



Student Details:

Preferred Surname:		Legal Surname:	
Preferred Forename:		Legal Forename	
Gender:		Middle name:	
Date of Birth:		Current Yr Group:	
Student Address:			
Student Post Code:			
Student Phone (if relevant):			
Student Email:			
CONFIDENTIAL:	<p><i>The answers given to these five questions are at Parents/Carers discretion and are treated in the strictest confidence. School is able to attract additional funding based on answers given. Alternatively, please speak to a member of staff in private.</i></p>	<p>Is the student looked after (LAC or CLAC)? Is the student Adopted from Care? Is there a Special Guardianship/Residency order in place? Is the student eligible for Free School Meals? Is the student a "Service Child" where one or more parents are in the Armed Forces?</p>	<p>Yes / No Yes / No Yes / No Yes / No Yes / No</p>

Preferred date to start here at MBA:			
Do any relatives currently (or have previously) attend(ed) here?	Yes / No (if yes, please give details)		
<i>Full Name:</i>		<i>Year Group:</i>	
<i>Relationship to Applicant:</i>			
<i>Full Name:</i>		<i>Year Group:</i>	
<i>Relationship to Applicant:</i>			
Do any friends of the student attend here?	Yes / No (if yes, please give details)		
<i>Full Name:</i>		<i>Year Group:</i>	
<i>Full Name:</i>		<i>Year Group:</i>	

Dietary Information:

Any Special Dietary Needs?	Yes / No
Additional Details:	

Ethnic/Cultural Information

Students First Language:		Language used within the Home:	
Nationality:	English Scottish Irish Welsh British Other	Country of Birth:	
Ethnicity:	White UK Other White European Black African Black Other Indian	White Other Black Caribbean Bangladeshi Chinese Pakistani Other	
Religion:	Buddhist Christian Hindu Jewish Muslim No Religion Other Religion Sikh		

Parental Details (please provide in priority contact order):

PRIMARY CARER INFORMATION		Relationship to Student:	
Parental Responsibility: YES NO (i.e. is this person the primary legal carer?)	Court Order: YES NO (is there a Court Order in place to prevent access to Student?)	Receive Reports: YES NO (academic reports will be sent here if YES)	
Mr/Miss/Mrs/Ms:	Full Name:		
Gender:	Date of Birth (dd/mm/yyyy):		
Lives with Student?: YES NO	Home Address (if different to Student):		
E Mail address:			
Home Phone:	Mobile:	Work No:	

SECONDARY CARER INFORMATION		Relationship to Student:	
Parental Responsibility: YES NO	Court Order: YES NO	To Receive Reports: YES NO	
Mr/Miss/Mrs/Ms:	Full Name:		
Gender:	Date of Birth (dd/mm/yyyy):		
Lives with Student?: YES NO	Home Address (if different to Student):		
E Mail:			
Home Phone:	Mobile:	Work No:	

How would you like your mail addressed? (e.g Mr & Mrs Bloggs)	
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Emergency Contact Details (Should Parent/Carer be Unavailable):

Mr/Miss/Mrs/Ms:	Full Name:		
Relationship to Student:			
E Mail:			
Home Phone:	Mobile:	Work No:	
Address:			

Medical Information:

Does the student have a condition which may affect their ability to participate in school?	YES	NO
Does the student have any allergies?	YES	NO
Have any other medical conditions been identified?	YES	NO
If Yes, please provide brief details:		
Does the student take any medication?	YES	NO
Medical Practice/Surgery Name:		
Name of GP:		
Medical Practice Phone Number:		
Medical Practice Address:		

Additional Information:

Meal Arrangements: (please circle)	School Meal	Packed Lunch				
Eligible for Free School Meals? (please circle)	YES	NO				
Travel Arrangements to School :	Car	Walk	Bicycle	Bus	Train	Taxi

Pupil Background:

(Previous Education Support History (Please tick as appropriate))		Yes	No
Is this pupil in care (Looked After/Previously Looked After)? If yes, to which Local Authority			
Children's Services involvement? If yes, please provide social worker's name:			
Previously Permanently Excluded?			
Previous Exclusion Record?			
Are you a Crown Servant? If you are UK service personnel or other Crown Servants living abroad with your family please tick YES. You will need to provide an official MOD, FCO or GCHQ letter declaring your relocation date and address.			
Special Educational Needs Status (SEN)	Education Health and Care Plan (EHCP)		
	Under Formal Assessment		

<p>Any other pertinent information, regarding home circumstances, the school needs to be aware of: <i>Additional information might be medical, social and welfare information relating to the pupil and/or the family. Evidence from an appropriate professional (e.g. doctor, health visitor, social worker) can be attached. Please continue on a separate sheet if necessary.</i></p>	
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New Arrivals from Overseas		
<i>Please only complete this section if your child has recently arrived from overseas. If your child's current or previous School/Academy is outside the UK, we will need to see proof of your child's arrival in the UK, such as an endorsed passport, entry visa or national identity card. We will also need to see proof of your child's date of birth, for example, their passport, identity card or birth certificate.</i>		
Date of arrival in the United Kingdom:		
Date of arrival in Morecambe/Lancashire:		
	Yes	No
Is your child a refugee or asylum seeker?		
Does your child speak English? If no, please state your child's first language		
Do you speak/understand English?		

Current School:

Authority:	
Name of School:	
School Address:	
E Mail Address:	Telephone:
Admission Date:	Leaving Date:

Previous Schools/Educational Placements:

Authority	Establishment Name/Address	Date from	Date last attended:

Please explain any gaps in the student's education record:

Academic Record:

Key Stage 2 English Level:	Current English Level/Grade:
Key Stage 2 Maths Level:	Current Maths Level/Grade:
Key Stage 2 Science Level:	Current Science Level/Grade:

Subject specific questions:

<i>(Please circle Y/N as appropriate for each Year Group)</i>	Primary School	Year 7	Year 8	Year 9	Year 10	Year 11
Has your son/daughter studied French in any of the following?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

Behaviour Record:

Any exclusion history?					YES	NO
Number of formal detentions this year (please circle):	0	1-5	6-20	20+		

Special Educational Needs:

Has the student ever received additional support for learning?	YES	NO
Has the student ever been assessed by an educational psychologist?	YES	NO
Has the student been diagnosed with any educational condition (ADHD/MLD etc)?	YES	NO
Has the student got a Statement of Special Educational Needs?	YES	NO
Has a CAF been completed?	YES	NO
If yes, please provide details:		

Hobbies and Interests:

Please detail any hobbies, interests or achievements below:

Key Stage 4 Options:

For Year 9 admissions after February or Year 10 or 11 admissions at any time of year, please complete a Key Stage 4 Options form.

Basis of Application: *Please tick appropriate box(s)*

- Moving to Lancashire from outside of the UK (Please state Country):
- Moving to Lancashire from another local authority (Please state Local Authority):
- Moving from one area of Lancashire to another (Please state area):
- School to School Transfer within the same authority:
- Leaving Private Education:
- Leaving Elective Home Education:
- Other (Please state):

Any further relevant details on reason for Application:

Parental Consent:

Please tick the appropriate column:		
I agree; consent IS given	I disagree; consent IS NOT given	
		I give permission for the school to use my child's photograph in newsletters and promotional material
		I give permission for the school to use my child's full name in newsletters and promotional material
		I give permission for my son/daughter to have appropriately filtered Internet Access in School
		I give permission for my son/daughter to use the biometric fingerprint systems for "Cashless Catering", the School Library and any other systems which may come into use in the future *where consent is not given, students will be issued with a PIN number rather than using their fingerprint
		I give permission for data to be shared with Youth Support Services *Once your child is aged 13 or over, we are required by law to pass on certain information to providers of youth support services in your area. This is the local authority support service for young people aged 13 to 19 in England. We must provide both the child's and parent's name(s) and address, and any further information relevant to the support services' role. However, if the child is over 16, the child (or the parent(s)) can ask that no information beyond names, address and your date of birth be passed to the support service.
		In the event of sudden illness or accident affecting my son/daughter, if recommended by a doctor and considered necessary by the medical authorities present, I agree to emergency treatment. I give permission for my son/daughter to receive emergency medical treatment on the grounds outlined below *In the very rare event of an emergency, Morecambe Bay Academy would actively seek to locate a parent or guardian. When parents or the emergency contact person cannot be reached, it could be necessary for Morecambe Bay Academy to obtain urgent treatment for your son or daughter from a doctor, dentist or accident and emergency department of a hospital. As delay in such circumstances could be dangerous we would ask that you give your consent below in case such an emergency should unfortunately arise. This consent will be valid whilst your son or daughter is on site or on a day visit. Longer term trips will require an additional form to be completed. This emergency consent will remain valid for the period of time your son or daughter attends Morecambe Bay Academy unless you instruct us otherwise in writing. The consent will automatically expire after this time.

Declaration (to be signed at Pre Admission Meeting):

I/We consent to the school obtaining, using, holding and disclosing "Personal data" including "sensitive personal data" (such as medical information), for the purposes of safeguarding and promoting the welfare of our child, and where necessary, for the legitimate interests of the School and ensuring that all relevant legal obligations of the school and ourselves are complied with. I/We give my/our consent to such processing and disclosure provided that at all times any processing or disclosure of personal data or sensitive personal data is done lawfully and fairly in accordance with the General Data Protection Regulation 2018. I/We also commit to ensuring that where I/We are nominating a contact person that has not had sight of this form, I/We will make them aware of its contents and routines for opting out of consent.

Full details of our Privacy Notice and GDPR compliance can be found on the School Website at www.morecambebayacademy.co.uk

Parental Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____