



# ACADEMY ADMISSION FORM

Please insert ✓ in relevant box/es to indicate which you are applying for (or both) School  Nursery

## 1. Your child

Legal Surname	<input type="text"/>	Preferred Surname	<input type="text"/>
First Name	<input type="text"/>	Middle Name	<input type="text"/>
Date of Birth	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<i>Insert ✓ in relevant box</i>
Home Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Ethnicity	<input type="text"/>	Home Language	<input type="text"/>
First language spoken by child	<input type="text"/>		
Religion	<input type="text"/>	Please provide evidence e.g. baptism certificate	

## 2. Parent/Carers Details

### MOTHER

Title	<input type="text"/>	Surname	<input type="text"/>	First Names	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>	Post Code	<input type="text"/>		
Mobile number	<input type="text"/>	Home phone no.	<input type="text"/>		
E-mail address	<input type="text"/>	NI number	<input type="text"/>		
Place of work	<input type="text"/>	Contact no.	<input type="text"/>		

### FATHER

Title	<input type="text"/>	Surname	<input type="text"/>	First Names	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>	Post Code	<input type="text"/>		
Mobile number	<input type="text"/>	Home phone no	<input type="text"/>		
E-mail address	<input type="text"/>	NI number	<input type="text"/>		
Place of work	<input type="text"/>	Contact no.	<input type="text"/>		

**Other Adult(s) with parental responsibility for the child or emergency contact**

Title	_____	Surname	_____	First Names	_____
Address	_____				
		Post Code	_____		
Mobile number	_____	Home phone no.	_____		
E-mail address	_____	Relationship to child	_____		
Place of work	_____	Contact no.	_____		

**3. Information about your child**

Name of Doctor	_____	Phone number	_____
Address	_____		
Previous nursery/school (if applicable)	_____		

**Does your child have any of the following: (if yes, please give details)**

Special educational needs (as identified by a relevant professional)

\_\_\_\_\_

Any long term medical needs, allergies or illness

\_\_\_\_\_

Any court orders relating to the child, e.g. residency order, family court order, adoption etc

\_\_\_\_\_

**4. Details of siblings**

Name of child	School currently attending
_____	_____
_____	_____
_____	_____
_____	_____

Please read carefully and tick a box as appropriate:

I give permission for my child to take part in local visits that do not require transport.

I understand that the school is required to take further action if there is an issue regarding child protection.

I will assist the school with their safeguarding children procedures by complying with school policies.

I will abide by all school policies. (Copies of which are available on the school website or to view in school).

I give permission for eligibility to be checked for Free School Meals.

I understand I cannot upload any digital images taken within the school of pupils (other than my own child) without the consent of a pupil's legal parent.

I give permission for my child to have their photograph taken in school for use in school only.

I give permission for my child to have their photograph taken outside school by an external photographer (such as Museum Service etc.)

I give permission for my child to have their video/webcam/photo uploaded to our website.

I give permission for my child to be photographed/filmed for use within the local media.

I give permission for my child to be filmed in a class assembly which is distributed to families within the school.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Signed:

Date:

*Person with legal parental responsibility, as documented on the birth certificate.*

Please return all completed forms, with Birth Certificate and prove of Baptism (if relevant) to:

School Office  
St Mary Queen of Martyrs VC Academy  
Nidderdale  
Hull, HU7 4BS

Documents can be scanned and returned via e-mail if preferred to:

[admin@st-maryqom.hull.sch.uk](mailto:admin@st-maryqom.hull.sch.uk)

To view our Admissions Policy, School Prospectus or if you require any further information about of school, please visit our website: [www.stmaryqom.co.uk](http://www.stmaryqom.co.uk)

*Please use this sheet to provide any further information to support your application.*