



Hill Avenue Academy

Admission Pack

It is essential that the School has the most up to date information for your Child.
Please ensure that you inform us of any changes to contact numbers, address etc.

Thank you.

Hill Avenue Academy

Pupil Information

Child's Surname	
Child's Forename(s)	
Child's Date of Birth	

Parent / Carers Information

Mother's Full Name	
Mother's Address & Postcode	
Mother's Contact Number (Home)	
Mother's Contact Number (Mobile)	
Mother's Contact Number (Work)	
Mother's National Insurance Number	
Mother's Date of Birth	
Father's Full Name	
Father's Address & Postcode (if different to above)	
Father's Contact Number (Home)	
Father's Contact Number (Mobile)	
Father's Contact Number (Work)	
Father's National Insurance Number	
Father's Date of Birth	

Emergency Contacts

1	Name Home Tel No. Mobile Tel No. Relationship to child	
2	Name Home Tel No. Mobile Tel No. Relationship to child	
3	Name Home Tel No. Mobile Tel No. Relationship to child	
4	Name Home Tel No. Mobile Tel No. Relationship to child	

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Home Language

Please tick box. If you do not want to use any of the descriptions listed, please tick the 'other' box and write in your own.

Arabic	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Latvian	<input type="checkbox"/>	Other Language	<input type="checkbox"/>
English	<input type="checkbox"/>	Panjabi	<input type="checkbox"/>	Please Specify:	
Gaelic	<input type="checkbox"/>	Polish	<input type="checkbox"/>		
Greek	<input type="checkbox"/>	Romanian	<input type="checkbox"/>		
Gujarati	<input type="checkbox"/>	Russian	<input type="checkbox"/>		
Hindi	<input type="checkbox"/>	Urdu	<input type="checkbox"/>		

Religion

Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Please specify:	
Muslim	<input type="checkbox"/>		
Rastafarian	<input type="checkbox"/>		

Child's Country of Birth	<input type="text"/>
Child's Nationality	<input type="text"/>

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ETHNIC BACKGROUND

(Based on the new national population Census ethnic categories)

Child's Name	
Class / Teacher	

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.**

Please tick **ONE** box only to indicate the ethnic background of the child named above.

White			
British	<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Any other white background	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>		<input type="checkbox"/>

Black or Black British			
Caribbean	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
African	<input type="checkbox"/>		<input type="checkbox"/>

Mixed			
White & Black Caribbean	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>

Asian or Asian British			
Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>

Chinese	<input type="checkbox"/>
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Any other ethnic background	<input type="checkbox"/>
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I do not wish an ethnic background to be recorded	<input type="checkbox"/>
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This information was provided by the	Parent	<input type="checkbox"/>
	Child	<input type="checkbox"/>

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MEDICAL CONDITIONS

Child's Name	
Child's Date of Birth	
Class / Teacher	

If your child has any of the following conditions please tick which apply

Asthma	
Diabetes	
Eczema	
Epilepsy	
Allergies (Please specify)	
Other (Please specify)	

Does your child have any special dietary needs?	
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DOCTOR INFORMATION

Doctor's Name	
Address	
Contact Number	

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SPECIAL EDUCATIONAL NEEDS INFORMATION

Child's Name	
Child's Date of Birth	
Class / Teacher	

Does your child have Special Educational Needs?	Yes	No
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Does your child have / ever had support from Speech & Language Therapy?	Yes	No
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Does your child have a Statement or EHA plan?	Yes	No
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Please indicate key professionals who are working with your child

Key Professionals		Key Worker
Early Years		
Sensory Inclusion		
Physiotherapy		
Occupational Therapy		
Educational Physiologist		
Paediatrician		
Social Services		
Audiology		
Child & Family Services		

If your child is receiving support from any of the professionals above our Special Educational Needs Co-Ordinator will contact you in order to ensure that transition to School is well planned and as smooth as possible.

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DATA COLLECTION

Travel Arrangements

Please tick only one box to indicate your child's main mode of transport to school.

Car/Van	
Car Share	
Cycle	
Public bus service	
Taxi	
Walk	
Other	

Meal Arrangements

Please tick the appropriate choice

Free School Meal	
Paid School Meal	
Packed Lunch	
Home	

Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some data with the Local Authority and with the DfES.

Parent / Carer Signature:

Parent / Carer Print Name:

Date:

PLEASE NOTE: We would ask that you notify the school immediately of any changes that may occur during the school year e.g. telephone numbers, addresses etc. so that we may keep our records up to date. Thank you.