



# Admission booklet 2017/18

An Ofsted rated 'Good' school - November 2016



*In this booklet, you will find admission and permission forms that must be completed on the day of your child's induction. It is extremely important that all of the boxes are completed and this is handed back to a member of staff before you leave. Thank you.*



# Reaside Academy



Admission Date:	UPN:
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Child's Last Name:				
Child's First and Middle Names:				
Date of Birth:	Gender:	Male	Female	
Address:	Telephone Numbers :			
	Home:			
	Work:			
Postcode:	Mobile:			
Name of previous school:				
Address of previous school:				
Telephone number of previous school:	KSI Results	Reading	Writing	Maths

Contact Details for 1 <sup>st</sup> Parent or Carer	Contact Details for 2 <sup>nd</sup> Parent or Carer
Name:	Name:
National Insurance number (of parent 1):	National Insurance number (of parent 2):
Address:	Address:
Post Code:	Post Code:
Telephone Number:	Telephone Number:
Relationship to Child:	Relationship to Child:
<b>Emergency Contact Details 1</b>	<b>Emergency Contact Details 2</b>
Name:	Name:
Address:	Address:
Post Code:	Post Code:
Telephone Number:	Telephone Number:
Relationship to Child:	Relationship to Child:

**\*\* All boxes MUST to be completed**



Additional Information

Child's Name:

Doctor's name and address:

Doctors Contact Number:

Child's medical details or allergies:

Lunchtime arrangements (Please tick below)	Travel Arrangements (Please tick below)
Free School Meals ( <i>please provide evidence</i> ) <input type="checkbox"/>	Walk <input type="checkbox"/>
Sandwiches <input type="checkbox"/>	Public Transport <input type="checkbox"/>
Paid Meals <input type="checkbox"/>	Car <input type="checkbox"/>
Home <input type="checkbox"/>	Bicycle <input type="checkbox"/>

Dietary requirements

Food allergies:

My child can only have Halal meat

My child can have non-Halal meat

Signed (Parent or Carer):

Date:

NB: Prescribed medication ONLY to be bought into the Main Office

**\*\* All boxes MUST to be completed**



Consent Form

Note: only one consent form needs to be returned for each family. When completed it must be returned to the Academy

- 1. Child's Name ..... Class .....
2. Child's Name ..... Class .....
3. Child's Name ..... Class .....

To receive text messages from school

Yes, I would like to receive text messages: [ ]
Telephone no: \_\_\_\_\_
No, I would not like to receive text messages [ ]

Consent for the use of photographic images and films

For Academy purposes e.g. Website/Displays/Trips/Activities [ ]
For Education Central, outside agency and national publications [ ]
OR: Images of my child(ren) must NOT BE TAKEN [ ]

Consent for Trips

I give permission for my child(ren) to take part in any off site visits and activities and understand that I will be notified about such activities and any necessary costs. [ ]

Notification of Food Allergies and Consent for Food Tasting

My child(ren) can take part in food tasting sessions, is able to taste any cooking and can be given occasional treats as they have no known allergies. [ ]

My child (child's name) .....has food allergies to ..... but can take part in food tasting and cooking activities providing they do not taste the above ingredients [ ]

My child (child's name) ..... can cook but cannot take part in any food tasting [ ]

Signed: ..... Parent or Carer

Print Name: ..... Date: .....





ETHNIC MONITORING FORM Page 1

Section 1 : Ethnic Origin

Please tick one box which best describes your son or daughter's ethnic group

White	Mixed Dual Background	Asian or Asian British	Black or Black British	Any Other Ethnic Group
<input type="checkbox"/> <b>British</b> <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Other White British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Cornish <input type="checkbox"/> Gypsy/Roma  <input type="checkbox"/> <b>Any other White Background</b> <input type="checkbox"/> Albanian <input type="checkbox"/> Bosnian-Herzegovinian <input type="checkbox"/> Croatian <input type="checkbox"/> Greek <input type="checkbox"/> Greek Cypriot <input type="checkbox"/> Italian <input type="checkbox"/> Kosovan <input type="checkbox"/> Portuguese <input type="checkbox"/> Serbian <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> White Eastern European <input type="checkbox"/> White Western European <input type="checkbox"/> White Other	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African  <input type="checkbox"/> <b>White and Asian</b> <input type="checkbox"/> White & Pakistani <input type="checkbox"/> White & Indian <input type="checkbox"/> White & any other Asian background  <input type="checkbox"/> <b>Any Other Mixed Background</b> <input type="checkbox"/> Asian & any other ethnic group <input type="checkbox"/> Asian & Black <input type="checkbox"/> Asian & Chinese <input type="checkbox"/> Black & any other ethnic group <input type="checkbox"/> Black & Chinese <input type="checkbox"/> Chinese & any other ethnic group <input type="checkbox"/> White & any other ethnic group <input type="checkbox"/> White & Chinese <input type="checkbox"/> Mixed any other background	<input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi  <input type="checkbox"/> <b>Pakistani</b> <input type="checkbox"/> Mirpuri Pakistani <input type="checkbox"/> Other Pakistani <input type="checkbox"/> Kashmiri Pakistani  <input type="checkbox"/> <b>Any Other Asian Background</b> <input type="checkbox"/> African Asian <input type="checkbox"/> Kashmiri Other <input type="checkbox"/> Nepali <input type="checkbox"/> Sri Lankan Sinhalese <input type="checkbox"/> Sri Lankan Tamil <input type="checkbox"/> Sri Lankan Other <input type="checkbox"/> Other Asian  <input type="checkbox"/> <b>Chinese</b> <input type="checkbox"/> Hong Kong Chinese <input type="checkbox"/> Malaysian Chinese <input type="checkbox"/> Singaporean Chinese <input type="checkbox"/> Taiwanese <input type="checkbox"/> Other Chinese	<input type="checkbox"/> Caribbean  <input type="checkbox"/> <b>Black African</b> <input type="checkbox"/> Angolan <input type="checkbox"/> Congolese <input type="checkbox"/> Ghanaian <input type="checkbox"/> Nigerian <input type="checkbox"/> Sierra Leonian <input type="checkbox"/> Somali <input type="checkbox"/> Sudanese <input type="checkbox"/> Other Black African  <input type="checkbox"/> <b>Any Other Black Background</b> <input type="checkbox"/> Black European <input type="checkbox"/> Black North American <input type="checkbox"/> Other Black	<input type="checkbox"/> Afghan <input type="checkbox"/> Arab <input type="checkbox"/> Egyptian <input type="checkbox"/> Filipino <input type="checkbox"/> Iranian <input type="checkbox"/> Iraqi <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Latin/South/ Central <input type="checkbox"/> Lebanese <input type="checkbox"/> Libyan <input type="checkbox"/> Malay <input type="checkbox"/> Moroccan <input type="checkbox"/> Polynesian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yemeni <input type="checkbox"/> Any Other Ethnic Group

I do not want ethnic origin to be recorded

ETHNIC MONITORING FORM Page 2

SECTION 2 : Religious Affiliation

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Muslim
<input type="checkbox"/> Christian	<input type="checkbox"/> No Religion
<input type="checkbox"/> Christian - Roman Catholic	<input type="checkbox"/> Sikh
<input type="checkbox"/> Hindu	<input type="checkbox"/> Any other (Please describe) _____
<input type="checkbox"/> Jewish	<input type="checkbox"/> Refused

SECTION 3 : First/Home Language

Please indicate the main language used in home or the community. Please note the list below is of most commonly spoken languages in Birmingham and is for guidance only. School can record almost every language on their system. If your language is not listed below, please tick the 'Any other' box and describe it in space provided.

<input type="checkbox"/> Afrikaan	<input type="checkbox"/> Danish	<input type="checkbox"/> Kashmiri	<input type="checkbox"/> Romanian	<input type="checkbox"/> Urdu
<input type="checkbox"/> Albanian/Shqip	<input type="checkbox"/> Dutch	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Arabic (Iraq)	<input type="checkbox"/> English	<input type="checkbox"/> Kurdish	<input type="checkbox"/> Samoan	<input type="checkbox"/> Welsh/Cymraeg
<input type="checkbox"/> Arabic (Yemen)	<input type="checkbox"/> Farsi/Dari/Persian	<input type="checkbox"/> Lingala	<input type="checkbox"/> Serbian	<input type="checkbox"/> Wolloff
<input type="checkbox"/> Arabic (Other)	<input type="checkbox"/> Filipino	<input type="checkbox"/> Malay	<input type="checkbox"/> Shona	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Bengali Sylheti	<input type="checkbox"/> French	<input type="checkbox"/> Malayalam	<input type="checkbox"/> Slovak	<input type="checkbox"/> Zulu
<input type="checkbox"/> Bengali (Any Other)	<input type="checkbox"/> German	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Somali	<input type="checkbox"/> Any other (Please Describe)
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Greek	<input type="checkbox"/> Pahari	<input type="checkbox"/> Spanish	
<input type="checkbox"/> British Sign Language	<input type="checkbox"/> Gujerati	<input type="checkbox"/> Panjabi (Gurmakhi)	<input type="checkbox"/> Swahili	
<input type="checkbox"/> Carib. Creole/Patois	<input type="checkbox"/> Hindi	<input type="checkbox"/> Panjabi (Mirpuri)	<input type="checkbox"/> Swedish	
<input type="checkbox"/> Chinese (Cantonese)	<input type="checkbox"/> Hindko	<input type="checkbox"/> Panjabi (Pothwari)	<input type="checkbox"/> Tagalog	
<input type="checkbox"/> Chinese (Hakka)	<input type="checkbox"/> Hugarian	<input type="checkbox"/> Panjabi (Any other)	<input type="checkbox"/> Tamil	
<input type="checkbox"/> Chinese (Mandarin)	<input type="checkbox"/> Igbo	<input type="checkbox"/> Pashto/Pakhto	<input type="checkbox"/> Telugu	
<input type="checkbox"/> Chinese (Any other)	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Thai	<input type="checkbox"/> Refused
<input type="checkbox"/> Croatian		<input type="checkbox"/> Portuguese	<input type="checkbox"/> Tigrinya	
<input type="checkbox"/> Czech			<input type="checkbox"/> Turkish	

This information is provided by:  Parent  Pupil

Date: \_\_\_\_\_