**Admissions Confirmation Booklet**

CHECKLIST FOR COMPLETION

Before returning your Admissions Confirmation Booklet, along with the relevant paperwork, please ensure the following has been completed and included.

|  |  |  |
| --- | --- | --- |
| Please tick ✓ |  | Page |
|  | Fully completed application form |  |
|  | Copy of Birth Certificate  Please do not send the original document to the Academy | See Page 1 |
|  | Copies of **two** **proofs of address** eg utility bill (dated within the last 3 months), council tax bill (most recent), driving licence | See Page 1 |
|  | **Email addresses for both parents / carers** with custody of the student for communication from the Academy | See Page 2 |
|  | **Photo and Biometric Consent Form** – all relevant boxes completed | See Page 5 |
|  | | |
| **Please complete all sections of this form, and return to the Academy at the following address:**  **MDSA Porter Avenue, Peterborough, PE4 7EP** | | |

**Admissions Confirmation Booklet**

|  |
| --- |
| **Please complete all sections of this form, and return to the Academy at the following address:**  **MDSA Porter Avenue, Peterborough PE4 7EP** |

**Student Information**

Student Legal Surname…………………………………..

Legal Forename(s)………………………………………..

(As stated on their Birth Certificate, or on Deed Poll documentation)

* **I attach 2 copies of proof of address**
* **Copy of short birth certificate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Previous School |  | Date of Birth | |  | |
| Preferred Forename |  | Preferred Surname: | |  | |
| Gender |  | Home Telephone Number | |  | |
| Home Address | | | | | | |
|  | | |  | |  | |
|  | | | Postcode | |  | |

**Please Tick**

* **I confirm that all of the information in this form is correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parental Signature(s):**  **(Please ensure signed by parent/carer)** |  | **Parent Names:**  **(IN BLOCK CAPITALS)** |  |
|  |  |
| **Student Signature:**  **(Please ensure signed by student)** |  | **Student Name:**  **(IN BLOCK CAPITALS)** |  |
| **Date:** |  | | |

Data provided is necessary or may be used by the Academy, Education Authority or other appropriate agencies/organisations for operational, managerial and associated purposes relevant to the educational service – see Privacy Notice contained in the Student Admission booklet for further information.

**Student Information**

**Please give details of all persons who have legal responsibility for this student. (proof may be requested)**

|  |
| --- |
| **Parent/Carer 1**  Title: Mr/Mrs/Ms/Miss Forename…………………………..Surname………………………………………………..  Relationship to Student ……………………………………………………………………………………………..........  Address if different from Student………………………………………………………………………………………….  Postcode…………………First Language………………………………… Parental Responsibility Yes/No  Place of Work …………………………………………………………….................................................................... |
| **Parent/Carer 2**  Title: Mr/Mrs/Ms/Miss Forename…………………………. Surname…………………………………….…………..  Relationship to Student ……………………………………………………………………………………………………  Address if different from Student………………………………………………………………………………………….  Postcode…………………First Language ………………………………. Parental Responsibility Yes/No  Place of Work …………………………………………………………….................................................................... |
| **Second Parent if separated** (for school reports)  Title: Mr/Mrs/Ms/Miss Forename…………………………. Surname………………………………………………..  Relationship to Student……………………………………………………………………………………………………  Address ……………………………………………………………………………………………………………………..  Postcode…………………First Language………………………………. Parental Responsibility Yes/No  Telephone Number…………………………………………………………………………………………….…………..  Email address…………………………………………………………… (for further information on Email communication please see below)  Place of Work………………………………………………………………………………………………………………. |

**Email Communication - Parent Registration**

**The Academy operates a secure email communication system between the Academy and parents**

**IF YOU HAVE AN EMAIL ADDRESS, PLEASE ENTER THIS BELOW AND RETURN IT WITH THE REST OF THE PACK SO THAT YOU CAN BE REGISTERED.**

* Please list one email address for the prime contact where you wish emails to be sent.
* Any contact receiving communications via email will be recorded as a prime contact, (this may mean two separated parents being listed as contact 1 to enable both parents to get all communications.)
* Please write as clearly as possible in block letters (email addresses do not distinguish between capital and lower case letters).

|  |  |
| --- | --- |
| **Parent/carer full name** | **Parent/carer email address** |
|  |  |

The system will only be used for authorised Academy communication. Our system is secure and communications about your child can only be received by you.

* I do not have an email address and will require paper copies of correspondence

**Emergency Contact Form**

Please give details of all persons who could be called upon to collect your child in cases of illness or injury. These should be in the order you wish them to be contacted in the event of an emergency and **should include persons with legal parental responsibility on page 2**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Title (Mr/Miss/Mrs/Ms/Dr etc) |  | First Name |  | | Surname | |  |
| Relationship to Student |  | | | | | | |
| Home Tel No |  | | | | | | |
| Mobile No |  | | | Work No | |  | |
| Parental Responsibility | * Yes (as per legal documentation, ie birth certificate, deed poll etc) * No | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | Title (Mr/Miss/Mrs/Ms/Dr etc) |  | First Name |  | | Surname | |  |
| Relationship to Student |  | | | | | | |
| Home Tel No |  | | | | | | |
| Mobile No |  | | | Work No | |  | |
| Parental Responsibility | * Yes (as per legal documentation, ie birth certificate, deed poll etc) * No | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. | Title (Mr/Miss/Mrs/Ms/Dr etc) |  | First Name |  | | Surname | |  |
| Relationship to Student |  | | | | | | |
| Home Tel No |  | | | | | | |
| Mobile No |  | | | Work No | |  | |
| Parental Responsibility | * Yes (as per legal documentation, ie birth certificate, deed poll etc) * No | | | | | | |

**Medical Information**

Doctor’s Practice…………….………………………………………………………………………………………..

Address and Telephone No…………………………………………………………………………………………

Does your child have any medical conditions of which the Academy needs to be made aware? ie asthma,

migraine, diabetes, epilepsy, allergies etc. Please give brief details:………………………………………………

**EMERGENCY SCHOOL CLOSURE**

In the event of emergency school closure eg power failure, snow closure, I consent to the following:

**Tick 1 choice only**

* My child is able to leave school and make their own way home.
* My child is not to leave school and is to remain supervised at school until they can be collected or the end of the school day at which point they will be collected by parent / carer or a nominated adult.

**Ethnic/Culture**

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history.

**Ethnic background is not the same as nationality or country of birth.**

The Information Commissioner recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents of those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Students aged 16 or over can make this decision for themselves.

**Please study the list below and tick one box only** to indicate the ethnic background of the student named overleaf. Please also tick whether this form was filled in by a parent or student.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Afghan |  | Filipino |  | Portuguese |  |
| African Asian |  | Greek |  | Roma |  |
| Albanian |  | Greek / Greek Cypriot |  | Serbian |  |
| Any other Asian background |  | Gypsy |  | Singaporean Chinese |  |
| Any other Black background |  | Gypsy / Roma |  | Sri Lankan Other |  |
| Any other Ethnic group |  | Hong Kong Chinese |  | Sri Lankan Sinhalese |  |
| Any other Mixed background |  | Indian |  | Sri Lankan Tamil |  |
| Any other white background |  | Iranian |  | Taiwanese |  |
| Arab other |  | Iraqi |  | Thai |  |
| Asian & any other ethnic group |  | Italian |  | Traveller of Irish Heritage |  |
| Asian & black |  | Japanese |  | Turkish |  |
| Asian & Chinese |  | Kashmiri Other |  | Turkish Cypriot |  |
| Bangladeshi |  | Kashmiri Pakistani |  | Vietnamese |  |
| Black African |  | Korean |  | White British |  |
| Black Angolan |  | Kosovan |  | White Cornish |  |
| Black Congolese |  | Kurdish |  | White English |  |
| Black Ghanain |  | Latin / South / Central American |  | White Irish |  |
| Black Nigerian |  | Lebanese |  | White Northern Irish |  |
| Black Sierra Leonean |  | Libyan |  | White Scottish |  |
| Black somali |  | Malay |  | White Welsh |  |
| Black Sudanese |  | Malaysian Chinese |  | White & any other Asian background |  |
| Black & any other ethnic group |  | Mirpuri Pakistani |  | White & any other ethnic group |  |
| Black & Chinese |  | Moroccan |  | White & Asian |  |
| Black Caribbean |  | Nepali |  | White & Black Caribbean |  |
| Black European |  | Other Asian |  | White & Chinese |  |
| Black N American |  | Other Black |  | White & Indian |  |
| Bosnian Herzegovinian |  | Other Black African |  | White Eastern European |  |
| Chinese |  | Other Chinese |  | White European |  |
| Chinese & any other ethnic group |  | Other Ethnic Group |  | White Other |  |
| Croatian |  | Other Gypsy / Roma |  | White Western European |  |
| Egyptian |  | Other Mixed Background |  | Yemani |  |
|  |  | Other Pakistani |  |  |  |
|  |  | Other White British |  |  |  |
|  |  | Pakistani |  |  |  |
|  |  | Polynesian |  |  |  |

First language of student: ……………………………………… (Language spoken at home in the first years of life)

Home Language of student …………………………………… (Predominant language currently spoken at home)

Religion……………………………….. Date of arrival in Britain if not born in the UK….……………..

This information was provided by Parent/Carer { } Student { }

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**Travel**

Please tick **most usual** mode of transport for the student to arrive/leave the Academy (✓one choice only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Bicycle | * Car | * Taxi | * Walk | * Public Bus |

**Armed Forces Funding**

The Department for Education provides extra funding to schools for each student on roll whose parent is a member of the armed forces or has been within the last 4 years. Please indicate below if you come under the following criteria:

* You are currently, or have been within the last 4 years, service personnel serving in the regular HM Forces military units of all forces, or in the armed forces of another nation and stationed in England and exercising parental care and responsibility. This is only relevant to children whose parents are designated as Personnel Category 1 or 2, details of which can be found on the [MOD website](https://www.gov.uk/government/publications/personal-status-category-definitions). Your child(ren) must reside with you. **Please note: this does not apply to the Territorial Army**.
* I currently work for the Ministry of Defence (Air Force, Navy, Army, Personal Status Category 1 or 2) and reside with my child(ren).
* I used to work for the Ministry of Defence (Air Force, Navy, Army, Personal Status Category 1 or 2) and reside with my child(ren) and ceased this employment on the following date ………………………….

|  |  |
| --- | --- |
| Name of Parent in the Armed Services |  |
| Relationship to child |  |

**PHOTO and BIOMETRIC permisions**

**PHOTOGRAPHS / FILMING**

* At Manor Drive Secondary Academy we sometimes take photographs/film of students. We use these for educational activities and for marketing purposes within the Four Cs Trust schools eg website, social media, prospectus, displays etc. Your child’s photo may appear in group photos that can be purchased by other parents / carers and could be published online and in a newspaper. Your child’s DOB, photo, name and any languages spoken by the child may be displayed around the school for learning purposes. We are required to gain consent to take photos/film and use them in the ways described above. If you are not happy for us to do this, we understand and will update your preferences. If you change your mind at any time, you can let us know by emailing [office@manordrivesecondary.org.uk](mailto:office@manordrivesecondary.org.uk).

**BIOMETRIC IDENTIFICATION SYSTEMS (to include cashless catering, library / music access)**

* Please complete this form if you consent to Manor Drive Secondary Academy taking and using information from the student’s fingerprint as part of an automated biometric recognition system. This biometric information will be used by Manor Drive Secondary Academy for the purpose of access to Cashless Catering (Cunninghams / Impact software), Library (Eclipse software) and Music (Net2Access) facilities. The use of biometric technology is governed by the General Data Protection Regulations (GDPR) and the Protection of Freedoms Act 2012.
* In signing this form, you are authorising Manor Drive Secondary Academy to use the fingerprint biometric information for this purpose until the student either leaves the Academy or ceases to use the system. If you wish to withdraw your consent at any time, this must be done so in writing and sent to the Academy at the following address: Porter Avenue, Peterborough PE4 7EP. If you do not agree to biometric information being used by the Academy as part of an automated biometric recognition system for the student named in this form, an alternative means of accessing these systems will be discussed. Please note the Academy will contact you to discuss any implications of not using the biometric system.
* Once the student ceases to use the biometric recognition system, biometric information will be securely deleted by the Academy.

**Please tick the relevant box(es) below and return this form to the Academy.**

|  |  |
| --- | --- |
| Please **✓** |  |
| **✓** Yes | **PHOTO PERMISSION** - I/We give consent. |
| **✓** No | **PHOTO PERMISSION** - I/We **DO NOT** give consent. |
| **✓** Yes | **BIOMETRIC PERMISSION –** I give consent. |
| **✓** No | **BIOMETRIC PERMISSION –** I **DO NOT** give consent. |

Data provided is necessary or may be used by the Academy, Education Authority, or other appropriate agencies/

organisations for operational, managerial, and associated purposes relevant to the educational service – see Privacy Notice contained in the Student Admission booklet or the Academy website for further information.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent / Carer Signature: |  | Date: |  |

(September 2023 version)

*This page will be detached by the Academy when returned and forwarded to the Finance Department.*

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname: |  |

**FREE SCHOOL MEALS**



I am currently claiming Free School Meals:

* Yes
* No

If you have answered **‘Yes’** to the above question, your child will continue to receive Free School Meals at Manor Drive Secondary Academy whilst we carry out our background checks. We will contact you further if we find this to be incorrect.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parental Signature:** |  | **Parent Name**  **(IN BLOCK CAPITALS):** |  |