



OFFICE USE ONLY: STUDENT ID:

OFFICE USE ONLY: Received date stamp

Ryhall CE Academy Application Form

1. CHILD'S DETAILS

All 'Legal' names should be the same as stated on the child's birth certificate or deed poll documentation

Child's Legal Surname _____

Child's Legal Forename _____

Child's Middle Name(s) _____

Preferred Names (if different to Legal Name) _____

Date of Birth _____ Gender (M/F) _____ Age _____

Was your children born prematurely? (i.e. before the 37th week of pregnancy)

Yes No Prefer not to say If yes, how many weeks prior to due date: _____

Child's current pre-school/nursery (if applicable) _____

Address: The address given should be the address of the parent/carer with whom the child spends the majority of time as a child of a family during term-time

House/Flat Name _____

Number _____ Street _____

Village/Town _____

County _____ Postcode _____

If you are moving house, please tell us the new address and the expected date of arrival at the new address. Please note that proof of the new address will be required.

House/Flat Name _____

Number _____ Street _____

Village/Town _____

County _____ Postcode _____

Date of move: _____

Is the child "looked after" or has the child previously been "looked after" by a Local Authority? (Sometimes referred to as "being in care") YES NO

If YES, which Local Authority? _____

Name of Social Worker: _____

Does the child or a family member have a special educational, medical or domestic need? YES NO

If so, please give details below and, if necessary, continue on a separate sheet. You must also attach supporting evidence from a recognised professional. If such evidence is not attached, your application will not be considered as a special educational, medical or domestic need.

Does the child have a Statement or Education, Health and Care plan? YES NO

2. PARENT/CARER DETAILS

PRIORITY ONE

Parent/Carer Surname _____ (Mr/Mrs/Miss/Ms)

Parent/Carer Forename(s) _____

Relationship to child _____

Do you have parental responsibility for this child? (See note below) YES NO

Parental responsibility is defined as:

- The natural mother of the child
- The natural father if married to the mother at the time of the birth or subsequently, if named on the birth certificate after 1 December 2003 or if he has a parental responsibility agreement with the mother or has a parental responsibility order from the court.
- A person awarded a residence order, Special Guardianship Order or an Adoption Order.

If you have any queries regarding parental responsibility, please contact the Admissions Service on 01572 722577.

Home Tel Number (inc area code) _____

Work Tel Number _____

Mobile Telephone Number _____

Email address _____

If the parent/carers address is the same as the child's address detailed in Section 1, you need only tick this box.

If the address is different, please complete the address details below:

House/Flat Name _____

Number _____ Street _____

Village/Town _____

County _____ Postcode _____

PRIORITY TWO

Parent/Carer Surname _____ (Mr/Mrs/Miss/Ms)

Parent/Carer Forename(s) _____

Relationship to child _____

Do you have parental responsibility for this child? (See note below) YES NO

Parental responsibility is defined as:

- The natural mother of the child
- The natural father if married to the mother at the time of the birth or subsequently, if named on the birth certificate after 1 December 2003 or if he has a parental responsibility agreement with the mother or has a parental responsibility order from the court.
- A person awarded a residence order, Special Guardianship Order or an Adoption Order.

If you have any queries regarding parental responsibility, please contact the Admissions Service on 01572 722577.

Home Tel Number (inc area code) _____

Work Tel Number _____

Mobile Telephone Number _____

Email address _____

If the parent/carers address is the same as the child's address detailed in Section 1, you need only tick this box.

If the address is different, please complete the address details below:

House/Flat Name _____

Number _____ Street _____

Village/Town _____

County _____ Postcode _____

PRIORITY THREE – NON-PARENTAL CONTACT INFORMATION

Surname _____ (Mr/Mrs/Miss/Ms)

Forename(s) _____

Relationship to child _____

Home Tel Number (inc area code) _____

Work Tel Number _____

Mobile Telephone Number _____

Email address _____

House/Flat Name _____

Number _____ Street _____

Village/Town _____

County _____ Postcode _____

3. SIBLING DETAILS

If your child has a sibling already attending Ryhall CE Academy please give details below.

Sibling's Legal Full Name _____

Sibling's Preferred Name (if different to Legal Name) _____

Sibling's Date of Birth _____

4. MEDICAL INFORMATION

Child's GP (Name): _____

GP Practice Name and Address: _____

GP Practice Telephone Number: _____

Does your child have any medical conditions that the school needs to be aware of? Yes No

If Yes, give details here:

Please detail any medication that your child takes on a regular basis here, including how often:

Allergies – Does your child have any allergies? Yes No

If yes, please state here:

Dietary requirements (tick any that apply):

No pork Halal No dairy produce Vegetarian Kosher food only Gluten Free

5. CULTURAL INFORMATION

Ethnicity – please tick 1 option only

Prefer not to say:

WHITE

British

Irish

Traveller or Irish Heritage

Gypsy/Roma

Any other white background

ASIAN /ASIAN BRITISH

Indian

Pakistani

Bangladeshi

Any other Asian Background

Chinese

MIXED

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background

BLACK / BLACK BRITISH

Caribbean

African

Any other Black background

Any other ethnic background

6. RELIGION

Please tick 1 option only Prefer not to say:

Buddhist Christian Hindu Jewish Muslim Sikh No religion

Other Religion _____

7. LANGUAGE

A first language other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or in the community.

If a child was exposed to more than one language (which may include English) during early development the language other than English should be recorded, irrespective of the child's proficiency in English

First language: _____

Other languages spoken (in order of proficiency):

1. _____

2. _____

8. ADDITIONAL INFORMATION

Please tick all options that apply:

LUNCH TYPE

Universal Free School Meal
(Reception/Year 1/Year 2 only)

Free School Meal*
(Low income families)

Packed Lunch

School meal (paid)

At home

TRAVEL ARRANGEMENTS

Car / Van / Car Share

Cycle / Scooter

Public Bus Service

Dedicated School Bus

Taxi

Walk

Other

*Low Income families (for children of any school age) are able to apply for free school meals as well as financial support for the child through the school. Find out if you qualify by visiting www.myfreeschoolmeals.com
You can get Free School Meals for your child if you or your partner gets either:

- Universal Credit.
- 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, provided they are not entitled to Working Tax Credit and have an annual income of £16,190 or less, as assessed by Her Majesty's Revenue and Customs

Where a parent is entitled to Working Tax Credit during the four-week period immediately after their employment ceases, or after they start to work less than 16 hours per week, their children are entitled to free school lunches.

If your child qualifies for Free School Meals through the above criteria, we will be able to support you with the cost of uniform, school trips including school swimming as well as music lessons.

HM FORCES

Is either parent/guardian currently serving in regular HM Forces military units? Yes No

Has either parent/guardian served in regular HM Forces military units in the last 5 years? Yes No

ADDITIONAL INFORMATION

Please use this space to give any further additional information that you feel we should know about your child which has not already been covered by this form:

9. DECLARATION

The information on this form is correct and I understand that the offer of a place may be withdrawn if this application is found to be based on fraudulent or misleading information.

Parent/Carer name

Parent/Carer signature

Date

Please return completed forms by hand or post:

Ryhall CE Academy
Church Street
Ryhall
Stamford
Lincs
PE9 4HR