



**Stokesley School  
& Sixth Form College**

Being the best we can be

# Transition Admission Pack

**BEING THE**

**BEST WE**

**CAN BE**

Please return to [year6transitions@stokesleyschol.org](mailto:year6transitions@stokesleyschol.org)  
before Monday, 12<sup>th</sup> April 2021

STOKESLEY SCHOOL, STATION ROAD, STOKESLEY,  
NORTH YORKSHIRE TS9 5AL

[www.stokesleyschool.org](http://www.stokesleyschool.org)

01642 710050



**ARETÉ  
LEARNING  
TRUST**  
FOUNDING  
MEMBER

# Stokesley School Admissions Form



**Stokesley School  
& Sixth Form College**  
Being the best we can be

Student Surname:..... Legal Surname:.....  
(if different)

Student First Name:..... Middle Name(s):.....

Preferred first name ..... Date of Birth ..... Male/ Female  
(please circle)

Student Home Address:

Building Name / House No and Street.....

Village/ Town .....

Postal Town/ Area .....

County .....

Postcode .....

SIBLINGS at Stokesley School (include Year Group):

.....

Priority	Name / Relationship	Home Address	Contact numbers and email
NB note our preferred method of home communication is email, please provide an email address for parent(s) / carer(s) with parental responsibility.			
1			<b>Mobile:</b> <b>Work Tel:</b> <b>Email:</b>
2			<b>Mobile:</b> <b>Work Tel:</b> <b>Email:</b>
3			<b>Mobile:</b> <b>Work Tel:</b> <b>Email:</b>
4			<b>Mobile:</b> <b>Work Tel:</b> <b>Email:</b>
<b>Is there a Court Order relating to this child?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No (If yes please provide photocopy)

**Medical** – I will inform the school as soon as possible of any changes in my child's medical circumstances.

<b>Medical Condition(s)</b>	
<b>Medical Note(s)</b>	
<b>Allergies</b>	
<b>Disabilities</b>	

<b>Dietary Needs</b>	
<b>Food Allergies</b>	

<b>Medical Practice</b>	
<b>Address</b>	
<b>Telephone Number</b>	

<b>Emergency Consent</b>	I am happy for my child to be given first aid or urgent medical treatment Yes / No
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**Additional Information** (please see attached sheet for codes)

<b>Ethnicity:</b>		<b>Religion:</b>	
<b>First Language:</b>		<b>Home Language:</b>	
<b>Nationality:</b>		<b>Country of Birth:</b>	
<b>Traveller / Gypsy / Roma:</b>	Yes / No	<b>Parent/Guardian in Armed Forces:</b>	Yes / No
<b>Eligible for Free School Meals:</b>	Yes / No	<b>Special Educational Needs Provision:</b>	Yes / No
<b>Mode of travel to school:</b>		<b>Looked After Child:</b>	Yes / No

<b>Meal Requirements:</b>	Packed Lunch <input type="checkbox"/> School Meal <input type="checkbox"/> Free School Meal <input type="checkbox"/>
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<b>Previous School (including address):</b>	
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The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR)

The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education

**Signature:**

**Date:**

Ethnic Group:	ABAN	Bangladeshi
	AIND	Indian
	AOTH	Any other Asian Background
	APKN	Pakistani
	BAFR	Black - African
	BCRB	Black Caribbean
	BOTH	Any other Black Background
	CHNE	Chinese
	MOTH	Any other Mixed Background
	MWAS	White and Asian
	MWBA	White and Black African
	MWBC	White and Black Caribbean
	MWCH	Mixed White and Chinese
	OIRQ	Iraqi
	OOTH	Any Other Ethnic Group
	WBRI	White - British
	WCOR	White - Cornish
	WIRI	White - Irish
WIRT	Traveller of Irish Heritage	
WOTH	Any other White Background	
WROM	Gypsy / Roma	

Mother Tongue:	ENG	English
	ENB	Not known but believed to be English
	OTH	Other than English
	OTB	Not known but believed to be other than English

SEN Provision Type:	N	no special provision
	A	school action
	P	school action plus
	Q	school action plus and statutory assessment
	S	statement of SEN

Transport:	CAR	Car/Van
	CRS	Car Share (with child from a different house)
	CYC	Cycle
	DSB	Dedicated School Bus
	PSB	Public Service Bus
	TXI	Taxi
	WLK	Walk

# Stokesley School Consent Form

Student's Name..... Year/ Tutor Group.....

## Trip Consent

Please sign and date the form below if you are happy for your child:

- to take part in school trips and other activities that take place off school premises; and
- to be given first aid or urgent medical treatment during any school trip or activity; and
- if applicable, for your child's personal information to be shared with 3<sup>rd</sup> parties i.e. travel company

After submission of this form, no further written consent will be sought during your child's time at Stokesley School. You will however be asked to tick consent when submitting a payment for any activity via Parent Pay.

- The school trips and activities covered by this consent include:
  - all off-site trips and visits (including residential trips);
  - off-site sporting fixtures;
  - all adventure activities.
- The school will send you information about each trip or activity before it takes place.
- Please inform the school if you do not want your child to take part in any particular trip or activity.

I will advise school of:

- Any illness or infection suffered by my child; and/ or
- Any new or changed medical condition

which occurs after the signing of this form and before the trip departure date.

Parent/ Carer Signature: ..... Date:.....

Print Name:..... Relationship to child:.....

## Images and Videos Parent Consent

In accordance with our child protection policy Stokesley School will not permit photographs, video or other images of young people to be taken without the consent of the child or the parent if the child is under 16.

Stokesley School will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately, you should inform Stokesley School immediately.

Consent Information (to be completed by the parent)	YES	NO
I give consent for my child's photograph to be used within school for display purposes		
I give consent for my child's photograph to be used within other printed promotional publications (i.e. School Prospectus)		
I give consent for my child's photograph to be used on the Trust and school's websites		
I give consent for my child's work (if selected) to be used on the Trust and school's websites		
I give consent for my child to be videoed for use on the Trust and school's websites		
I give consent for my child's photograph to be used on the Trust and school's social media pages		
I give consent for my child's work (if selected) to be used on the Trust and school's social media pages		
I give permission for my child to be videoed for use on the Trust and school's social media pages		

## ParentPay and Biometric System

Consent Information (to be completed by the parent)	YES	NO
I give consent to use my child's finger recognition on the Biometrics Cashless Catering System		

Parent/ Carer Signature: ..... Date:.....

Print Name:..... Relationship to child:.....