Lincoln Minster School
The best in everyone™

Admissions Reference Form

Lincoln Minster School – United Learning Independent School

Please return this form to the Admissions Department: admissions@lincolnminsterschool.co.uk.

Section 1: Pupil Details

Pupil surname	
Pupil first name	
Date of birth	
Current school	
Current year group	
Academic year/date pupil joined the school	
UPN number	

Section 2: School Attendance

Attendance – latest full school term (%)	
Attendance - current academic year to date (%)	

Section 3: Academic Profile

Please complete the following as appropriate, according to the pupil's entry year group at Lincoln Minster School.

	Test agency	Date taken	Standardised score
Verbal reasoning			
Non-verbal reasoning			
Quantitative			
Reading age score			
Spelling age score			

Core subjects

	End of Key Stage 2	End of Key Stage 3
Reading		
Writing		
Maths		
Science		

Common Entrance predictions (unless otherwise specified)

English		Classical Greek		Mandarin Chinese	
Mathematics		French		Religious Studies / Theology, Philosophy & Religion	
Core Science		German		Spanish	
Biology		Geography			
Chemistry		History			
Physics		Latin			

GCSE predicted grades

Subject	Predicted grade	Subject	Predicted grade

Year 7, 8 and 9 entry only: Please specify which languages this pupil is studying at school and how long they have studied the language.

French	
German	
Spanish	
Other (please specify):	

Section 4: Attitude to learning

Including application, motivation, behaviour, ability to work independently/in a group, intellectual curiosity, organisational skills, assimilation of new ideas.

Section 5: Character and contribution to school life

Including positions of responsibility, achievements, participation in sport and co-curricular activities, interests, and hobbies outside of school.

Section 6: Differentiation needs

Please complete the following as appropriate

6.1 Gifted & Talented

Has this pupil been identified in a gifted and talented programme? Yes / No

Does this pupil have a scholarship at your school? Yes / No

If you have answered 'Yes' to a statement, please give further details in the space below.

6.2 English as an Additional Language (EAL)

Is English the pupil's first language? Yes / No

Please provide details of any EAL support this pupil receives.

6.3 Learning support needs

Does this pupil have:

- A special educational need? Yes / No
- An emotional or mental health need? Yes / No
- A medical condition? Yes / No
- A physical or sensory impairment? Yes / No

If the answer to any of the questions in Section 6.3 is 'Yes', please ensure Section 7 of this form, below, is completed by your SENCO or appropriate member of your Pastoral Team. If all your answers in Section 6.3 are 'No' please now go to Section 8.

Section 7: Additional Support Needs

Special educational need

What type of support provided and how many lessons/hours of support does the pupil have each week (e.g. one-to-on, reading, spelling etc.)?	
What teaching/support resources do you use?	
Does the pupil have any in class support?	
Which subjects are supported and how many support lessons per week?	
Please provide psychometric assessment scores (including name of test and date of assessment).	
Does the pupil have any access arrangement (e.g. extra time, a reader, PC use, rest breaks etc)?	
Is the pupil studying a modern foreign language? If not, is support given at this time instead?	

Mental health and wellbeing

Does the pupil currently, or has in the past, experienced difficulties with their emotional wellbeing/mental health?	
Does the pupil currently take any medication relating to this?	

Has the pupil ever attended counselling or ELSA sessions, or been referred to or attended CAMHS, a psychologist, psychiatrist, or therapist?	
Has the pupil ever been referred to Children's Service or had a social worker?	
Have you ever had any concerns about the pupil's social, emotional, and mental health (SEMH).	

Medical condition and/or physical or sensory impairment

Please use this space to provide information relating to any medical needs or impairment, including the support and accommodations provided by the school and medication/treatment plans.

Please send any Educational Psychologist reports, IEPs, EHCPs or other documents regarding diagnosis and support to the Admissions Department (admissions@lincolnminsterschool.co.uk), along with this Admissions Reference Form.

Please provide the name and contact number/email address for your SENCO/member of Pastoral team who can be contacted should we have any further questions:

Name : _____

Position: _____

Contact Details: _____

Section 8: Any other comments

Please provide any other information about the pupil that you think is relevant to the application, including any details relevant to the pupil's boarding experience.

Section 9: Head's Comments

Section 10: Privacy Statement

The data you provide on this form, including any information relating to this pupil's health, development, or special educational needs and disabilities (SEND), will be processed by Lincoln Minster School in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

This data is collected for the purpose of assessing this pupil's application, ensuring appropriate provision and support, and fulfilling our legal and statutory obligations under the Education Act 1996, the Equality Act 2010, and the SEND Code of Practice.

Special category data (such as health or SEND information) will only be processed where necessary for reasons of safeguarding, or the provision of education and support services.

This data will be stored securely and retained in line with our Data Protection Policy. It will not be shared with third parties except where required by law or with your explicit consent.

You have the right to access, rectify, or request erasure of this data, and to object to its processing. For more information, please see our full Privacy Notice on the school website or contact our Data Protection Officer via communications@lincolnminsterschool.co.uk.

Section 8: Consent and Declaration

I confirm that the information provided on this form is accurate and complete to the best of my knowledge.

Name : _____

Position: _____

Date: _____

Signature: _____