Student Admission Form

(Front page to be completed by EOTAS Staff)

Name					
Date of Birth					
Year Group					
College	Riverside	Medical	Fernbrook	Oakfield	
Originating school					
Route In	Referral	PEX	Strive	Strive +	EHCP
Start Date					
Review Date (if applicable)					

Admission form completed by

Name:	
Signature:	
Date:	

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DATA COLLECTION SHEET (please write in BLOCK CAPITALS)

Basic Student Details:

Forename (legal)	
Surname (legal)	
Preferred Forename	
Preferred Surname	
DOB	
Age	
Year Group	
Sex	
Gender / Identity & pronoun(s)	
UPN	
Home Address: (please specify if student has different days at different parent/carer addresses)	
Student Mobile no.	
Ethnicity	
Religion	
Nationality	
Country of Birth	
First language	
Free school meal entitlement	YES / NO
Pupil Premium	YES / NO
Mode of Transport	

Other Agencies Involved

Family / Home
(Please use BLOCKED CAPITALS)

Please give details of all persons who have parental responsibility **and** at least 2 people that we can contact in an emergency. Place them in the order that you wish for them to be contacted. Please provide at least 1 emergency contact.

Priority: Please number in order of priority of the following contacts	1	2
Title:		
Forename:		
Surname:		
First language:		
Relationship:		
Parental responsibility:	☐	☐
Emergency contact (To comply with GDPR (General Data Protection Regulation) we do need the consent from these contacts to store their personal details.	☐	☐
Intouch:	☐	☐
Home address: (if different to pupil)		
Mobile telephone:		
Home telephone:		
Email address:		
Work hours:		
Work telephone:		

Priority: Please number in order of priority of the following contacts	3	4
Title:		
Forename:		
Surname:		
First Language:		
Relation to child:		
Parental responsibility:	☐	☐
Emergency contact Signature (To comply with GDPR (General Data Protection Regulation) we do need the consent from these contacts to store their personal details.	☐	☐
Intouch:	☐	☐
Home address:		
Mobile telephone:		
Home telephone:		
Email address:		
Work hours:		
Work telephone:		

Any other relevant information of emergency contacts

Medical Information

Doctor:	
Medical Practice address:	
Telephone:	

Does the student suffer from:	**Yes**	**No**
Travel Sickness		
Hay Fever		
Asthma		
Heart Condition		
Seizures		
Fainting		
Low mood		
Severe Headaches or Migraine		
Anxiety		
Diabetes (sugar tolerance abnormalities) Type 1 or Type 2		
Eczema		
Allergies to any known drug e.g. Penicillin		
Has your child been prescribed with an Epi-pen?		
Any other allergies e.g. material, food, medicine		
Concerns around eating		
Concerns around drugs or alcohol		
Smoking		
Vaping		
Menstrual or other concerns		
Any other condition(s) / Concerns		

Please use the below space to add any further details if you have answered 'yes' to any of the medical conditions above. Additionally if the student has any other medical condition not listed above please detail below.

Your child would normally be expected to administer their own medicine in line with our policy on supporting children with medical needs – available on the school website. However, if you wish

otherwise, you will need to agree an arrangement with the Head of College for parents to administer medications, as staff are not authorised to administer medicines except in exceptional circumstances and with training.

Student Dietary Needs/ Allergies

Student Name: _____

Please tick the box to indicate if your child has an allergy to any of the items listed below. If the student's dietary needs are not listed below please add to the bottom of the table and give any further information that is required.

ITEM	YES	NO
Gluten free		
Halal/Kosher foods only		
Vegetarian/Vegan		
Any other known allergies *Please detail below*		

Additional information:

_____

_____

_____

_____

(Once completed provide a copy to catering if required)

1. Immunisation status: Is your child currently up to date with vaccinations? YES / NO

2. Is your child receiving medical or surgical treatment from your family doctor or hospital, and has he/she been given specific advice to follow in emergencies? YES / NO

    a. If YES, please give further information which you feel the tutor needs to be aware of.

5. Are there any activities which form part of the Physical Education / sports programme in which your child should not participate for health reasons?

Parental Consent

☐ I confirm that the above information is correct and I shall advise EOTAS if my child develops any medical problems. I will inform the Head teacher as soon as possible if there are any changes in the medical or other circumstances between now and the commencement of any education visits or activities.

All pupils are subject to screening through metal detection on arrival to school.

☐ Screening, Searching & Confiscation

Staff will only use positive handling as a last resort. Only staff who are appropriately trained would use positive handling strategies.

☐ Positive Handling

The sexual health education policy is on our school website and is in line with DFE guidance on the delivery of age appropriate sexual and relationship education.

☐ Sexual Health Education

We do like to celebrate the achievements and activities that our pupils take part in through our newsletters, website and social media accounts.

☐ Video and Photography

Parent Signature: _____ Date:_____

Parent Signature: _____ Date:_____

EOTAS Swindon

Tri – pact

Parent – Young Person - School

Young person

1. Adhere to behaviour policy and take responsibility for your actions.
2. Seek help when you have problems and accept the support offered.
3. Be kind and considerate to others and yourself.
4. Cooperate with all staff in your learning.
5. Attend school every day and be on time.
6. Wear the correct school uniform.
7. Take care of equipment and respect your surroundings.
8. Adhere to the ICT policy.
9. Aspire to do your best at all times.

Young person signature ……. Date …….

Parent / Carer

1. Read and agree to the school policies (***Please refer to our website for school policies.)***
2. Support and encourage your child to achieve their full potential.
3. Keep the school informed of any concerns or reasons for absence.
4. Telephone the school before 8.30 am if your child is absent.
5. Attend all parent consultation meetings and celebration events.
6. Ensure all children are sent to school fully equipped and in correct school uniform.
7. Understand the expectations for 100% attendance for your child

Parent/Carer signature ……. Date …….

EOTAS

1. Ensure the safety and welfare of all students.
2. Enable all students to achieve their full potential.
3. Create an inspirational atmosphere for learning.
4. Make lessons relevant to all levels of attainment.
5. Set and maintain a high standard of expectation and routines.
6. Assess students' work regularly.
7. Give advice and information to parents/carers.
8. Help develop students' personal and social skills.

SLT/tutor signature ……. Date …….

SEND Management Form

Student Name _____

Has your child been diagnosed with any of the following? Please tick if yes:

ASD		ADHD		Dyslexia		Dyspraxia	
Conduct Disorder		Learning Difficulty		Mental Health Condition		Speech/Language or Communication	
Visual Impairment		Hearing Impairment		Other			

If you have ticked yes to any of the above, please give more details in the box below and include: when, by whom and any other relevant information. Please also provide written confirmation of a diagnosis from a medical professional.

Please provide further and more detailed information here:

Written confirmation received? ☐

SEN Status

Please tick one:

SEN Support ☐

EHCP ☐