

ADMISSION FORM

CA/APP/2026/R1

FILL IN BLOCK LETTERS

Office Use Only

Date Received: Intended Start Date:

Class: Registration No.:

Passport photo

DETAILS OF CHILD:

Name of Child as per Birth Certificate:

Gender: Male: Female: Religion:

Date of Birth: Birth Certificate No:

Year to be enrolled: Class:

Physical Address:

Home Phone Number:

Sibling Information:

Are any of the siblings attending Castle Academy? Yes No

Name: Class:

Name: Class:

Are there any of the siblings at home? Yes No

Name: Date of Birth:

Name: Date of Birth:

Languages spoken at home:

Has your child attended school or playschool previously: Yes No

If yes, please state the name of the school: Last Grade:

Reason/s for leaving school:

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HEALTH INFORMATION

Health Care No.:

Medical Insurance No.: Blood Group:

Health Restrictions:

Does your child have any medical condition/known allergies that the school should be aware?

If yes, please state the name of the condition /allergy.....

.....

Does your child have any special medications?

Are there any Physical Education restrictions for your child?

Any other information related to health issues we should be aware?

DISCIPLINARY, SOCIAL, PHYSICAL OR PSYCHOLOGICAL DETAILS

Has the child received any sort of learning support or therapy?

Does the child require any sort of special needs education?

Has your child's behavior been any cause for concern in previous schools or at home?

GIFTS AND TALENTS

Has your child ever been selected for specific enrichment activities?

Is your child musically proficient?

Has your child ever shown interest in a particular activity like sport, etc.?

Has your child represented a school or country in any sport?

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ACCIDENT CONSENT

In the event of (student's name) requiring medical attention for any reason during school or during activities under the supervision of the school, I consent to his/her referral to such Doctor or Hospital Authority as the school authority shall see fit.

I do consent to the Doctor or Hospital Authority concerned carrying out such treatment or operative measures as may be considered necessary including the administration of general or other anesthetics.

I understand that the school authorities will make every effort to contact me first.

My child is allergic to:

I give my consent as the Parent or Guardian:

Name: Signed: Date:

I do give my consent as the Parent or Guardian:

Name: Signed: Date:

PHOTOGRAPHY AND IMAGES OF CHILDREN

During your child's life at Castle Academy, we may wish to take photographs and videos of activities that involve your child. These may be used for displays, publications, our Facebook page, our website or other mainstream or digital media.

Photography or filming will only take place with the permission of the headteacher and under appropriate supervision. When filming or photography is carried out by the news media, children will only be named if there is a particular reason to do so. (E.g. they have won a prize) and home addresses will never be given out. Image that may cause embarrassment or distress will not be used nor will image be associated with material on sensitive issues.

Before taking any photographs of your child, we need your permission. Please answer the questions below, sign and date. You may withdraw your consent by writing to us at any time.

Name of Child:

Name of the person responsible for the child:

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I understand that:

- The local media may take images of activities that the school and children in a positive light e.g. drama and musical performances, sports and prize-giving;
- Photographers acting on behalf of the school may take an image for use in displays, in publications, on a website or other mainstream or digital media;
- Embarrassing or distressing images will not be used;
- The images will not be associated with distressing or sensitive issues and the school will regularly review and delete unwanted material.

Having read the above statement, do you give your consent for photographs and other images to be taken and used?

Yes, I give my consent for pictures to be taken and used.

No, I do not give my permission for pictures to be taken and used.

Signature of the person responsible for the child:

Relationship to the child: Date:

NB: There may be other circumstances, falling outside the normal day to day activities of the school, in which pictures of children are requested. The school recognizes that in such circumstances specific consent from the parent or guardian will be required before photography or filming of children can be permitted.

If you wish to attend establishment functions and take photographs of your and other people's children please take appropriate images, be sensitive to other people and try not to interrupt or disrupt concerts, performances and events.

OTHER INFORMATION

Are there family circumstances of which you feel we should be aware? (e.g. Deceased parent /divorced/ separated/ adopted/ other.) If so, please give details.

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Castle Academy may use your mobile number to send text messages and alerts

Castle Academy may use your email address to send newsletter and promotional emails

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DETAILS OF THE PARENTS/GUARDIANS

Father's Details

Full Names:

Telephone No.: Email Address:

Postal Address: Occupation:

Company Name: Specimen Signature:

Mother's Details

Full Names:

Telephone No.: Email Address:

Postal Address: Occupation:

Company Name: Specimen Signature:

Guardian's Details

Full Names:

Telephone No.: Email Address:

Postal Address: Occupation:

Company Name: Specimen Signature:

Emergency Contact excluding Mother and Father

Contact 1:

Full Names:

Telephone No.: Email Address:

Contact 2:

Full Names:

Telephone No.: Email Address:

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SUPPORTING DOCUMENTS

Please ensure that you have included the following with your application:

Office Use Only

Duly Completed application form

One passport size photo of the child

Copy of Birth Certificate

Copies of parents/guardian ID's

Report from a previous school (if applicable)

The application was completed by:

.....

Name

Signature

Date

.....

Name

Signature

Date