

**E-Act Blackley Academy**  
**ADMISSION FORM**

Date of admission: \_\_\_\_\_

Name of child: \_\_\_\_\_ Male/Female (please circle)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birth certificate seen (y/n) \_\_\_\_\_

Address of child: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

Name of parent(s) or person(s) with parental responsibility:

Mr/Mrs/Ms/Miss (delete as appropriate): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Mr/Mrs/Ms/Miss (delete as appropriate): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address if different: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Parent's work place: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Home languages(s): Languages spoken and written in the home, and if translation would help communication with parents. Languages spoken by child should also be recorded here.

\_\_\_\_\_ Ethnic origin: \_\_\_\_\_

Family religion implications for school, for example, food, festivals, clothing. Is withdrawal from religious education or any religious workshops requested. Yes/No ( please delete )

\_\_\_\_\_  
Name and address of doctor: \_\_\_\_\_

\_\_\_\_\_

Other agencies involved with the family: \_\_\_\_\_

Does your child wear glasses or hearing aids?: \_\_\_\_\_

Has your child received all routine injections, including tetanus?: \_\_\_\_\_

Meal arrangements: (please tick) Pay\_\_\_\_\_ Free\_\_\_\_\_ Packed lunch\_\_\_\_\_ **(If free please submit evidence of entitlement)**

Journey to and from school: (please tick) Walk\_\_\_\_\_ Bus\_\_\_\_\_ Car\_\_\_\_\_ Other\_\_\_\_\_

Accompanied by:\_\_\_\_\_

Please give below a list (if applicable) of pre-schools and schools attended:

NAME OF NURSERY/SCHOOL	ADDRESS	DATES ATTENDED

Please give below a list (if applicable) of any brothers or sisters:

NAMES OF BROTHERS/SISTERS	AGE AT PRESENT	SCHOOL ATTENDING/ATTENDED

The following documents and policies are available to read on request:  
Health and Safety, Discipline, Racism/Sexism, Child Protection, Physical Intervention,  
Attendance and Punctuality, Home-School Agreement, Administration of Medicine.

Signed:\_\_\_\_\_ Parent/Carer Date:\_\_\_\_\_

Office use only:

Information from previous school, e.g., SEN, \_\_\_\_\_

\_\_\_\_\_

Admission Date:\_\_\_\_\_ UPN No.:\_\_\_\_\_