



RADYR COMPREHENSIVE SCHOOL

Admission Form

FOR SCHOOL USE ONLY

Date of Admission:	
Class Group:	
House:	
CTF & Files request:	
Student updated:	

CONFIDENTIAL PUPIL DETAILS: To be completed by Parent/Guardian *[Please complete this form in capital letters]*

Legal Surname:	Legal Forename:		
Chosen Name: <i>[if different]</i>	Middle Name:		
Address:	Home Telephone No:		
	Gender: <i>[F or M]</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Date of Birth:	<input type="text"/>	<input type="text"/>
Post Code:	<input type="text"/>		

CONFIDENTIAL PARENT/GUARDIAN DETAILS: To be completed by Parent/Guardian

Please note that for communication to parents we automatically use personal mobile and personal email. If you require an alternative contact number/email to be used, please indicate below.

PARENTAL CONTACT 1 ["Parental Contacts" MUST be parent, step-parent, guardian]

Parent's Surname:	Forename:		
Title: <i>[Mr, Mrs, Dr etc]</i>	Relationship: <i>[Mother, Father, etc]</i>		
Address:	Home Phone:	<input type="text"/>	<input type="text"/>
	Mobile Phone:	<input type="text"/>	<input type="text"/>
Post Code:	<input type="text"/>	Work Phone:	<input type="text"/>
Email:	Parental Responsibility [Y/N]	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth:	Correspondence Salutation: <i>[Mr & Mrs Jones, Ms Brown etc.]</i>		
Priority: <i>[1 or 2]</i>	<input type="checkbox"/>		

IS THE PARENTAL CONTACT 1 REGISTERED DISABLED? Yes/No

If Yes, please tick in which area(s):	Mobility	<input type="checkbox"/>
	Hearing	<input type="checkbox"/>
	Vision	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Any special requirements:

If you have selected "Other" please specify here:

PARENTAL CONTACT 2 [In the case of Single Parent, please leave this section blank]

Parent's Surname:		Forename:	
Title: <i>[Mr, Mrs, Dr etc]</i>		Relationship: <i>[Mother, Father, etc]</i>	
Address:		Home Phone:	
		Mobile Phone:	
Post Code:		Work Phone:	
Email:		Parental Responsibility [Y/N]	
Date of Birth:		Correspondence Salutation: <i>[Mr & Mrs Jones, Ms Brown etc.]</i>	
Priority: <i>[1 or 2]</i>			

IS THE PARENTAL 2 CONTACT REGISTERED DISABLED? Yes/No

If Yes, please tick in which area(s):	Mobility	
	Hearing	
	Vision	
	Other	

Any special requirements:

If you have selected "Other" please specify here:

OTHER EMERGENCY CONTACTS [Only to be contacted if Contacts 1 and 2 are unavailable]

Surname:		Forename:	
Title: <i>[Mr, Mrs, Dr etc.]</i>		Relationship: <i>[Grandparent, etc.]</i>	
Address:		Home Phone:	
		Mobile Phone:	
Post Code:		Work Phone:	
Priority: <i>[3 or 4]</i>			

OTHER EMERGENCY CONTACTS [Only to be contacted if Contacts 1 and 2 are unavailable]

Surname:		Forename:	
Title: <i>[Mr, Mrs, Dr etc.]</i>		Relationship: <i>[Grandparent etc.]</i>	
Address:		Home Phone:	
		Mobile Phone:	
Post Code:		Work Phone:	
Priority: <i>[3 or 4]</i>			

BROTHERS/SISTERS AT RADYR COMPREHENSIVE SCHOOL

Name:	Form:	Name:	Form:
Name:	Form:	Name:	Form:
Name:	Form:	Name:	Form:

FREE SCHOOL MEALS

Is your child entitled to free school meals	YES / NO
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MEDICAL INFORMATION

Does your child have any dietary needs for medical or religious reasons? If so, please list.	
Surgery Name:	Surgery Telephone No:
Surgery Address:	
Please list any medical conditions that we should know about, including allergies:	

IS YOUR CHILD REGISTERED DISABLED? Yes/No

If Yes, please tick in which area(s):	Mobility	<input type="checkbox"/>	Any special requirements:
	Hearing	<input type="checkbox"/>	
	Vision	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	

CHILD'S FIRST LANGUAGE – Please tick only one box in this section

(Language first learned as a small child, to which exposure at home or in the community may continue)

Bengali	<input type="checkbox"/>	French	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Greek	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
English	<input type="checkbox"/>	Gujarati	<input type="checkbox"/>	Urdu	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you have selected "Other" please specify here

If English not selected above, please complete:

ENGLISH AS AN ADDITIONAL LANGUAGE – please tick

A – New to English	<input type="checkbox"/>
B – Early Acquisition	<input type="checkbox"/>
C – Developing competence	<input type="checkbox"/>
D – Competent	<input type="checkbox"/>
E – Fluent	<input type="checkbox"/>
O – Not Applicable	<input type="checkbox"/>

ASYLUM STATUS (if applicable) -

Date of entry to UK _____

Seeker	<input type="checkbox"/>
Refugee	<input type="checkbox"/>

ETHNICITY – Please tick only one box on this page

WHITE		✓	✓	✓				
British	WBRI		Czech	WCZE		Portuguese	WPOR	
Traveller of Irish Heritage	WIRT		French	WFRE		Romanian	WRMA	
'New' Traveller	WNAG		German	WGER		Russian	WRUS	
Occupational Traveller	WOCC		Greek/Greek Cypriot	WGRE		Scandinavian	WSCA	
Other Traveller	WOTT		Hungarian	WHUN		Serbian	WSER	
British Gypsy/Gypsy Roma	WBGR		Italian	WITA		Slovakian	WSVK	
Gypsy/Gypsy Roma from other countries	WGRO		Kosovan	WKOS		Slovenian	WSVN	
Other Gypsy/Gypsy Roma	WOGR		Latvian	WLAT		Spanish	WSPA	
Albanian	WALB		Lithuanian	WLIT		Turkish/Turkish Cypriot	WTUR	
Bosnian-Herzegovinian	WBOS		Maltese	WMAL		Ukrainian	WUKR	
Bulgarian	WBUL		Montenegrin	WMON		White European Other	WEUR	
Croatian	WCRO		Polish	WPOL		Other White	WOTW	

MIXED BACKGROUND		✓	✓	✓				
White & Black Caribbean	MWBC		White & Any Other Ethnic Group	MWOE		Black & Chinese	MBCH	
White & Black African	MWBA		Asian & Black	MABL		Black & Any Other Ethnic Group	MBOE	
White & Asian	MWAS		Asian & Chinese	MACH		Chinese & Any Other Ethnic Group	MCOE	
White & Chinese	MWCH		Asian & Any Other Ethnic Group	MAOE		Other mixed background	MOTM	

ASIAN OR ASIAN BRITISH		✓	✓	✓				
Indian	AIND		African Asian	AAFR		Sri Lankan Tamil	ASLT	
Mirpuri Pakistani	AMPK		Kashmiri	AKAS		Other Asian	AOTA	
Other Pakistani	AOPK		Nepali	ANEP				
Bangladeshi	ABAN		Sinhalese	ASNL				

BLACK OR BLACK BRITISH		✓	✓	✓				
Caribbean	BCRB		Somali	BSOM		Black North American	BNAM	
Ghanaian	BGHA		Sudanese	BSUD		Other Black	BOTB	
Nigerian	BNGN		Other Black African	BAOF				
Sierra Leonian	BSLN		Black European	BEUR				

CHINESE/CHINESE BRITISH		✓	✓	✓				
Hong Kong Chinese	CHKC		Singaporean Chinese	CSNG		Other Chinese		
Malaysian Chinese	CMAL		Taiwanese	CTWN				

ANY OTHER ETHNIC GROUP		✓	✓	✓				
Afghanistani	OAFG		Korean	OKOR		Polynesian	OPOL	
Arab	OARA		Kurdish	OKRD		Thai	OTHA	
Egyptian	OEGY		Latin American	OLAM		Vietnamese	OVIE	
Filipino	OFIL		Libyan	OLIB		Yemeni	OYEM	
Irani	OIRN		Lebanese	OLEB		Other Ethnic Group	OOEG	
Iraqi	OIRQ		Malay	OMAL		Information Refused	REF	
Japanese	OJPN		Moroccan	OMRC				

RELIGION – Please tick only one box in this section

Anglican	
Baptist	
Buddhist	
Christian	
Church of Wales	
Church of England	

Hindu	
Jehovah's Witness	
Jewish	
Methodist	
Mormon	
Muslim	

Roman Catholic	
Sikh	
Other	
No Religion	
Do Not Record	

NATIONAL IDENTITY – Please tick only one box in this section

Welsh	
British	

English	
Irish	

Scottish	
Other	

I do not wish National Identity to be recorded	
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YOUR CHILD'S USE OF THE WELSH LANGUAGE

Which of the following best describes your child's fluency in Welsh? (please tick)

		✓
1	Fluent in Welsh	
2	Speaks Welsh but not fluently	
3	Cannot speak Welsh at all	

Does your child speak Welsh at home? (please tick)

		✓
0	Does not speak Welsh at home	
1	Speaks Welsh at home	
2	Not applicable	

I do not wish the information regarding Welsh language to be recorded:

(please tick box)

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WELFARE (only complete if your child is a Looked After Child)

Care Authority	
Start Date	
Social Worker's Name	
Social Worker Telephone Number	

PREVIOUS SCHOOL:

[With address & telephone no. if possible]

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Special Religious Observances:

Are there any special religious observances we need to be aware of/make special arrangements for example: Swimming/P.E./Religious Feasts etc.?

Please provide details below:

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We have a policy of presumed consent and would therefore ask that you sign below ONLY if you DO NOT consent to any of the Policies referred to in the Home School Agreement, a copy of which was provided with this admission form. A copy is also available on the school website.

Your signature is required against each Policy that you are NOT providing your consent for.

Policy	Please sign only if you <u>DO NOT</u> consent/agree
Home School Agreement	
School Rules	
Code of Behaviour	
School Uniform	
ICT/Internet Use Policy	
Mobile Phone Policy	
Sporting Activities	
Photographs	
ParentPay Biometric	

Child's Name: _____

Registration Group: _____

Parent/Guardian's Name: _____

Date: _____

DECLARATION: [Parent or Guardian]

I confirm that the information held on this form is correct.

Name:	Signed:
Relationship to child:	Date:

Data Protection

The data requested will be stored on the school management information system and used for the purposes outlined in our fair processing notice. Every effort is made to ensure the accuracy and security of personal data held by the school. Individuals have certain rights of access to personal information held on them. These are outlined in our leaflet "What the School, Local Education Authority and Government does with information it holds on Pupils" copies of which are available on request from the LEA.