



STUDENT DETAILS

CONTACT DETAILS

Surname

Forename

Preferred Name

Other Names

Date Of Birth

Year Group Gender (M/F)

Current School

Name of Parent/Guardian

Address

Postcode

Home Address

Postcode

Relationship to Child

Home Tel.

Mobile Tel.

Work Tel.

Email:

Home Tel.

Mobile Tel.

Current courses of study if in Year 10 or Year 11

How will your child get to the Academy?

Bicycle Car

Taxi Public Transport

Walks

Subject

Qualification Board

Please list previously attended Schools & reason(s) for leaving

Subject

Qualification Board

Subject

Qualification Board

Subject

Qualification Board

Subject

Qualification Board

Does your child have a Special Educational Need (SEN) Statement and if Yes, what for?

Has your child seen any of these people? (Please tick)

Educational Psychologist

Education Welfare Officer

Social Worker

Please note the Academy runs a two year KS3 programme

Further Details

Any other additional information that would help us place your child?

What are your reasons for this application to the North Liverpool Academy?

Have you contacted your current school to discuss this application?

Please be aware that we will be contacting your current school to ask for transfer details if this application is successful

Equal Opportunities

Please complete the questions below. Providing this information will enable the Academy to monitor the provision for individuals and groups of pupils, ensuring equality of opportunity.

- | | | | |
|--|---|--|--------------------------|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Greek | <input type="checkbox"/> Portuguese | <input type="checkbox"/> |
| <input type="checkbox"/> African Asian | <input type="checkbox"/> Gypsy - Roma | <input type="checkbox"/> Sri Lankan Other | <input type="checkbox"/> |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Indian | <input type="checkbox"/> Sri Lankan Tamil | <input type="checkbox"/> |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Iranian | <input type="checkbox"/> Turkish | <input type="checkbox"/> |
| <input type="checkbox"/> Asian - Other | <input type="checkbox"/> Iraqi | <input type="checkbox"/> White – English | <input type="checkbox"/> |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Italian | <input type="checkbox"/> White – Black African | <input type="checkbox"/> |
| <input type="checkbox"/> Black – Congolese | <input type="checkbox"/> Japanese | <input type="checkbox"/> White – Black Caribbean | <input type="checkbox"/> |
| <input type="checkbox"/> Black – Nigerian | <input type="checkbox"/> Kosovan | <input type="checkbox"/> White – Chinese | <input type="checkbox"/> |
| <input type="checkbox"/> Black – Somali | <input type="checkbox"/> Kurdish | <input type="checkbox"/> White Eastern European | <input type="checkbox"/> |
| <input type="checkbox"/> Black – Sudanese | <input type="checkbox"/> Lebanese | <input type="checkbox"/> White European | <input type="checkbox"/> |
| <input type="checkbox"/> Black – Other | <input type="checkbox"/> Libyan | <input type="checkbox"/> White Other | <input type="checkbox"/> |
| <input type="checkbox"/> Black – Caribbean | <input type="checkbox"/> Other Black | <input type="checkbox"/> Yemeni | <input type="checkbox"/> |
| <input type="checkbox"/> Black – European | <input type="checkbox"/> Other Black African | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Chinese - Other | <input type="checkbox"/> Other Chinese | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Other Ethnic Group | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Other Mixed Background | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pakistani | <input type="checkbox"/> | <input type="checkbox"/> |

If you ticked 'other' and you think that the categories above do not describe your child's racial group, you can use this space to tell us your racial group.

Who identified the ethnic group?

- Parent Teacher Child

Languages

- | | | |
|---|---|--------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Panjabi | <input type="checkbox"/> |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Persian/Farsi | <input type="checkbox"/> |
| <input type="checkbox"/> Caribbean French | <input type="checkbox"/> Polish | <input type="checkbox"/> |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Romany/English Romanes | <input type="checkbox"/> |
| <input type="checkbox"/> Dutch/Flemish | <input type="checkbox"/> Russian | <input type="checkbox"/> |
| <input type="checkbox"/> English | <input type="checkbox"/> Serbian/Croatian/Bosnian | <input type="checkbox"/> |
| <input type="checkbox"/> Finnish | <input type="checkbox"/> Somali | <input type="checkbox"/> |
| <input type="checkbox"/> French | <input type="checkbox"/> Spanish | <input type="checkbox"/> |
| <input type="checkbox"/> German | <input type="checkbox"/> Swahali/Kiswahili | <input type="checkbox"/> |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Swedish | <input type="checkbox"/> |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Tagalog/Filipino | <input type="checkbox"/> |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Tamil | <input type="checkbox"/> |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Turkish | <input type="checkbox"/> |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Urdu | <input type="checkbox"/> |
| <input type="checkbox"/> Kurdish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> |
| <input type="checkbox"/> Norwegian | <input type="checkbox"/> | <input type="checkbox"/> |

Language(s) spoken in the home

Language(s) understood in the home

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Please complete the questions below. Providing this information will enable the Academy to monitor the provision for individuals and groups of pupils, ensuring equality of opportunity.

Religion

- | | | | | | |
|---------------------------------|--------------------------|------------------|--------------------------|---------------|--------------------------|
| Baptist | <input type="checkbox"/> | Hindu | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Jehova's Witness | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Catholic | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | United Reform | <input type="checkbox"/> |
| Church of England | <input type="checkbox"/> | Methodist | <input type="checkbox"/> | Yemeni | <input type="checkbox"/> |
| Other/None (please state below) | <input type="checkbox"/> | | | | |

Any special religious requirements?

(i.e. For prayer, diet or stress)

Please give details below if any Parent /Guardian is a member of the Armed Forces

I certify that the information contained within this form is true and correct

Signed

Date

Data Protection Act 1998: The information you provide on this form will be passed to the Local Education Authority. The Education Authority is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data. The Education Authority may collect and share this information with other organisations for the purpose of administration, statistical and research purposes. This will allow the Education Authority and its partners to monitor performance, improve quality and plan future provision.