child Protection Plan		
Child in Care		

Contact Information

Contact 1

Title: Forename: Surname:

Postcode: House Number/Name:

Street: Town/City:

Relationship: Mother Father Step Parent Foster Parent Grandparent
 Other Relative Neighbour Other Contact Guardian Social Worker

Parental Responsibility Court Order

Tick **one** telephone number as the **Main Day Time number** for use in emergency

Telephone: Home:Main. Work:Main.

Mobile:Main. E-mail:.....

Contact 2

Title: Forename: Surname:

Postcode: House Number/Name:

Street: Town/City:

Relationship: Mother Father Step Parent Foster Parent Grandparent
 Other Relative Neighbour Other Contact Guardian Social Worker

Parental Responsibility Court Order

Tick **one** telephone number as the **Main Day Time number** for use in emergency

Telephone: Home:Main. Work:Main.

Mobile:Main. E-mail:.....

Contact 3

Title: Forename: Surname:

Postcode: House Number/Name:

Street: Town/City:

Relationship: Mother Father Step Parent Foster Parent Grandparent
 Other Relative Neighbour Other Contact Guardian Social Worker

Parental Responsibility Court Order

Tick **one** telephone number as the **Main Day Time number** for use in emergency

Telephone: Home:Main. Work:Main.

Mobile:Main. E-mail:.....

Pupil Medical Information:

Medical Practice:

Practice Address:

.....

Telephone:

Emergency Medical Consent:

- Dietary Needs: Artificial colouring allergy
(If applicable) Gluten Free
 Kosher foods only
 No dairy produce
 No nuts of any type/quantity
 No pork
 Ramadan
 Seafood allergy
 Vegetarian

Medical Conditions/Information/diagnosis: Please include details of any allergies/medical conditions e.g. asthma, and medications regularly taken. (If you require more space please give full details on a separate sheet).

If none, please state NONE.

.....

Medical Declaration

If my child is injured and in need of medical treatment, I give my consent, in the event of the school being unable to contact me, for such medical treatment as is deemed necessary, to be carried out.

Signed..... Relationship to child

Please Print Name Date

Ethnic Details

Nationality	
Country of Birth	
Child's first language	
Any other languages spoken	

Ethnic Background (please tick one of the boxes below)

White British	Indian	
White Irish	Pakistani	
Traveller of Irish Heritage	Bangladeshi	
Gypsy/ Roma	Any other Asian background	
Any other White background	Black Caribbean	
Mixed White & Black Caribbean	Black African	
Mixed White & Black African	Any other Black Background	
Mixed White & Asian	Chinese	
Any other mixed background	Any other ethnic background	

Religion

Roman Catholic	Muslim	
Catholic	No Religion	
Christian	Other Religion	
Buddhist	Sikh	
Hindu	Refused	
Jewish		

Armed Forces Child**Looked After Child**

Yes

No

Yes

No

Previous School

If your child is joining from a previous school, please give details:

School Name:

Contact Number:

School Address:

Start date:

Finish date:

School Meals

Will your child be having a school meal Yes

Packed lunch Yes

If your child is joining from a previous school, were they entitled to Free School Meals (FSM)?

Yes

No

If you believe your child may be entitled to FSM, please supply your (Parent's) NI number and Date of Birth

Parent's NI.....

Parent's DOB.....

Photo Consent**Please circle.**

I am happy for the school to take photographs/film of my child	Yes	No
I am happy for photos of my child to be used on the school website	Yes	No
I am happy for photos of my child to be used in the school prospectus	Yes	No
I am happy for photos of my child to be used in the school newsletter	Yes	No
I am happy for photos of my child to be used in internal displays	Yes	No
I am happy for photos of my child to be used on facebook and twitter	Yes	No
I am happy for photos of my child to be used for the media (press/television)	Yes	No

Signed..... Parent/Guardian

Why are we asking for your consent?

You may be aware that there are new data protection rules and to ensure we are meeting the new requirements, we require GDPR consent to be given.

GDPR Consent

I confirm that my child is below the age of 16 years old and I am consenting on their behalf that L.E.A.D Academy Trust can process personal data relating to my child as detailed in the Privacy Notice for Parents (enclosed).

I am aware that I may withdraw my consent at any time by using form GDPR REC 4.7A – Parental Consent Form available from the school office.

Signed by parent/guardian: _____

Permissions

I do/do not give permission for the following:-

Borrow school PE kit	YES	NO
Borrow school Swimming kit	YES	NO
Travel in staff car to events	YES	NO
Permission to walk to local events/venues	YES	NO

Signed.....Parent/Guardian

End of Day Arrangements

In line with our Safeguarding procedures and to ensure your child’s safety upon leaving school each day, please provide us with the names of persons authorised to collect your child. If this information changes, please advise that school office.

I give permission for my child to go home with:- (e.g. mum, dad, grandparents).
Name and relationship to child.

End of Day Arrangements

Please indicate below what is to happen at the end of each day.
C = collected (children will only be able to leave with the persons named above).
W = authorised to walk home alone.
S = Shine Club

Any variation should be notified to the door monitors in the morning or by contacting the school office.
After School Sports Clubs will be updated on a termly basis.

Monday	Tuesday	Wednesday	Thursday	Friday

OFFICE USE ONLY

IN YEAR ADMISSION INFORMATION

Safeguarding/Inclusion Officer meeting	Date.....
Headteacher Notified	Date.....
Headteacher Approved	Signed.....
Year Group/Class Confirmed	Class.....
CTF requested from previous school	Date
CTF received from previous school	Date
School File received from previous school	Date.....

Current School:		
Current Year:	Allocated to:	
Reason for leaving previous school:		
New to country: Yes / No		
A	New to English	
B	Early Acquisition	
C	Developing Competence	
D	Competent	
E	Fluent	
N	Not yet Assessed	
Academic Information:		
SEND Information (including EAL):		
Any other information(hobbies, favourite subject, extra-curricular etc):		