

Sir Martin Frobisher Academy

Frobisher Drive, Jaywick, Clacton, CO15 2QH

Telephone: 01255 427073

Email: frobisher.admin@smfa.org.uk

Website: www.smfa.org.uk

Executive Head: Mr Simon Wood



New Student Form

Student Details

Legal Surname: _____ Preferred Surname: _____

First Name: _____ Preferred Name: _____

Middle Names: _____ Date of Birth: / /

Gender: Male Female

Home Address: _____

Postcode: _____

- Ethnicity: (Please Tick)
- | | |
|---|--|
| <input type="checkbox"/> White: British | <input type="checkbox"/> Asian or Asian British: Indian |
| <input type="checkbox"/> White: Irish | <input type="checkbox"/> Asian or Asian British: Pakistani |
| <input type="checkbox"/> White: Traveller of Irish Heritage | <input type="checkbox"/> Asian or Asian British: Bangladeshi |
| <input type="checkbox"/> White: Other | <input type="checkbox"/> Asian or Asian British: Other |
| <input type="checkbox"/> White: Gypsy/Roma | <input type="checkbox"/> Black or Black British: Caribbean |
| <input type="checkbox"/> Mixed: White and Black Caribbean | <input type="checkbox"/> Black or Black British: African |
| <input type="checkbox"/> Mixed: White and Black African | <input type="checkbox"/> Black or Black British: Other |
| <input type="checkbox"/> Mixed: White Asian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed Other | <input type="checkbox"/> Prefer not to say |

Any other ethnic group (please State) _____

Nationality: _____ Religion: _____

Additional Languages Spoken: _____

Does your child have a parent currently serving in the UK military: Yes No
(if yes please provide ID so that additional funds can be claimed) _____

Family/Guardian Contacts

Parent 1

Please tick order of Emergency Contact.

1st Emergency Contact 2nd Emergency Contact 3rd Emergency Contact 4th Emergency Contact

Title _____ First Name: _____

Last Name: _____ Gender: _____

Relationship to child: _____

Legal Guardian Primary Guardian Authorised to Collect

Home No _____ Mobile No _____

Work No _____ Email Address _____

Address _____ Postcode _____

Date of Birth // National Insurance No _____

Parent 2

Please tick order of Emergency Contact.

1st Emergency Contact 2nd Emergency Contact 3rd Emergency Contact 4th Emergency Contact

Title _____ First Name _____

Last Name: _____ Gender: _____

Relationship to child: _____

Legal Guardian Primary Guardian Authorised to Collect

Home No _____ Mobile No _____

Work No _____ Email Address _____

Address _____ Postcode _____

Date of Birth // National Insurance No _____

Emergency Contact

Please tick order of Emergency Contact.

1st Emergency Contact 2nd Emergency Contact 3rd Emergency Contact 4th Emergency Contact

Title _____ First Name _____

Last Name: _____ Gender: _____

Relationship to child _____

Legal Guardian Primary Guardian Authorised to Collect

Home No _____ Mobile No _____

Work No _____ Email Address _____

Address _____ Postcode _____

Emergency Contact

Please tick order of Emergency Contact.

1st Emergency Contact 2nd Emergency Contact 3rd Emergency Contact 4th Emergency Contact

Title _____ First Name: _____

Last Name: _____ Gender: _____

Relationship to child _____

Legal Guardian Primary Guardian Authorised to Collect

Home No _____ Mobile No _____

Work No _____ Email Address _____

Address _____ Postcode _____

If your Child has any siblings who attend this school, please provide their names and dates of birth

Known Name: _____ Surname: _____ Date of Birth: _____

Known Name: _____ Surname: _____ Date of Birth: _____

Known Name: _____ Surname: _____ Date of Birth: _____

Safeguarding

Are there any outside agencies involved currently? Yes No
(Social Services, Early Help Team, Family Solutions, Support Worker, Health visitor/School Nurse etc)

If yes please provide contact Name and telephone number: _____

Have there been any previous agencies involved? Yes No

If yes, please provide details: _____

Please details any court orders applying to the child (e.g. Ward of Court, Legal rights of access)

Special Educational Need (SEN)

Does your child have an Educational Health Care Plan? Yes No

Does your child have a One Plan? Yes No

If yes please provide a copy

Is your child on the SEN register? Yes No

Does your child have a diagnosed disorder? Yes No

Is yes please provide evidence

Is your child under any professional service?

- | | | |
|--|---|---|
| <input type="checkbox"/> Paediatrician | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> School Nurse/Health Visitor | <input type="checkbox"/> ENT | <input type="checkbox"/> Eye Clinic |
| <input type="checkbox"/> CAHMS | Other (please specify) _____ | |

Medical Conditions

Dr's Name: _____ Telephone Number: _____

Medical Practice Name: _____

Practice Address: _____

_____ Postcode: _____

Do you give permission for the school to call the Doctor in an emergency? Yes No

Do you give permission for the school to administer first aid in an emergency? Yes No

Does your child have a medication condition? Yes No

If yes please state below

Does your child have a Dietary Need? Yes No

If yes please state below

Please provide details of any medical conditions or dietary requirements that the school be aware of, and any emergency action that should be taken (e.g. Asthma, Epilepsy, Allergies or dietary requirements)

Pupil Premium/Free School Meal

Pupil Premium is funding available from the central government for every child whose parent is receiving eligible benefits. It is therefore important to sign up for free school meals/pupil premium as this involves more than a free school lunch and your child's school will receive extra funding to ensure your child gets support.

You can get extra funding for your child if you or your partner is in receipt of benefits.

Benefits include: Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, Support under Part VI of the Immigration and Asylum Act 1999, The Guarantee element of State Pension Credit, Child Tax Credit and have a maximum annual income of £16,190.

Why register? Registering for free school meals and pupil premium could raise an extra £1,320 for your child's school to fund valuable support like:

- **After school activities**
- **Breakfast Club**
- **School visits**
- **Support with their learning**

Name of person receiving the benefit (must be parent or carer) _____
Relationship to the child _____
Date of Birth of parent/carer _____
National Insurance number, or National Asylum Seeker Number _____

If your child is not entitled to free school meals the cost of lunches is £2.00 a day.

Please confirm that you agree that we can use the information that you provide to process your claim for free school meals with Southend Borough Council.

The information you supply will be retained as a record. By making this application you consent for us to use the information in this way. All personal details will be processed in accordance with the Data Protection Act 1998.

I confirm the above information is correct:

Signed:

Name:

Date:

Parental Consent – Using images of children

The use of digital/video images play an important part in learning activities.

We take pictures of the children at our school for internal use, e.g. for assessments, records and display boards.

We may use these images for external published material, e.g. our school prospectus or in other printed publications that we produce, as well as our websites, on the Sir Martin Frobisher Academy and Facebook account, REAch2 twitter account or on project display boards at special events. We may also make video or webcam recordings for school to school conferences, monitoring or other educational use. From time to time our school may be visited by media who will take photographs or film footage of a high profile event. Pupils will often appear in these images which may appear in the local or national newspapers or televised news programmes

To comply with Data Protections Act 2018, we need permission before we can photograph or make recordings of your child for promotional purposes, please answer the questions below and sign and date.

I give Consent for my child's images to be use:

Internal Photographs/videos – for use within the school (e.g. exercise books/displays, learning journeys, displays)

Yes No

External photographs/videos – for use outside of school (e.g. Website, Facebook, Twitter, Newspapers, prospectus)

Yes No

Individual School Pupil Photos

Yes No

Whole Class Photos

Yes No

I HAVE READ AND UNDERSTAND THE CONDITIONS OF USE

Signed:

Name:

Date:

Please provide the following documents to the school.

Proof of Address

Birth Certificate of Child

Sir Martin Frobisher Academy – Home School Agreement

The Responsibilities of the School

At Sir Martin Frobisher, we will

- Provide an inspiring, secure and safe learning environment
- Provide a broad and balanced curriculum which challenges your child to reach their potential and fulfil the requirements of the National Curriculum
- Keeping you informed of your child's attendance, progress and behaviour
- Value and celebrate individual achievements
- Let parents know about any concerns or problems that affect their child's work.
- Send home a termly report
- Provide reading books and set homework at an appropriate level in other subjects.
- Arrange parents' evenings during which progress will be discussed.
- Keep parents informed about school activities through regular letters home, newsletters and notices about special events.

Signed  Executive Headteacher

The Responsibility of the Parents/Carers

All Parents/Carers will:

- Make sure that my child arrives in school on time and is collected on time.
- Make sure that my child attends school regularly and inform the school of the reason for any absence.
- To support the school's policies and guidelines on learning, behaviour, attendance, and uniform
- Support the school in maintaining good behaviour and discipline
- Support my child with homework and other home learning opportunities and listen to my child read regularly
- Attend parents' evenings.
- Ensure that my child wears the school colours and follows the school dress code
- Let the school know if there are any problems that may affect my child's ability to learn

Signed Parent/Carer

Date

The Responsibility of the Child

I agree to:

- Work hard and listen carefully to instructions
- Come to school regularly and be on time
- Behave in a safe and responsible way
- Be polite and helpful to other children and all adults
- Do my homework regularly and bring it back to school
- Wear the school colours and follow the dress code
- Bring all the equipment I need everyday
- Take good care of the school environment

Signed Child

Date