



**Madni Academy**  
PRIMARY

40-42 Scarborough Street. Dewsbury. WF12 9AY. Tel-01924 500335

www.madniacademy.org. Email- [school.office@madniacademy.org](mailto:school.office@madniacademy.org)

The information contained on this form will be placed on our electronic records and held in keeping with the terms of the GDPR. Please supply all the information requested and post or hand deliver the completed form to the school as soon as possible along with an **original copy of your child's Birth Certificate**. Once your enquiry has been processed the school will contact you

**Pupil Details**

Legal Forename:	Legal Surname:
Middle name(s):	Preferred surname:
Date of birth:	Gender: Male / Female (delete as applicable)
Ethnicity: Religion:	Place of Birth:
Year Group: Y1 <input type="checkbox"/> Y2 <input type="checkbox"/> Y3 <input type="checkbox"/> Y4 <input type="checkbox"/> Y5 <input type="checkbox"/> Y6 <input type="checkbox"/>	

**Does your child have any sibling already attending Madni Academy?**

Please tick as appropriate:

Yes  No

Name and year group of sibling already attending:

.....

**Parent and Carer details**

Parent/Carer: Mr/Mrs/Ms/Miss/Other	Parent/Carer: Mr/Mrs/Ms/Miss/Other
Forename:	Forename:
Surname:	Surname:
Address (if not home address above):	Address (if not home address above):
Post Code:	Post Code:
Tel No's: Home: Mobile:	Tel No's: Home: Mobile:

e-mail:	e-mail:
<b>Work:</b> (for emergency use. Please state days / hours worked) Address: Tel No: Occupation:	<b>Work:</b> (for emergency use. Please state days/ hours worked) Address: Tel No: Occupation:
Priority to contact in an emergency: 1st 2nd 3rd 4th	Priority to contact in an emergency: 1st 2nd 3rd 4th
Parental Responsibility: Yes / No Relationship to child:	Parental Responsibility: Yes / No Relationship to child:
With whom does the child live?	

### Additional Emergency Contacts

From time to time it may be necessary to contact someone during the school day, e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion. Details should be listed in the order of contact preference.

No	Name & Relationship to the child	Parental responsibility	Daytime address and telephone number (if same as child's home address please write home)							
1	<table border="1"> <tr> <td colspan="2">Priority to contact in an emergency</td> </tr> <tr> <td>1</td> <td>2 3 4</td> </tr> </table>	Priority to contact in an emergency		1	2 3 4	<table border="1"> <tr> <td>Yes/No (delete as required)</td> </tr> </table>	Yes/No (delete as required)	<table border="1"> <tr> <td>Address:</td> </tr> <tr> <td>Phone:</td> </tr> </table>	Address:	Phone:
Priority to contact in an emergency										
1	2 3 4									
Yes/No (delete as required)										
Address:										
Phone:										
Please confirm this emergency contact has consented to share their information			Yes <input type="checkbox"/> No <input type="checkbox"/>							
2	<table border="1"> <tr> <td colspan="2">Priority to contact in an emergency</td> </tr> <tr> <td>1</td> <td>2 3 4</td> </tr> </table>	Priority to contact in an emergency		1	2 3 4	<table border="1"> <tr> <td>Yes/No (delete as required)</td> </tr> </table>	Yes/No (delete as required)	<table border="1"> <tr> <td>Address:</td> </tr> <tr> <td>Phone:</td> </tr> </table>	Address:	Phone:
Priority to contact in an emergency										
1	2 3 4									
Yes/No (delete as required)										
Address:										
Phone:										
Please confirm this emergency contact has consented to share their information			Yes <input type="checkbox"/> No <input type="checkbox"/>							

### Medical and Dietary Information

#### Doctor

Surgery Name and Address and Tel No:

Doctor's name:

#### MEDICAL INFORMATION/DIETARY NEEDS

**Medical Information**  
(including food allergies,  
medication requirements)

- |                                                       |                                             |                                       |                                   |
|-------------------------------------------------------|---------------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Epilepsy                     | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Asthma       | <input type="checkbox"/> Eczema   |
| <input type="checkbox"/> Arthritis                    | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> A.D.H.D. |
| <input type="checkbox"/> Other (please specify) ..... |                                             |                                       |                                   |

If your child uses an inhaler, is it carried on their person?  Yes  No

Have any other services been involved with your child (e.g. Health Visitor; Social Services; Education Psychologist; Bilingual Support Service; Speech Therapist; Child & Family Guidance; Portage; Teacher Advisers; Assessment Unit; Diagnostic Unit; etc)

Is there any other information you feel we should be aware of? (E.g. does your child have Special Educational Needs?)

Other children in the family.  
Names/relationship/Ages/School  
(This information will only be used in relation to this submission to the school)

Position of the child this form refers to in the family (i.e. if this child has one older and younger sibling – write 2/3)

**Do you consider yourself or your child to have a disability:** YES / NO

If 'yes' please give details:

**Any other information which you feel may be relevant:**

## SCHOOL HISTORY

### PREVIOUS EDUCATION DETAILS (Most Recent First)

School / Pre-School Name	Contact Details	Date of arrival (dd/mm/yy)	Date of leaving (dd/mm/yy)	Reason For Leaving
	Address:  Telephone:			
	Address:  Telephone:			
	Address:  Telephone:			

### General Terms and Conditions Of Admission

By signing this form I agree to abide by all the schools policies and procedures.

I understand the school does not allow leave during term time (except in extenuating circumstances).and I agree to follow the schools attendance policy.

Any student guilty of vandalism will be disciplined and any damage to school property will be the responsibility of the student and her parent/ carer to replace / repair as necessary.

Any student absent from school for a period of 2 weeks will be taken off the school roll and the LA informed. In cases of sickness a medical certificate must be provided within the first 3 days of sickness.

All fees must be paid prior to the commencement of the new term, please find a list of term dates in your daughter's school planner, failure to do so will result in your daughter being excluded from classes. Fees can be paid in cash; cheque or BACS. Dishonoured cheques will incur bank charges plus office administration charges. Students will remain excluded until all fees; bank and administration charges are paid.

Admission and term fees once paid are non-refundable. Term fees are calculated on a termly basis, if a student is not in school for part of a term, the full term fees will still be payable.

The school has the right to increase the fees at any time giving parents sufficient notice

## Parental Declaration

### DATA PROTECTION STATEMENT:

*The purpose of this form is to collect data for further processing within the school/systems. Your signature on this form implies your consent for the school to process the data. The data will be processed in accordance with the purposes notified by the school to the Information Commissioner's Office and is subject to the GDPR regulations. The information given will be entered onto a computer and will form part of the School's database. This information will also be shared with Locala, , Ofsted, Keys and other relevant agencies. Please see the school's privacy notice for further details.*

We are seeking your permission concerning some regular school activities and outings. Please circle clearly to indicate your wishes so that we know if your child is able to participate in any of these events as listed below:

<b>Hospital treatment</b> – in the unlikely event of my child requiring hospital treatment when I cannot be contacted, I give my permission for the school to authorize treatment (eg. Anaesthetic to reset fracture)	<b>Yes / No</b>
<b>Walks and outings</b> in the local vicinity (parks, shops, library)	<b>Yes / No</b>
Visits to <b>religious buildings</b> (for example churches, synagogues or mosques)	<b>Yes / No</b>
<b>Photographs</b> My child can be photographed for these purposes ( <b>please circle as appropriate</b> ) Absence of a circle means that I do not wish my child's image to be used for that activity.	
Display boards in class and corridor	<b>Yes/No</b>
Slide Shows (in school only)	<b>Yes/No</b>
Newsletters and the school website (no child identified by name)	<b>Yes/No</b>
School's social media outlets on Facebook and Twitter	<b>Yes/No</b>
Other media such as local or national press	<b>Yes/No</b>

### DECLARATION OF PERSON WITH LEGAL RESPONSIBILITY:

*I declare the above information to be correct to the best of my knowledge at the time of completion.  
I agree to notify the school of any change in my child's circumstances.*

**Signature of Parent / Carer:** ..... **Print Name:** .....

**Date**.....

#### FOR OFFICE USE ONLY

Birth certificate seen YES/NO Copy Obtained YES/NO

Application Date \_\_\_\_\_ First day of school (if different) \_\_\_\_\_

Admission number \_\_\_\_\_ Fees Received £ \_\_\_\_\_ TERM 1 £ \_\_\_\_\_

Total £ \_\_\_\_\_ KSM \_\_\_\_\_

Admission officer- \_\_\_\_\_ Signature \_\_\_\_\_