**Oasis Academy South Bank**

**Student Information Form**

**Student Name**: \_\_\_\_\_\_\_\_\_\_

PLEASE PRINT EVERYTHING CLEARLY AND IN CAPITAL LETTER

1. **Details of Student**

**First Name:**

**Surname:**

**Preferred Name:**

**Gender (F or M):**

**Date of Birth:** Day Month Year

**Nationality/Place of Birth:**

**Has the student recently arrived in the country?** Yes No

If you stated ‘Yes’ above, please complete the below section:

**From which country?**

**Date of Arrival:** Month Year

**Reason for arrival to this country:**

**Immigration Status:**

1. **Home Address Details**

**Who does the student live with?** (Please circle)

Both Parents Just Mother Just Father Relative Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** (including postcode)**:**

**Borough:**

**Home Telephone Number:**

**Details of First Parent/Carer at Home Address (this parent/carer will be the main point of contact for the school)**

**First Name:**

**Surname:**

**Title** (please circle)**:** Mr Mrs Miss Ms Other\_\_\_\_\_\_\_\_\_\_

**Relationship to Student:**

**Day/Work Telephone Number:**

**Evening Telephone Number:**

**Email:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Details of Second Parent/Carer at Home Address**

**First Name:**

**Surname:**

**Title** (please circle)**:** Mr Mrs Miss Ms Other\_\_\_\_\_\_\_\_\_\_

**Relationship to Student:**

**Day/Work Telephone Number:**

**Evening Telephone Number:**

**Email:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **Siblings**

**Brothers and sisters (step, half or full) currently attending Oasis Academy South Bank**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Surname** | **Year Group** | **House Group** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

1. **Emergency Contact**

**This information should relate to an Emergency Contact such as a friend or grandparent and is in addition to details of any other persons the student lives with, as previously stated.**

**First Emergency Contact**

**First Name:**

**Surname:**

**Title** (please circle)**:** Mr Mrs Miss Ms Other\_\_\_\_\_\_\_\_\_\_

**Relationship to Student:**

**Day/Work Telephone Number:**

**Evening Telephone**

**Second Emergency Contact**

**First Name:**

**Surname:**

**Title** (please circle)**:** Mr Mrs Miss Ms Other\_\_\_\_\_\_\_\_\_\_

**Relationship to Student:**

**Day/Work Telephone Number:**

**Evening Telephone Number:**

1. **Previous School**

**Name of Primary School:**

**Address of Primary School:**

**Attended from:** Month Year

**Attended/Attending Until:** Month Year

1. **Other**

**Is he/she entitled to Free School Meals?** Yes No

If you stated ‘Yes’ to the above, you will need to complete a FSM entitlement form. Please ask reception for a form.

**What is his/her main form of transport to school?**

1. **Special Needs & Health Education**

**Does your child have a Statement concerning their learning needs?** Yes No

**Has your child had learning support in her/his previous school? If so, please give details.**

**Does he/she have an SEN level? If so, which one?**

**A P S E k**

**Please give further details of emotional needs if necessary.**

**Details of outside agencies eg. Social Services, CAMHS etc.**

**Illnesses & Allergies**

**Does he/she suffer from any allergies? If yes, please give details.**

**Does he/she regularly suffer any problems such as Migraines or has Diabetes etc? If yes, please give details.**

**Your Doctor**

**Name of doctor & surgery:**

**Address:**

**Telephone Number:**

1. **Ethnicity**

**The Department of Education requires the following information. The information obtained will be treated in the strictest confidence, any returns are made anonymously.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ethnic Origin** | **Tick** | **Religion** | **Tick** | **Language** | **Spoken** | **Written** |
| **Bangladeshi** |  | **Catholic** |  | **Albanian** |  |  |
| **Indian** |  | **Christian** |  | **Arabic** |  |  |
| **Other Asian** |  | **Hindu** |  | **Bengali** |  |  |
| **Pakistani** |  | **Jewish** |  | **Chinese** |  |  |
| **Sri Lankan Tamil** |  | **Muslim** |  | **English** |  |  |
| **Sri Lankan Sinhalese** |  | **Sikh** |  | **Farsi** |  |  |
| **Other Black African** |  | **No Religion** |  | **French** |  |  |
| **Black Caribbean** |  | **Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Greek** |  |  |
| **Black Ghanaian** |  | **Gujarati** |  |  |
| **Black Nigerian** |  |  |  | **Hebrew** |  |  |
| **Black Somali** |  |  |  | **Hindi** |  |  |
| **Any other Black background** |  |  |  | **Italian** |  |  |
| **Hong Kong Chinese** |  |  |  | **Japanese** |  |  |
| **Other Chinese** |  |  |  | **Kosovan** |  |  |
| **Any other Mix Background** |  |  |  | **Punjabi** |  |  |
| **White and Asian** |  |  |  | **Portuguese** |  |  |
| **White and Black African** |  |  |  | **Spanish** |  |  |
| **White and Black Caribbean** |  |  |  | **Turkish** |  |  |
| **Afghanistani** |  |  |  | **Urdu** |  |  |
| **Irani** |  |  |  | **Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **Japanese** |  |  |  |
| **Kurdish** |  |  |  |  |  |  |
| **Latin/South/Central American** |  |  |  |  |  |  |
| **White – Cornish** |  |  |  |  |  |  |
| **White – Eastern European** |  |  |  |  |  |  |
| **White – English** |  |  |  |  |  |  |
| **Greek/Greek Cypriot** |  |  |  |  |  |  |
| **White - Irish** |  |  |  |  |  |  |
| **Traveller** |  |  |  |  |  |  |
| **Kosovan** |  |  |  |  |  |  |
| **Other White** |  |  |  |  |  |  |
| **Other White British** |  |  |  |  |  |  |
| **White – Scottish** |  |  |  |  |  |  |
| **Turkish/Turkish Cypriot** |  |  |  |  |  |  |
| **White – Welsh** |  |  |  |  |  |  |
| **White Western European** |  |  |  |  |  |  |

**Your Name:**

**Your relationship to the student:**

**Signature: Date:**

**Thank you for completing this Student Information Form. Please ensure you have completed every section and that all answers are written clearly. Please return to OASB reception.**

1. **For Office Use Only**

**Student Start Date:** Day Month Year

**Student UPN:**