## Harris Academy Falconwood, The Green, Welling, Kent DA16 2PE Tel: 0208 304 4916 Fax: 0208 301 9169



## **IN-YEAR ADMISSION FORM**

To register your application you should complete this form and return it to the Admissions Officer at the above address.

FOR OFFICE USE ONLY									
Date Request Received: Date Receipt Sent:	Date School Contacted: Date Reference Received:		Board Room Booked For:						
Date Receipt Sent.	Date Reference Received.	BOOK	Booking Confirmed:						
Comments:									
			Date:						
Details of student Surname Forenam	es	Date of Birth	Gender: M / F						
		Year Group	Current school						
			Current school						
Reason for transfer:									
Have you informed your child's current s	chool of your intention to move hi	n/her should your applic	cation be successful? Yes/No						
(We will need to contact them for a reference.)									
Harris siblings Name/s Tutor	Group/s	Date/s of Birth							
Name/s Tutor	Group/s	Date/s of Birth	Date/s of Birth						
Student's Home Address		·							
Postcode Home Te	elephone no	Mobile							
Home local authority (Bexley, Bromley, Gr	eenwich etc)								
Details of Parent 1		ils of Parent 2							
Title Initials Surname	Title	Initials							
Address of Parent 1 (if different from stude	nt's address) Add	ess of Parent 2 (if differe	s of Parent 2 (if different from Parent 1)						
Postcode Home Tel:	Post	code e Tel:							
Mobile:	Mob								
Email address:	Ema	l address:	ddress:						
Relationship to student			ship to student						
Information about the student to be sent									
To be used as Emergency Contact? Yes/		To be used as Emergency Contact? Yes/No							
Employer	Emp	oyer							
Work Tel:	Worl	Tel:	al:						
Other Emergency Contact:		onship to student							
Name Llama Tal									
Home Tel: Mobile:	VVori	Work Tel:							
Other relevant contact (eg parent's partn	er) Rela	ionship to student	ship to student						
Name									
		To be used as Emergency Contact? Yes/No							
			ntact / Yes/INO						
Address	Hom	Home Tel:							
	Mob	Mobile:							
Post Code	Worl	Tol							
	Worl								

Medical Details Has the student any medical condition we should know about? E.g. asthma, epilepsy:										
Give details of any mediaction										
Give details of any medication: Doctor's name and name of practice:										
Ethnic Origin of Applicant If descended from more than one ethnic or racia White	al group, pleas	se tick the gro Tick Below		h you co	onsider you belong Asian or Asian		y other' box.			
British				Indian						
Irish Any other white background					Pakistani Bangladeshi					
					Any other Asian background					
Mixed					Black or Black					
White and Black Caribbean					Caribbean					
White and Black African White and Asian					African Any other black					
Any other mixed background					Chinese or other ethnic group					
				Chinese Any other						
Is your child identified as EAL (English as an If Yes, how would you categorise their level: 1 8	with English a									
Level 1 Level 2	4 No need fo	or support	Level 3			Level 4				
First language spoken at home (please tick)BengaliCantonese	English		Greek		Gujerati		Hindi 🔲			
Panjabi D Spanish D	Turkish		Urdu		Other		Italian 🛛			
Religion (please tick) Christian	Jewish		Sikh		Other		No Religion 🛛			
Special Educational Needs				Is the applicant dyslexic? Yes/No						
Does the applicant have a learning difficulty? Ye If yes, give brief details below		If yes, ha	as she/h	e been assessed?	Yes/No					
in yes, give bher details below		By whor	n?							
School Action School Action Plus Statemented Date of assessment Is the applicant statemented? Yes/No If Yes, give date of statement:										
Has this student ever been temporarily or permanently excluded from school: Yes/No										
Fixed Term Exclusion  Permanent  Periods/Reason:										
Please inform the Academy should any of the above details change.										
Please enclose the following information with this application form: proof of residence (e.g. council tax / tenancy agreement), proof of age (e.g. birth certificate / passport) and a copy of your child's latest school report.										
Academy Agreement										
<ul> <li>As parent(s) of the applicant I/we will: (delete as necessary)</li> <li>Support the Academy in general policy including the maintenance of discipline and ensure that my/our son/daughter abides by the Academy rules.</li> <li>Ensure uniform is worn correctly at all times.</li> <li>Provide feedback to staff on my/our son's/daughter's completion of homework.</li> <li>Attend Academy activities including Parents' Evenings, Celebration of Achievement, etc</li> <li>Give positive support to my/our son/daughter and provide, where possible, an environment supportive of study at home.</li> <li>Help to motivate my/our son/daughter and provide, where possible, an environment supportive of study at home.</li> <li>Help to motivate my/our son/daughter and provide, where possible, an environment supportive of study at home.</li> <li>Help to motivate my/our son/daughter and provide, where possible, an environment supportive of study at home.</li> <li>Help to motivate my/our son/daughter and provide, where possible, an environment supportive of study at home.</li> <li>Ensure holidays are not taken during term time.</li> <li>Support the completion of homework and coursework and sign the Diary Planner every week.</li> <li>Inform the Academy of any difficulties which may affect my/our son's/daughter's learning whilst at Academy.</li> <li>Support my/our son's/daughter's intention to continue in full time education or training up to the age of 18.</li> <li>Give permission for the Academy to use photographs and film footage of my/our son/daughter in an Academy context for possible public circulation.</li> <li>Inform the Academy in writing if it is decided to exercise the right to request withdrawal from sex education or RE lessons.</li> <li>Conform to the protocols for security and access required for the ICT network.</li> <li>Ensure all work submitted by my/our son daughter and particularly coursework submitted for examination units is my/our son's/daughter's own work and includes no form of plagiarism.</li> <li>Ensure all wor</li></ul>										
Parent Signature		Date								
Parent Signature Date										

ANY FALSE OR WITHHELD INFORMATION COULD HAVE A SERIOUS IMPACT ON YOUR APPLICATION BEING PROCESSED.