

ENROLMENT FORM (Return by Friday 20th April 2018)

PERSONAL DETAILS

SURNAME:		LEGAL SURNAME:	
FORNAMES:		PREVIOUS SURNAME:	
DATE OF BIRTH:		GENDER:	MALE/FEMALE
HOME ADDRESS:			
		POST CODE:	
HOME TELEPHONE NO:			
EMAIL ADDRESS			
Full name of parent/guardian with whom child lives:		Mr/Mrs/Miss/Ms	

Name and Address of any parent NOT normally resident at the child's home:			
NAME:	Mr/Mrs/Miss/Ms	ADDRESS:	
POST CODE:		TEL. NUMBER:	

PRIORITY	EMERGENCY CONTACTS (<i>This is a legal requirement</i>)			
	FULL NAME	RELATIONSHIP TO CHILD	DAYTIME NUMBER	MOBILE NUMBER
1.				
2.				
3.				
4.				

FOR OFFICE USE:

ADMISSION DATE:	SIMS:	ADMISSION NO:	YEAR:	COLLEGE:
UPN:	FILE:	CTF:	SAM:	

ADDITIONAL INFORMATION

DOCTORS SURGERY AT WHICH STUDENT IS REGISTERED	
DOCTOR/SURGERY:	TELEPHONE:
ADDRESS:	
MEDICAL INFORMATION ABOUT YOUR CHILD OF WHICH WE NEED TO BE AWARE? Medical: (e.g. Allergies; Asthma; Diabetes; etc)	
DO YOU CONSIDER THAT YOUR CHILD HAS A DISABILITY: Please indicate. If Yes please give a brief description of the disability below	Yes or No
SPECIAL EDUCATIONAL NEEDS: and/or achievements of significance:	

OPTIONAL INFORMATION:

ETHNIC GROUP:		RELIGION:	
HOME LANGUAGE:		FIRST LANGUAGE:	
ASYLUM SEEKER/REFUGEE:		ENGLISH AS ADDITIONAL LANGUAGE	Yes/No
TRAVELLER STATUS: (Please Circle)	Gypsy / Roma-House / Travelling Occupational Traveller / Other	FROM: TO:	
MEAL: (Please Circle as Appropriate)	School Meal / Free Meal / Sandwiches		
TRAVEL : (Please Circle as Appropriate)	Car / School Coach / Cycle / Walk / Public Transport		

PREVIOUS SCHOOL HISTORY: (This is important in order to obtain previous records)

NAME AND ADDRESS OF SCHOOL:			
TELEPHONE:		Started:	Left:

SIBLINGS:

NAME:	AGE:	Male/Female:	SCHOOL ATTENDING:

Parent/Carer Declaration

I Parent/Carer, wish my child to be enrolled as a student at Ormiston Park Academy. I will ensure that he/she wears the school uniform as listed in the School Prospectus, attends school regularly and punctually and has in his/her possession the correct equipment required for school. I will do all in my power to see that he/she upholds the reputation of the school.

Parent/Carer's Signature: Date:

Parent/Carer's Signature: Date:

Student's Signature:

PLEASE TICK ONLY ONE OF THE FOLLOWING BOXES	
WHITE	ASIAN OR ASIAN BRITISH
1. BRITISH <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Other White British	9. <input type="checkbox"/> INDIAN 10. <input type="checkbox"/> PAKISTANI 11. <input type="checkbox"/> BANGLADESHI 12. <input type="checkbox"/> ANY OTHER ASIAN BACKGROUND <i>(Other Asian pupils not represented in the Categories above including East African Asian, Kashmiri, Sinhalese, South African Asian, Sri Lankan Tamil)</i>
2. IRISH <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage	
3. <input type="checkbox"/> GYPSY/ROMA	BLACK OR BLACK BRITISH
4. ANY OTHER WHITE BACKGROUND <input type="checkbox"/> Albanian (excluding Kosovan) <input type="checkbox"/> Bosnian-Herzegovinia <input type="checkbox"/> Croatian <input type="checkbox"/> Greek/Greek Cyprio <input type="checkbox"/> Kosovan <input type="checkbox"/> Serbian/Yugoslavian <input type="checkbox"/> Turkish/Turkish Cypriot <input type="checkbox"/> White Eastern European <i>(including Bulgarian, Czech, Latvian, Lithuanian, Polish, Rumanian, Russian, Slovak, Ukranian)</i> <input type="checkbox"/> White Western European <i>(including French, German, Italian, Spanish, Portugese, Scandinavian)</i> <input type="checkbox"/> White Other <i>(Any other white background not represented In the categories above)</i>	13. <input type="checkbox"/> CARIBBEAN <i>(Including Antigua and Barbuda, Bahamas Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts and Nevis, St Lucia, St Vincent & Grenadines, Trinidad & Tobago)</i> 14. <input type="checkbox"/> AFRICAN <i>(Including Angolan, Black South African Congolese, Ethiopian, Ghanaian, Nigerian, Rwandan, Sierra Leonian, Somali, Sudanese, Ugandan, Zimbabwean)</i> 15. <input type="checkbox"/> ANY OTHER BLACK BACKGROUND <i>(Any other Black background not represented in the categories above including Black European, Black North American, Black Canadian)</i>
	CHINESE
	16. CHINESE <input type="checkbox"/> Hong Kong Chinese <input type="checkbox"/> Other Chinese <i>(Any other Chinese background not represented in the categories above Including Malaysian, Chinese, Singaporean, Chinese, Taiwanese)</i>
MIXED DUAL BACKGROUND	ANY OTHER ETHNIC GROUP
5. <input type="checkbox"/> WHITE AND BLACK CARRIBEAN 6. <input type="checkbox"/> WHITE AND BLACK AFRICAN 7. <input type="checkbox"/> WHITE AND ASIAN 8. <input type="checkbox"/> ANY OTHER MIXED BACKGROUND <input type="checkbox"/> White and any other ethnic group <input type="checkbox"/> Other mixed background <i>(Any other mixed background not represented In the categories above including Asian and Black, Asian and Chinese, Asian and any other Ethnic group, Black and Chinese, Black and any other ethnic group, Chinese and Any other ethnic group)</i>	17. ANY OTHER ETHNIC GROUP <input type="checkbox"/> Afghanistani <input type="checkbox"/> Filipino <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Any other Ethnic Group <i>of any other ethnic background not Represented in the categories above Including Egyptian, Iranian, Iraqi, Japanese, Jordanian, Korean, Kuwaiti, Kurdish, Latin/South/Central American, Lebanese, Libyan, Malay, Moroccan, Palestinian, Polynesian South Arabian, Yemini)</i>
<input type="checkbox"/> I DO NOT WISH AN ETHNIC BACKGROUND CATEGORY TO BE RECORDED	
SIGNATURE:	DATE: