

# **ADMISSIONS**

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For Office Use		
Name:	Registration Group:	
Year Group:	Year Taught:	
ULN (if required):	UPN:	
Social Care:	Yes No	
Borough:	(Please name placing local authority)	
FSM online application		
Parent/Carer First Name:	Last Name:	
National Insurance Number:	Parent/Carer DOB:	

### Bromley Beacon Academy ADMISSION FORM

Please complete all details below:			
Surname	F	orename	
Middle Name	F	Preferred Name	
Gender Male Female		Date of Birth	
Home Address			
		Post Code	
Other persons living in family home			
Relationship to child			
Home Tel No			
Email Address			
Mother's Name (first name / last name)			
Address			
Father's Name (first name / last name)			
Address			
Siblings (brothers & sisters)			
Previous School	<b>-</b>	_ Borougn/LA	
Date of Leaving			
Birth Certificate Check Yes No			
CLA Placing Authority			
Name of Social Worker (If applicable)		Tel No	
LUNCH ARRANGEMENTS			
Free School Meals Application must be made to	School Meal Paid daily / weekly /	half-termly	Packed Lunch
LA before end July	in advance		
Have you received Free School Meals at an	y time in the past 6 ye	ears: Yes	No 🗌
TRAVEL ARRANGEMENTS			
School Bus School Taxi	Public Transport	]	Parent/Carer Car 🗌 Walking 🔤
Signature			(Parent/Carer)

Contact Priority 1	
Surname	Title
Forename	
Day Tel No	
Home Address	
Postcode	
Parental Responsibility: Yes/No (Delete as appropriate)	Relationship
Contact Priority 1	
Surname	Title

Forename \_\_\_\_\_

Day Tel No

Parental Responsibility: Yes/No (Delete as appropriate) Relationship \_\_\_\_\_\_

Home Address

Postcode

Contact Priority 1	
Surname	Title
Forename	
Day Tel No	
Home Address	
Postcode	
Parental Responsibility: Yes/No (Delete as appropriate)	Relationship

If you wish to provide information of more contacts please write details on a separate sheet of paper and attach it to this form.

### MEDICAL INFORMATION AND PERMISSION FORM

\* = Delete as appropriate

These d	etails will be helpful in the event of an accident	and your child needs to be take	n to hospital.
Student	's Name (in full)	Date of Birth _	
Home A	ddress		
		Post Code	
Home T	el No	Emergency Tel No	
NHS No		Date of last TETANUS injecti	on
Family [	Doctor	Tel No	
Address	·		
		Post Code	
1.	Has your child any ONGOING MEDICAL COND	ITIONS the school should know	about?
	Please give details		
2.	Does your child take medication on a regular basis?		
	Please give details		
3.	Does your child suffer from any ALLERGIES (ir	ncluding FOOD ALLERGIES)?	YES/NO*
	Please give details		
4.	Does your child suffer from EPILEPSY? Does he/she need to take medication for EPILEPSY at school?		YES/NO* YES/NO*
5.	Does your child suffer from ASTHMA? My child must carry an inhaler at all times ready for emergency use. My child must use an inhaler every day at lunchtime. My child must use an inhaler every day at		YES/NO* YES/NO* YES/NO* (Please state time)
of his/h	<b>note:</b> It is your responsibility to ensure that yo er own responsibility in this regard. For emerg in a locked cabinet in the School Office.		

6.	Does your child need to wear glasses for class work/at all times*?	YES/NO*
7.	Is your child visiting any external agencies (i.e. CAHMS)	YES/NO*
	Please give details	

Please write any further information you feel might be of use to the school on a separate sheet and attach it to this form.

IN AN EMERGENCY, I GIVE PERMISSION FOR MY CHILD TO BE TAKEN TO HOSPITAL FOR TREATMENT AND TO BE GIVEN AN ANTI-TETANUS INJECTION IF NECESSARY.

Signature of Parent/Carer	_

Date \_\_\_\_\_

#### **PERMISSION FORM**

Client (Student's) Name (in full)

Date of Birth:

Parent / Carer Name

### PERMISSION TO ADMINISTER PAIN RELIEF

the parent/carer of the above-named student, hereby give written permission for the school to administer Paracetamol and Ibuprofen. Verbal permission will always be obtained from a parent/carer at the time of dispensing the pain relief medication. If the school is unable to contact a parent/carer then ibuprofen or paracetamol will not be administered. Dosage will be given according to age. This is a service which the school is not obliged to provide. If your child needs regular pain relief please contact the school office to complete appropriate forms and supply your own medication.

### PERMISSION FOR: SUPERVISED EDUCATIONAL VISITS/SWIMMING

the parent/carer of the above-named student, wish him/her to participate in educational visits and journeys and consider him/her to be of sufficient capability and responsibility to undertake such visits or journeys, including swimming, under the reasonable supervision of school staff.

### **PERMISSION FOR: PHOTOGRAPHS/VIDEOS**

the parent/carer of the above-named student, acknowledge that copyright of such photography and film belongs to the photographer and Bromley Beacon Academy and may be used in any Bromley Beacon Academy publication/promotion including electronic media such as internet technology.

#### PERMISSION FOR ASSEMBLIES AND SEXUAL AND RELATIONSHIP EDUCATION

the parent/carer of the above-named student, give/do not give (delete as appropriate) permission for him/her to take part in assemblies. I also give/do not give (delete as appropriate) permission for him/her to receive Sexual and Relationship Education in school.

#### **PERMISSION FOR: SPEECH & LANGUAGE THERAPY**

I agree to my child being supported by the Bromley Healthcare Speech and Language Therapists. (This may include interventions such as assessment, direct therapy, liaison and advice with/to staff, reports, programmes)

#### **DROP-IN THERAPY**

I agree to my child having access to support by a register therapist on an ad-hoc basis, within these session children are able to use a range of creative activities as well as talking to support their social, emotional and psychological needs. All therapist's notes are confidential and stored securely.

Parent/Carer Name

Parent/Carer signature:

Dated: / /

NB: This permission will remain in force while the student remains at the school unless it is specifically withdrawn by the parents or carers.

\* = Delete as appropriate

## YES/NO\*

### YES/NO\*

### YES/NO\*

YES/NO\*

YES/NO\*

### YES/NO\*

It is our intention to make parents aware of the school's Positive Handling Policy at the admission interview.

### CONTROL AND POSITIVE HANDLING POLICY

Updated in line with Circular 10/98, 1996 Education Act 'The Use of Force to Control and Restrain Children'

"Reasonable force can be used to control or restrain pupils"

- All staff are trained in pro-active strategies to attempt to avoid the necessity of a restraint. The vast majority of all incidents are so resolved. However, to be suitably equipped to carry out a restraint, all staff have received effective training sessions, by PRICE, which is a recognised British Institute of Learning Disabilities (BILD) provider using current procedures.
- Positive handling training is part of the school's inset programme so that both policy and practice are regularly reviewed. This includes reiteration of the 'golden rule' of always calling for extra support from staff, and the recording of any such incidents by at least two members of staff and monitoring by the Head Teacher. Parents/Carers will be telephoned after any incident involving the necessity of positive handling. Recording incidents should be within 24 hours.

Reasonable force may be used in the following circumstances when a pupil is:

- Committing a criminal offence
- Causing injury to themselves or others
- Causing damage to property (including the pupil's own property)
- Exhibiting severely challenging behaviour which does not allow the School to 0 maintain normal good order and discipline

All staff do have the right to defend themselves against attack provided they do not use a disproportionate degree of force to do so.

The Parent/Carer has discussed and understands the use of positive handling in Bromley Beacon Academy

Signature of Parent/Carer	Date
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### **BEHAVIOUR POLICY**

I acknowledge that the schools behaviour policy has been discussed and that I know where to access the schools behaviour policy on the school's website and/or have been offered a paper copy. I am therefore signing to state that I understand and consent to the rewards and sanctions listed in said policy.

Signature of Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

### ETHNICITY DATA FORM

Student's Name (in full)

Date of Birth:

[] Parent

Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children over 11 in making this decision, wherever necessary. Students aged 16 or over can make this decision for themselves.

Please study the list below and tick one box only to indicate the ethnic background of the student named above. Please also tick whether the form was filled in by a parent or the student.

White	Asian or A	Asian British
[ ] British	[ ] India	n
[ ] Irish	[ ] Pakis	tani
[ ] Traveller of Irish Heritage	[ ] Bang	ladeshi
[ ] Gypsy/Roma	[ ] Any c	other Asian background
[ ] Any other White background		
Mixed	Black or I	Black British
[ ] White and Black Caribbean	[ ] Carib	bean
[ ] White and Black African	[ ] Africa	an
[ ] White and Asian	[ ] Any c	other Black background
[ ] Any other mixed background		
[ ] Chinese	[ ] Any c	other ethnic background
[ ] I do not wish an ethnic background	l category to be recorded.	
First language		
Country of Birth		
National Identity		
[ ] Welsh	[ ] English	[ ] Scottish
[ ] Irish	[ ] British	[ ] Other
Proficiency in English		
[ ] New to English	[ ] Early acquisition	[ ] Developing competence
[ ] Competent	[ ] Fluent	[ ] Not yet assessed
This information was provided by:		

Any information you provide will be used solely to compile statistics on the school careers and experiences of students from different ethnic backgrounds, to help ensure that all students have the opportunity to fulfil their potential. These statistics will not allow individual students to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

[] Student

### UNIFORM INFORMATION

Bromley Beacon Academy has an official school uniform which we ask parents/carers to conform to. Parents/carers facing financial difficulty over school clothes or PE/Games Kit should contact the Head of School or the Education Welfare Officer, who will advise in strict confidence.

There is no special shop from which to purchase the clothing and only available from the school office. Parents are simply asked to provide the following:

Bromley Campus	Orpington Campus
Blazer - supplied	White shirt
White shirt	Black and gold tie - supplied
Black and gold tie - supplied	Black V Neck jumper with gold stripes - supplied
Black V Neck jumper with gold stripes - supplied	Black trousers or black knee length skirt
Black trousers or black knee length skirt	Black shoes or trainers only
Black shoes or trainers only	Slippers (KS2 only)
We will also expect all students to wear a school PE kit:	We will also expect all students to wear a school PE kit:
Black polo shirt with school emblem - supplied	Black polo shirt with school emblem - supplied
Black shorts - supplied	Black shorts - supplied
Black or white socks	Black or white socks
Trainers or boots as applicable	Trainers or boots as applicable

All items of clothing and kit, including the bag in which the kit is carried, must be indelibly labelled with the student's name.

If students do not come to school in appropriate school uniform on any particular day, they may be required to change into uniform provided by the school or return home to change if they live nearby. The clothing should be clean.

### Personal Items

Only essential school equipment should be brought onto the school site. Personal music players, mobile phones and cameras are not allowed. Students bringing these objects onto the site must hand them in to staff for safe keeping until the end of the school day. Refusal to hand in these objects will result in their confiscation until collected by parents/carers. The school cannot accept responsibility for personal items which are not insured whilst on school property.

Students should not wear jewellery to school although students with pierced ears are permitted to wear up to ONE pair of studs. Please ensure that hoops are not worn in ears as they are a health and safety issue.

No caps/hats are to be worn in school.

# **Compulsory School Uniform Orpington Campus**



White polo shirt



Girls yellow summer dress



Girls black skirt / Boys black shorts



School sweatshirt



Boys black trousers



Girls black trousers

KS2 Slippers



Black or grey tights





Black, grey or white socks

Plain black shoes (Plain black trainers are permitted)

