



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"/>	Legal First Name	<input type="text"/>
Preferred Name	<input type="text"/>	Middle Name	<input type="text"/>
Date of Birth	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Insert ✓ in relevant box
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"/>	Country of Birth	<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 or Disability (as identified by a relevant professional)

Any long term medical needs, allergies or illness (include instructions/care required in school)

Any court orders relating to the child, e.g. residency order, family court order, adoption, looked after or previously looked after etc. (please provide evidence)

Name of Social Worker (if relevant)

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

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@smqhull.org

To view our Admissions Policy or if you require any further information about of school, please visit our website: www.stmarygom.co.uk

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