



## ENROLMENT FORM

Angel Oak Academy

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Headteacher: Mr Tim Mills

**Office use only:**

NAME \_\_\_\_\_

START DATE \_\_\_\_\_ (to be filled out by the Academy)

CLASS \_\_\_\_\_ (to be filled out by the Academy)

UPN.....

House Colour: \_\_\_\_\_

CTF received -

Received Hard File? - YES /NO

Parentpay assigned -

FSM ? YES / NO

**This form must be completed for all children before entry into the school. It is essential all questions are completed fully. If you are unsure about any question please speak to a member of the office team. Please note all information will be treated as CONFIDENTIAL.**

**PLEASE COMPLETE IN BLOCK CAPITALS**

For the purposes of the school records, a pupil's parent is defined as his/her natural parent and any other person who is his/her guardian, who has custody of, or who is likely to maintain, him/her.

<b>Main Pupil Information</b>		
<p><b>Forenames</b> .....</p> <p>Please <b><u>underline the name</u></b> by which the child is usually known</p>		
<p><b>Surname</b> .....</p>		
<b>Date of Birth</b>	...../...../.....	<b>Gender (M/F)</b>
<p><b>Country of Birth:</b> _____</p> <p><b>Date of entry to UK:</b> _____</p>		
<p><b>Names of brothers &amp; sisters already at this Academy (if any)</b></p> <p>First Name _____ Surname _____ Class _____</p> <p>First Name _____ Surname _____ Class _____</p> <p>First Name _____ Surname _____ Class _____</p> <p>First Name _____ Surname _____ Class _____</p>		
<p><b>Child's home address:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><b>Postcode</b> . _____</p>		

**A. Parents/Carers Living at Child's Home Address  
PRIORITY 1. CONTACT FOR TEXTS AND EMERGENCIES- The person  
stated below will be the first person to be contacted.**

Mr / Mrs /Ms /Miss / Dr (please circle)

Forename \_\_\_\_\_ Relationship to child \_\_\_\_\_

Surname \_\_\_\_\_

Mobile Tel. No: \_\_\_\_\_ Work Tel. No: \_\_\_\_\_

Email Address: \_\_\_\_\_

**B. Parents/Carers Living at Child's Home Address  
PRIORITY 2. The person stated below will be the second person to be  
contacted in case of an emergency.**

Mr / Mrs /Ms /Miss / Dr (please circle)

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to child \_\_\_\_\_ Mobile Tel. No: \_\_\_\_\_

Work Tel. No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address if different from child's home address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: : \_\_\_\_\_

**Other Emergency Contacts (excluding parents /carers)**

**PRIORITY 3. The person stated below will be the third person to be contacted in case of an emergency, if  
the above contact A & B cannot be contacted.**

Mr / Mrs /Ms /Miss / Dr (please circle)

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to child \_\_\_\_\_ Telephone No: \_\_\_\_\_

## Medical Details

Doctor's Name \_\_\_\_\_ Doctor's Tel. No: \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NHS Number: \_\_\_\_\_

Please advise any Medical condition(s) including allergies:

## Dietary Requirements

Religious and dietary requirements (not likes and dislikes)

**My child is a vegetarian**

**Yes**  **No** *(please tick)* A vegetarian is someone who lives on a diet of grains, pulses, nuts, seeds, vegetables and fruits with, or without, the use of dairy products and eggs. A vegetarian does not eat any meat, poultry, game, fish, shellfish or by-products of slaughter.

***Do not tick "YES" if your child eats fish. If you tick "YES" your child will not be served fish of any type.***



## DATA COLLECTION FORM (EPD2)

Pupil's name: \_\_\_\_\_ Class: \_\_\_\_\_

### ETHNICITY

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 of those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils 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 pupils or child named above. Please also tick whether the form was filled in by a parent or the pupil.

#### White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Romany
- Any other White background

#### Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

#### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

#### Black or Black British

- Caribbean
- African
- Any other Black background
- Chinese

Any other ethnic background

I do not wish an ethnic background category to be recorded

## 2. LANGUAGES SPOKEN AT HOME BY PUPIL

2.1 Is English the first language of your child (the only language your child has been brought up in and hears and speaks at home). Please circle.

Yes

No

2.2 If no, what is the name of the first language your child has been brought up in?  
.....(please write the name of language).

2.3 Has your child grown up hearing and speaking more than one language at home? Please circle:

Yes

No

If yes, please write the name(s) of these other languages:

1. [.....] 2. [.....]

[ ] I do not wish to answer question 2

### Language Proficiency:

New to English  Early acquisition  Developing competence   
Competent  Fluent

## 3.RELIGION

Please tick one box only.

- [ ] Baptist
- [ ] Buddhist
- [ ] Church of England (CofE)
- [ ] Calvinist
- [ ] Congregational
- [ ] Greek Orthodox
- [ ] Hindu
- [ ] Jehovah's Witness
- [ ] Jewish
- [ ] Methodist
- [ ] Muslim
- [ ] Quaker
- [ ] Roman Catholic
- [ ] Russian Orthodox
- [ ] Seven Day Adventist
- [ ] Sikh
- [ ] No Religion
- [ ] Other (please name) \_\_\_\_\_

[ ] I do not wish to answer question 3

The information collected in this form will help schools, the Local Authority and Government to ensure fairness in educational provision. Any information you provide will be used solely to compile statistics on the school and experiences of pupils from different backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential.

From time to time the information will be passed on to the Local Authority and the Department for Education to contribute to local and national statistics. The information will also be passed on to future schools so in most cases you will not be asked for it again.

This information was provided by: Parent [ ]

Pupil [ ]

## Academy Use Only

Please attach copies of the following documents

Child's Identification	Passport or Birth Certificate	<input type="checkbox"/>
Parent's Identification	Passport or Driving Licence	<input type="checkbox"/>
Proof of Address	_____	<input type="checkbox"/>
Parent's NI Number	_____	<input type="checkbox"/>
Parent's D.O.B	_____	<input type="checkbox"/>

### Additional Information