

Admission Details

Date of Application to Croydon Council: _____

Are you on the waiting list of other schools? _____

Surname: _____ First name(s): _____

Date of Birth: _____ Gender: _____

Address: _____

Previous School: _____ Date of Leaving: _____

Siblings(s) at Oasis Academy Shirley Park (if applicable): _____

Ethnic Group (see key overleaf): _____ Religion: _____

First Language _____ Languages Spoken: _____

Please complete the following section if your child is 'In Care'.

Care Authority: _____ Commencement date: _____

Name of Social Worker: _____ Contact number: _____

Please complete the following section if your child has recently arrived in the UK.

Country of Origin: _____ Arrival Date in the UK: _____

Refugee Status: ACCOMPANIED UNACCOMPANIED (please circle)

Contact 1 (Parent/Carer)

Forename: _____

Surname: _____

Relationship: _____

Address: _____

Tel No: _____

Place of Work: _____

Tel No: _____

Mobile No: _____

E-mail: _____

Contact 2

Forename: _____

Surname: _____

Relationship: _____

Address: _____

Tel No: _____

Place of Work: _____

Tel No: _____

Mobile No: _____

E-mail: _____

Is there any other person who should or should not have contact with the school or your child? Please provide details. _____

Has a court order been imposed against this person? YES NO (please circle)

Does your child have Special Educational Needs? YES NO (please circle)
(Please tick relevant box below)

Statement School Action Plus School Action

Does your child have extra help for English or Mathematics? YES NO (please circle)
(Please provide details below)

Admission Details

Does your child receive free school meals? YES NO (please circle)

Does your family receive Income Support, Income Based Jobseeker's Allowance, Child Tax Credit, Pension Credit or support under part V1 of the Immigration and Asylum Act? YES NO (please circle)

Family Doctor: _____ TEL NO _____

Address: _____

Medical conditions to be noted in case of emergency:

Modes of Travel - (Please tick by which means your son/daughter travels to and from school)

Bus (Type not known)	<input type="checkbox"/>	Car Share (with children)	<input type="checkbox"/>	Car / Van	<input type="checkbox"/>	Cycle	<input type="checkbox"/>
Dedicated School Bus	<input type="checkbox"/>	London Underground	<input type="checkbox"/>	Metro/Tram/Light Rail	<input type="checkbox"/>	Other	<input type="checkbox"/>
Public Bus Service	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Train	<input type="checkbox"/>	Walk	<input type="checkbox"/>

Do you have a computer at home (with Windows 2000 or XP)? YES NO (please circle)

Do you have Internet access? YES NO (please circle)

I/we wish my son/daughter to be allocated a place at Oasis Academy Shirley Park.

Signed: _____ Dated: _____

Should you wish to read our full Admission and other policies please contact the Academy or access our website at www.oasisacademyshirleypark.org

**Please return this form to:
Admissions, Oasis Academy Shirley Park, Shirley Road, Croydon, Surrey CR9 7AL**

Please include the following documentation.

1. Copy of proof of address (e.g. utility bill).
2. Copy of birth certificate.
3. Copy of the student's most recent annual school report.
4. Copy of most recent National Curriculum Test results and/or National Assessment levels.

Ethnic Groups Key - (Please use this key when completing the Ethnic Group field overleaf)

AOTH	Any other Asian background	MWAS	White/Asian
ABAN	Bangladeshi	MWBC	White/Black Caribbean
AIND	Indian	NOBT	Information not obtained
APKN	Pakistani	OOTH	Any other Ethnic Group
BCRB	Black Caribbean	WOTH	Any other white background
BAFR	African	WBRI	British
BOTH	Any other Black background	WIRI	Irish
CHNE	Chinese	WIRT	Traveller – Irish Heritage
MWBA	White/Black African	WROM	Gypsy/Romany
MOTH	Any other mixed background		