



"A brand new academy on a journey to outstanding"

'Head, Heart and Heroism'

ADMISSIONS BOOKLET

Students Name: _____

Year Group: _____ House: _____

Learning Guide Tutor: _____

Induction: _____ Start: _____

Please attach to this form a copy of the Student's Birth Certificate, passport, passport with entry to UK stamp or entry documents to UK

Student Details

Legal Forename: _____

Middle Name: _____

Legal Surname: _____

Preferred Surname: _____

Preferred Forename: _____

Date of Birth: _____ Gender: _____

Birth Certificate Copied: _____ Passport Details Copied: _____

Family Links at Harris Academy

Battersea: _____

Languages you and the Student us at home _____
(Please list all languages spoken by Student)

Was the student born in a country other than the UK? YES NO

If yes, please give name of the Country the Student was born in _____

If yes, please give the date the student arrived in the UK _____

Has the student been educated in the UK before YES NO

Students Home Address Details

Address: _____

District: _____

Town/City: _____ Post Code: _____

Telephone Number: _____

Borough: _____

School History UK

Name of Previous School: _____

Start Date: _____

Reason for Leaving: _____ Leaving Date: _____

Attendance Percentage: _____ Copied: YES NO

School Report Seen: YES NO Copied: YES NO

Basic SEN Needs: School Action School Action Plus Statement
Needs: _____

Exclusions: Fixed Term YES NO Permanent: YES NO

Details, include Date: _____

School History Overseas

Name of Previous School: _____

Start Date: _____

Reason for Leaving: _____ Leaving Date: _____

Attendance Percentage: _____ Copied: YES NO

School Report Seen: YES NO Copied: YES NO

Basic SEN Needs: School Action School Action Plus Statement
Needs: _____

Exclusions: Fixed Term YES NO Permanent: YES NO

Details, include Date: _____

Ethnic/Cultural

Ethnicity: _____

Home Language: _____

First Language: English Other than English

English Additional Language: YES NO Asylum Status: YES NO

Ethnic Data Source: Parent Previous School Student Other

National Identity: _____

Religion: _____

Mode of Travel

Bus Train Walk Car Bike Other: _____

Medical

Medical Practice: _____

Address: _____

Medical Notes: _____

Medical Conditions: _____

Welfare

In Care: YES NO Start Date: _____

Child Protection Register: YES NO Start Date: _____

In Care Details: _____

Any Contact with: Education Welfare Officer Social Services
 CAMHS Educational Phys

Details: _____

Parents / Guardian / Carer

Surname: _____

Forename: _____

Relationship to Student: _____

Language: _____

Landline: _____

Mobile: _____

Work Number: _____

Emergency Contact (1)

Surname: _____

Forename: _____

Relationship to Student: _____

Language: _____

Landline: _____

Mobile: _____

Work Number: _____

Emergency Contact (2)

Surname: _____

Forename: _____

Relationship to Student: _____

Language: _____

Landline: _____

Mobile: _____

Work Number: _____

Parental Consent

Photograph Student	YES	NO	Sex Education	YES	NO
Internet Access	YES	NO	Data Exchange	YES	NO
Copyrights Permission	YES	NO	Connexions	YES	NO

Information school should be aware of

I declare the details on this form are true and accurate statement and I understand the information will be held by school under the Data Protection Act 1988. I understand that any false or deliberately misleading information given on this form and /or supporting information may render this application invalid, or lead to the offer of a place being withdrawn.

Sign: Parent/Guardian _____ Date_____

Print Name_____