

ADMISSIONS

For Office Use

Name:

Registration Group:

Year Group:

Year Taught:

ULN (if required):

UPN:

Social Care:

Yes ☐ No ☐

Borough:

(Please name placing local authority)

FSM online application

Parent/Carer First Name:

Last Name:

National Insurance Number:

Parent/Carer DOB:

Bromley Beacon Academy

ADMISSION FORM

Please complete all details below:

Surname _____

Forename _____

Middle Name _____

Preferred Name _____

Gender Male ☐ Female ☐

Date of Birth / /

Home Address _____

Post Code _____

Other persons living in family home _____

Relationship to child _____

Home Tel No _____

Email Address _____

Mother's Name (first name / last name) _____

Address _____

Father's Name (first name / last name) _____

Address _____

Siblings (brothers & sisters) _____

Previous School _____ Borough/LA _____

Date of Leaving / /

Birth Certificate Check Yes ☐ No ☐

CLA Placing Authority _____

Name of Social Worker _____ Tel No _____
(If applicable)

LUNCH ARRANGEMENTS

Free School Meals ☐

Application must be made to
LA before end July

School Meal ☐

Paid daily / weekly / half termly
in advance

Packed Lunch ☐

Have you received Free School Meals at any time in the past 6 years: Yes ☐ No ☐

TRAVEL ARRANGEMENTS

School Bus ☐

School Taxi ☐

Public Transport ☐

Train ☐

Parent/Carer Car ☐

Walking ☐

Signature _____ (Parent/Carer)

Contact Priority 1

Surname _____ Title _____

Forename _____

Day Tel No _____

Home Address _____

Postcode _____

Parental Responsibility: Yes/No (Delete as appropriate) Relationship _____

Contact Priority 2

Surname _____ Title _____

Forename _____

Day Tel No _____

Home Address _____

Postcode _____

Parental Responsibility: Yes/No (Delete as appropriate) Relationship _____

Contact Priority 3

Surname _____ Title _____

Forename _____

Day Tel No _____

Home Address _____

Postcode _____

Parental Responsibility: Yes/No (Delete as appropriate) Relationship _____

If you wish to provide information of more contacts please write details on a separate sheet of paper and attach it to this form.

MEDICAL INFORMATION AND PERMISSION FORM

* = Delete as appropriate

These details will be helpful in the event of an accident and your child needs to be taken to hospital.

Student's Name (in full) _____ Date of Birth _____

Home Address _____

Post Code _____

Home Tel No _____ Emergency Tel No _____

NHS No _____ Date of last TETANUS injection _____

Family Doctor _____ Name Tel No _____

Address _____ Post Code _____

1. Has your child any ONGOING MEDICAL CONDITIONS the school should know about? (i.e. eczema)

Please give details _____

2. Does your child take medication on a regular basis?

Please name medication and state dosage _____

Do you agree to the school administering this medication? YES/NO*

3. Does your child suffer from any ALLERGIES (including FOOD ALLERGIES)? YES/NO*

Please give details _____

4. Does your child suffer from EPILEPSY? YES/NO*

Does he need medication for the EPILEPSY at school? YES/NO*

Permission for the school to administer EPILEPSY medication YES/NO*

Please name medication name and state dosage _____

5. Does your child suffer from ASHTHMA? YES/NO*

My child must carry an inhaler at all times ready for emergency use? YES/NO*

My child must use an inhaler every day at lunch-time? YES/NO*

My child must use an inhaler every day at _____ (Please state time)

Please note: It is your responsibility to ensure that your child carries a named inhaler at all times and is aware of his own responsibility in this regard. For emergency use please provide a spare named inhaler which will be kept in a locked cabinet in the School Office.

6. Does your child need to wear glasses for class work/at all times*? YES/NO*

7. Do you give permission for your child to go SWIMMING? YES/NO*

8. Is your child visiting any external agencies (i.e. CAHMS) YES/NO*

Please give details _____

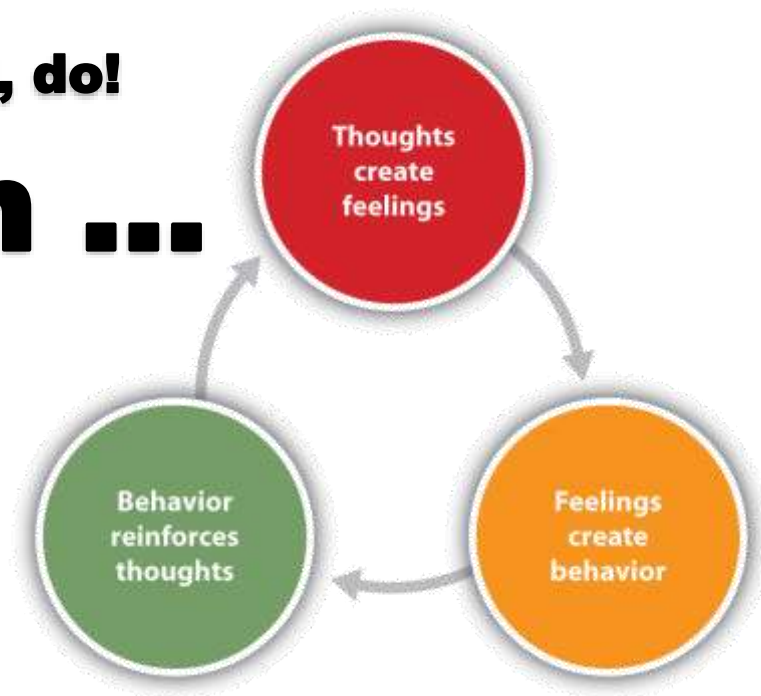
Please write any further information you feel might be of use to the school on a separate sheet and attach it to this form.

IN AN EMERGENCY, I GIVE PERMISSION FOR MY CHILD TO BE TAKEN TO HOSPITAL FOR TREATMENT AND TO BE GIVEN AN ANTI-TETANUS INJECTION IF NECESSARY.

Signature of Parent/Carer _____ Date _____

Think, feel, do!

I can ...



1

Work towards my five targets

2

**Make healthy choices about
my physical, emotional and
mental wellbeing**

3

**Respect myself, other people
and the school environment**

It is our intention to make parents aware of the school's Positive Handling Policy at the admission interview.

CONTROL AND POSITIVE HANDLING POLICY

*Updated in line with Circular 10/98, 1996 Education Act
'The Use of Force to Control and Restrain Children'*

"Reasonable force can be used to control or restrain pupils"

- All staff are trained in pro-active strategies to attempt to avoid the necessity of a restraint.
The vast majority of all incidents are so resolved. However, to be suitably equipped to carry out a restraint, all staff have received effective training sessions, by PRICE, which is a recognised British Institute of Learning Disabilities (BILD) provider using current procedures.
- Positive handling training is part of the school's inset programme so that both policy and practice are regularly reviewed. This includes reiteration of the 'golden rule' of always calling for extra support from staff, and the recording of any such incidents by at least two members of staff and monitoring by the Head Teacher. Parents/Carers will be telephoned after any incident involving the necessity of positive handling. Recording incidents should be within 24 hours.

Reasonable force may be used in the following circumstances when a pupil is:

- Committing a criminal offence
- Causing injury to themselves or others
- Causing damage to property (including the pupil's own property)
- Exhibiting severely challenging behaviour which does not allow the School to maintain normal good order and discipline

All staff do have the right to defend themselves against attack provided they do not use a disproportionate degree of force to do so.

The Parent/Carer has discussed and understands the use of positive handling in Bromley Beacon Academy

Signature of Parent/Carer _____

Date _____

PERMISSION FORM: SUPERVISED EDUCATIONAL VISITS

Student's Name (in full) _____

Student's Address _____

Post Code _____

Date of Birth: _____

I (name) _____

of (address) _____

Post Code _____

the parent/carer of the above-named student wish him/her to participate in educational visits and journeys and consider him/her to be of sufficient capability and responsibility to undertake such visits or journeys under the reasonable supervision of school staff.

I HEREBY GIVE PERMISSION for him/her to take part in the visits.

Signature of Parent/Carer _____

Date _____

NB: This permission will remain in force while the student remains at the school unless it is specifically withdrawn by the parents or carers.

[If the student transfers to another school a new consent form is required]

PERMISSION FORM: PHOTOGRAPHS/VIDEOS

I HEREBY GIVE PERMISSION for photographs and video film to be taken of:

Student's Name (in full) _____

Student's Address _____

Post Code _____

Date of Birth: _____

I (name) _____

of (address) _____

Post Code _____

the parent/carer of the above-named student acknowledge that copyright of such photography and film belongs to the photographer and Bromley Beacon Academy and may be used in any Bromley Beacon Academy publication/promotion including electronic media such as internet technology.

Signature of Parent/Carer _____

Date _____

NB: This permission will remain in force while the student remains at the school unless it is specifically withdrawn by the parents or carers.

[If the student transfers to another school a new consent form is required.]

PERMISSION FORM: ASSEMBLIES AND SEXUAL AND RELATIONSHIP EDUCATION

As part of the timetable at Bromley Beacon Academy we hold weekly assemblies, sometimes with a religious content. Sexual and Relationship Education is also included in the timetable.

Student's Name (in full) _____

Student's Address _____

Post Code _____

Date of Birth: _____

I (name) _____

of (address) _____

Post Code _____

the parent/carer of the above-named student give/do not give (delete as appropriate) permission for him/her to take part in assemblies. I also give/do not give (delete as appropriate) permission for him/her to receive Sexual and Relationship Education in school.

Signature of Parent/Carer _____

Date _____

NB: This permission will remain in force while the student remains at the school unless it is specifically withdrawn by the parents or carers.

[If the student transfers to another school a new consent form is required.]

PERMISSION FORM: ADMINISTRATION OF PAIN RELIEF MEDICATION

Student's Name (in full) _____

Student's Address _____

Post Code _____

Date of Birth: _____

I (name) _____

of (address) _____

Post Code _____

The parent/carer of the above-named student hereby gives written permission for the school to administer paracetamol and ibuprofen. Verbal permission will always be obtained from a parent/carer at the time of dispensing the pain relief medication. If the school is unable to contact a parent/carer then ibuprofen or paracetamol will not be administered. Dosage will be given according to age.

This is a service which the school is not obliged to provide. If your child needs regular pain relief please contact the school office to complete appropriate forms and supply your own medication.

Signature of Parent/Carer _____

Date _____

NB: This permission will remain in force while the student remains at the school unless it is specifically withdrawn by the parents or carers.

[If the student transfers to another school a new consent form is required]

ETHNICITY DATA FORM

Student's Name _____

Class/Form _____

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

White

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

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background

Mixed

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

First language _____

Country of Birth _____

National Identity

- | | | |
|--------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> English | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Irish | <input type="checkbox"/> British | <input type="checkbox"/> Other |

Proficiency in English

- | | | |
|---|--|--|
| <input type="checkbox"/> New to English | <input type="checkbox"/> Early acquisition | <input type="checkbox"/> Developing competence |
| <input type="checkbox"/> Competent | <input type="checkbox"/> Fluent | <input type="checkbox"/> Not yet assessed |

This information was provided by:

- ☐ Parent
- ☐ Student

Any information you provide will be used solely to compile statistics on the school careers and experiences of students from different ethnic backgrounds, to help ensure that all students have the opportunity to fulfil their potential. These statistics will not allow individual students to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education (DfE) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.

UNIFORM INFORMATION

Bromley Beacon Academy has an official school uniform which we ask parents/carers to conform to. Parents/carers facing financial difficulty over school clothes or PE/Games Kit should contact the Head of School or the Education Welfare Officer, who will advise in strict confidence.

There is no special shop from which to purchase the clothing and only available from the school office. Parents are simply asked to provide the following:

Bromley Campus	Orpington Campus
Blazer - supplied	White shirt
White shirt	Black and gold tie - supplied
Black and gold tie - supplied	Black V Neck jumper with gold stripes - supplied
Black V Neck jumper with gold stripes - supplied	Black trousers or black knee length skirt
Black trousers or black knee length skirt	Black shoes or trainers only
Black shoes or trainers only	Slippers (KS2 only)
We will also expect all students to wear a school PE kit:	We will also expect all students to wear a school PE kit:
Black polo shirt with school emblem - supplied	Black polo shirt with school emblem - supplied
Black shorts - supplied	Black shorts - supplied
Black or white socks	Black or white socks
Trainers or boots as applicable	Trainers or boots as applicable

All items of clothing and kit, including the bag in which the kit is carried, must be indelibly labelled with the student's name.

If students do not come to school in appropriate school uniform on any particular day, they may be required to change into uniform provided by the school or return home to change if they live nearby. The clothing should be clean.

Personal Items

Only essential school equipment should be brought onto the school site. Personal music players, mobile phones and cameras are not allowed. Students bringing these objects onto the site must hand them in to staff for safe keeping until the end of the school day. Refusal to hand in these objects will result in their confiscation until collected by parents/carers. The school cannot accept responsibility for personal items which are not insured whilst on school property.

Students should not wear jewellery to school although students with pierced ears are permitted to wear up to ONE pair of studs. Please ensure that hoops are not worn in ears as they are a health and safety issue.

No caps/hats are to be worn in school.

Compulsory School Uniform Orpington Campus



White collared shirt /
white polo shirt



Girls yellow summer dress



School jumper



Boys black trousers



Girls black skirt / Boys black shorts



Girls black trousers

School Tie



KS2 Slippers



Black, grey or white socks



Plain black shoes
(Plain black trainers are permitted)



Black or grey tights

Term and Holiday Dates 2017/18

Term	Dates
Autumn 2017	Monday 4th September - Friday 20th October
	<i>Half term Monday 23rd October - Friday 3rd November (2 weeks)</i>
	Monday 6th November - Wednesday 20th December
Christmas Break	
Spring 2018	Wednesday 3rd January - Friday 9th February
	<i>Half term Monday 12th - Friday 16th February (1 week)</i>
	Monday 19th February - Thursday 29th March
	<i>(Good Friday 30th March, Easter Monday 2nd April)</i>
Spring Break	
Summer 2018	Monday 16th April - Friday 25th May
	<i>(Bank Holiday Monday 7th May)</i>
	<i>Half term Monday 28th May - Friday 1st June (1 week)</i>
	Monday 4th June - Wednesday 18th July

Proposed Term Dates 2018/19

Term	Dates
Autumn 2018	Monday 3rd September - Friday 19th October
	<i>Half term Monday 22nd October - Friday 2nd November (2 weeks)</i>
	Monday 5th November - Wednesday 19th December
Christmas Break	
Spring 2019	Monday 7th January - Friday 9th February
	<i>Half term Monday 18th - Friday 22nd February (1 week)</i>
	Monday 25th February - Friday 5th April
	<i>(Good Friday 19th April, Easter Monday 22nd April)</i>
Spring Break	
Summer 2019	Tuesday 23rd April - Friday 24th May
	<i>(Bank Holiday Monday 6th May)</i>
	<i>Half term Monday 27th - Friday 31st May (1 week)</i>
	Monday 3rd June - Friday 19th July

FOOD ALLERGY QUESTIONNAIRE

Name of student _____

Date of birth _____

Does your son/daughter have an allergy/intolerance to any of the following food groups?

Nuts and Seeds	Yes	No
Milk/Dairy Products	Yes	No
Eggs	Yes	No
Wheat	Yes	No
Shellfish	Yes	No
Fruit	Yes	No
Other – please specify		

Please list below foods that your son/daughter must **NOT** eat:

Please state below details of any other allergy/intolerance your son/daughter has:

Signed _____ (Parent/Carer)

Date _____

N.B. If you do not return this to school we will assume your son/daughter has no allergies

May 2018

Dear Parent/Carer,

Bromley Beacon Academy supports students both academically and also with their social emotional mental health & well-being. In line with this, we have available therapeutic interventions that promote wellbeing for the students whilst encouraging positive psychological, emotional and social changes. These may include Arts Therapies or counselling.

Our school is fortunate to have a full time accredited psychological therapist registered with the HCPC – Health and Care Professions Council. They head up the therapeutic services offered and can be contacted using the information below.

Over the coming year, the therapist will work closely with other members of staff in identifying students that will benefit most from therapy.

Practitioners are trained to enable students to find the most suitable medium for them to engage in group or individual sessions to address, resolve, or make troubling issues more bearable.

In order for children to begin any form of therapy, parent/guardians should sign the consent section of the letter below and return as soon as possible. If your child is selected, a therapist will get in contact to inform you. If you have any questions, concerns or queries please feel free to call the number below.

All therapist's notes and reports are anonymised and confidential. Termly reports are stored securely on premises of the school and may be shared with other professionals on a need to know basis.

Many thanks,

Larissa Sherman

Head of Therapy, Bromley Beacon Academy & Bromley Trust Academy

HCPC, BADth

E: larissa.sherman@bromleybeaconacademy.org.uk

Permission for Therapy

Name of Client:

Please tick ☐ I understand that anonymised notes will be kept securely and that termly reports will be written.

Signature of Client

Date:

Name of Parent/Carer:

Please tick ☐ I give permission for (Student name)to attend therapy:

Date:.....

Signature:...