



# The Triple Crown Centre

Lode Lane, Solihull, B91 2HW

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TEL: 0121 709 0080

Headteacher: Miss E Clarke

## School Admission Form

### Privacy Notice

As the School holds information on your child, we are obliged to tell you what we do with it and who we share it with. This is called a Privacy Notice. If you have not received a Privacy Notice, please speak to the School as soon as possible.

### Notes to help you fill in the following forms:

#### Contact information

- The information in this section relates to the details the School needs to hold on contacts for each pupil.
- **The School must be informed about everyone who has legal Parental Responsibility for a child or young person, as well as any court orders in place in relation to them.**
- As a minimum, a name should be provided for all contacts with Parental Responsibility, even if address or telephone numbers are not known. A copy of any court order should be provided to the School.
- If you are unsure of what legal Parental Responsibility is, please speak to the School.
- The Contact Priority field indicates the order in which contacts will be telephoned should the need arise and can be amended if required.
- If we have not already obtained this information from you, please give details of all relevant contacts below (continue on a separate sheet if necessary).

#### Dietary requirements

- This section is for you to record any food allergies or specific dietary requirements relating to cultural or religious reasons.
- If your child is vegetarian or vegan, please be specific about whether your child can eat eggs, cheese, fish etc.

### **Lunch arrangements**

- This part of the form enables us to keep track of the meal arrangements for your child in the School.
- It is important to the School to be aware of all pupils who are entitled to free school meals, even if your child brings sandwiches.
- If you think you may be eligible to receive free school meals, please ask in the School for an application form.
- Please be aware that all information remains confidential and at no time are other pupils made aware of who has a free meal.

### **Parents in military service**

- The School is required to collect information on pupils with parents who are Service personnel serving in regular HM Forces military units of all forces and exercising parental care and responsibility.
- This information is used by the Department for Education to identify the impact that being a Service child has on their education.
- Information of this nature will remain completely confidential.

Please answer all questions as accurately as possible and inform the School as soon as possible if any of this information changes.

**Pupil information:**

<b>Legal Forename:</b>		<b>Home address:</b>
<b>Middle name:</b>		
<b>Legal Surname:</b>		
<b>Preferred Forename:</b>		
<b>Preferred Surname:</b>		<b>Post Code:</b>
<b>Date of Birth:</b>		<b>Telephone:</b>
<b>Gender:</b>	Male/Female	<b>Email:</b>

Please give details of all those who have legal parental responsibility for this student, as well as any other adults who have permission to collect the student from the School and anyone else who could be contacted in an emergency (continue on a separate sheet if necessary).

**Contact information (names and addresses):**

Priority	Name, Relationship	Home Address	Work Details	PR and court orders
1	Mr/Mrs/Miss  Relationship:	Home tel:  Mobile:  Email:	Tel:	Does this person have legal PR for this child? <b>Yes/No</b>  Is there a court order in place for this child? <b>Yes/No</b>
2	Mr/Mrs/Miss  Relationship:	Home tel:  Mobile:  Email:	Tel:	Does this person have legal PR for this child? <b>Yes/No</b>  Is there a court order in place for this child? <b>Yes/No</b>

**Siblings in the School (if applicable):**

<b>Name:</b>	<b>Tutor Group:</b>	<b>Name:</b>	<b>Tutor Group:</b>

**Medical and dietary requirements:**

Please indicate below any medical or special dietary arrangements for your child.

<b>Medical Practice:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Medical Condition(s):</b>	
<b>Dietary Needs:</b>	

**Ethnic origin:**

Please indicate the ethnic origin of your child below by ticking the relevant box.

**White:**

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Traveller of Irish Heritage
<input type="checkbox"/>	Gypsy/Roma
<input type="checkbox"/>	Any other white background

**Mixed or Dual Background:**

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background

**Asian or Asian British**

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background

**Black or Black British:**

<input type="checkbox"/>	African
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Any other Black background

**Other ethnic groups:**

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other ethnic group

I do not wish this information to be recorded

**Information was provided by**

Pupil

Parent

## Religion:

Please indicate your child's religion below by ticking the relevant box.

<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Salvation Army
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Seventh Day Adventist
<input type="checkbox"/>	Church of England	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Christian	<input type="checkbox"/>	Methodist	<input type="checkbox"/>	United Reform Church
<input type="checkbox"/>	Congregational	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Other religion
<input type="checkbox"/>	Christian (Ecumenical)	<input type="checkbox"/>	Quaker	<input type="checkbox"/>	No religion/faith
<input type="checkbox"/>	Free Church	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	I do not wish this
<input type="checkbox"/>	Greek Orthodox	<input type="checkbox"/>	Russian Orthodox		information to be recorded

## First Language:

Please state your child's first language:

## Travel arrangements:

Please indicate how your child usually travels to the School by ticking the relevant box.

<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Car/van	<input type="checkbox"/>	Car share with other pupils	<input type="checkbox"/>	Public bus	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Walk
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## Parents in military service:

Are either of this pupil's parents in military service  
(Personnel Categories 1 or 2 only)? **Yes/No**

## Name and location of previous school:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

## Medication:

Do you give permission for your son/daughter to be given paracetamol tablets in the event of headache/period pain/brace pain etc?

**I do / do not (delete as appropriate) give permission for paracetamol tablets to be administered.**

Signed.....(parent/carer)

**Consent for photographs:**

During their time at the School, your child may be involved in plays or other events at which photographs are taken. Please indicate by ticking the box below whether you agree for any photographs of your child to be used by the School (e.g. on its website or in newsletters):

I agree to photographs of my child being used by the School

**Signed**.....**Parent/Carer**

**Date**.....