



Phoenix St Peter Academy

New Student In Year Application Form

Student Details

Legal Surname		Preferred Surname	
First Name		Known Name	
Middle Name(s)		Date of Birth	
Gender		Nationality	
Home Address		Religion	
		Country of Birth	
		Home Telephone	
Post Code		Mobile Telephone	

First Language: _____

Language Spoken at Home: _____

Is your child eligible for Free School Meals? _____

Is your child a Child in Care? _____

Does your child have an EHP or Statement? _____

Does your child have any SEND? _____

What type of lunchtime meal will your child be having? _____

(e.g. school dinners, packed lunch from home, mix of school and home etc)

What is your child's usual method of travel to and from school? _____

Is your child entitled to free transport to and from school? _____

How did you hear about Phoenix St Peter Academy? _____

Please detail any court orders applying to the child (e.g. Ward of Court, legal rights of access)



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Siblings

If your child has any siblings who attend this school, please provide their names and dates of birth.

First Name	Surname	Date of Birth

Medical Details

Doctor's Name		Telephone	
Medical Practice Name			
Practice Address			
Postcode			

Do you give permission for the school to call the doctor in an emergency?

Do you give permission for the school to administer first aid in an emergency?

Please provide details of any medical conditions that the school should be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies to bee stings, nuts or particular medications, etc)

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Parental Consent

Consent Type	Permission <i>(please circle your response)</i>		Notes
Off-site school trips/activities- participation	Denied	Granted	
Off-site school trips/activities- receive first aid or urgent medical treatment	Denied	Granted	
Off-site schools trips/activities- visits	Denied	Granted	
Photographs/Videos- for use within school premises	Denied	Granted	
Photographs/Videos- for use in school publications	Denied	Granted	
Photographs/Videos- for use on school website	Denied	Granted	

Contact Details

Priority	1	Title		Gender	
Address		First Name		Relationship to child	
		Surname		Parental responsibilities	
		Home Telephone		Mobile Telephone	
Postcode		Work Telephone		Preferred Contact (Circle)	Home Mobile Work
		Email Address			

Priority	2	Title		Gender	
Address		First Name		Relationship to child	
		Surname		Parental responsibilities	
		Home Telephone		Mobile Telephone	
Postcode		Work Telephone		Preferred Contact (Circle)	Home Mobile Work
		Email Address			



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Priority	3	Title		Gender	
Address		First Name		Relationship to child	
		Surname		Parental responsibilities	
		Home Telephone		Mobile Telephone	
Postcode		Work Telephone		Preferred Contact (Circle)	Home Mobile Work
		Email Address			

Priority	4	Title		Gender	
Address		First Name		Relationship to child	
		Surname		Parental responsibilities	
		Home Telephone		Mobile Telephone	
Postcode		Work Telephone		Preferred Contact (Circle)	Home Mobile Work
		Email Address			

Previous School/ Childcare Provider Information (If applicable)

Please complete the table below with previous school/ childcare provider information

Name	
Address	
Telephone Number	
Dates Attended	

I confirm that the above information is correct:

Signed: _____ Date: _____

Name: _____ (In Print)