



THE WEST PARK ACADEMY

LABOR OMNIA VINCIT

F1 Application

Application for F1 Admission.

Please complete each section in **BLOCK CAPITAL LETTERS** using black/blue ink.

All Sections are Compulsory.

Child's Personal Details										
First Name				Middle Name(s)						
Surname				Date of Birth						
Home Address (including postcode)				Male			Female			
				Parent/Carer's Details						
				Mr/Ms/Miss/Mrs						
				First Name						
				Surname						
				Relationship to child:						
				Home no:						
Copy of Birth Certificate provided				Mobile no:						
Yes/No				Work no:						
				Email address:						
Has either parent been in the Armed Forces over the last 3 years	Yes	No	National Insurance No							
			Date of Birth							
Does your child or other children receive Free School Meals or ever been registered for Free School Meals over the last 6 years	Yes	No	Parental Responsibility (tick)		YES		NO			
			Present or last occupation							
Name of brothers and sisters attending school				Parent/Carer's Details						
				Mr/Ms/Miss/Mrs						
				First Name						
				Surname						
Other family attending school (ie cousins)				Relationship to child:						
				Mobile no:						
				Email address:						
				National Insurance No						
				Date of Birth						
				Parental Responsibility (tick)		YES		NO		

Nursery preference if available (PLEASE TICK)			
Morning 8.40am – 11.40am		Afternoon 12.20pm – 3.20pm	
All Day 8.40am – 3.20pm		Will you want to use Lunch Club 11.40am – 12.20pm	
Are you entitled to 2yr funding for your child?		2yr funding code	
Are you entitled to 30 hour funding for your child?		30 hour Eligibility Code (11 digit number)	

30 Hours – Free

For a child to qualify for the extended entitlement free of charge they must fulfil the following criteria.

- Both parents are working or the sole parent is working and earns on average:
- A weekly minimum equivalent to 16 hours at minimum wage
- Less than £100k/year
- Families where one parent does not work (or neither parent works) will not be eligible.

Follow this link to check eligibility: <https://www.childcarechoices.gov.uk/>

Medical Information			
Family Doctor		Surgery	
Medical Conditions and or dietary requirements we should know about, including allergies (food and other):			
Medication needed in school: (including asthma inhalers):			
<i><u>I give permission for a member of staff to administer the above medication.</u></i>			
Signature of Parent/Guardian _____ Date _____			
<i><u>I do not give permission for a member of staff to administer the above medication.</u></i>			
Signature of Parent/Guardian _____ Date _____			
Has your child got any Special Educational Needs		Yes	No
If YES please give details			
		Yes	No

Has your child got any current involvement with any Outside Agencies e.g. Social Workers, Health Visitors, Speech and Language Therapists, Paediatricians, the Children's Centre or others.			
If YES please give details			
Please add any additional information that you feel the school needs to be aware of e.g. collection issues, family conflicts, medical history, language barriers etc.			

Ethnic and Cultural (please tick which one applies)			
White/British	<input type="checkbox"/>	Any Other White Background	<input type="checkbox"/>
White/Irish	<input type="checkbox"/>	Any Other Black Background	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Any Other Mixed Background	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Any Other Asian Background	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Any Other Ethnic Background	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Gypsy /Roma	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>		<input type="checkbox"/>
Do any of the following apply? (please tick)			
Gypsy Housed	Yes	<input type="checkbox"/>	No
Gypsy caravan/temporary housing	Yes	<input type="checkbox"/>	No
Refugee housed/temporary housing	Yes	<input type="checkbox"/>	No
Asylum seeker housed/temporary housing	Yes	<input type="checkbox"/>	No
EU work permit holder	Yes	<input type="checkbox"/>	No
Languages			
First Language spoken:			
Language spoken at home:			
If not White/British please complete the following:			
Proficiency In English (tick which one applies)	<input type="checkbox"/>	New to English	
	<input type="checkbox"/>	Early Acquisition	
	<input type="checkbox"/>	Developing competence	
	<input type="checkbox"/>	Competent	
	<input type="checkbox"/>	Fluent	

National Identity	
Country of Birth (as shown on Birth Certificate)	
National Identity (as shown on passport)	
Passport Number (for child)	