

STUDENT ADMISSION FORM

In accordance with the GDPR legislation implemented in May 2018,
this document should be completed after reading associated documentation.
Please refer to our website www.brookvalegroby.com, under the Parents Tab, and Admissions*

Please complete the form, then sign below

I give consent* for the young person named to:		Delete as applicable
• Use the campus Cashless Catering System		YES / NO
• Have photographs or images taken to be stored on the student database for safeguarding/identification purposes, and to appear in Campus publications and/or on our website. Please see the Use of Student Images document on our website*		YES / NO
• Be contacted by campus staff, (c/o parent/carer contact details) once they have completed their education with us, to be made aware of events, up to the age of 25.		YES / NO
• Participate in supervised local area off-site activities, including extra-curricular sporting events and fixtures. (Separate permission will be sought for trips)		YES / NO
• Comply with the school partnership as described in the Home/Campus agreement . • As a parent/carer I also agree to comply with this partnership. Please see the Home/School agreement on our website*		YES / NO
• Access the internet for research		YES / NO
• Access a selection of online resources, training aids and apps. (A list is available on our website)		YES / NO
I have read the privacy notice for parents on the website		YES / NO
STUDENT NAME:		
YEAR GROUP: please circle	Key Stage 3: 7 / 8/ 9	Key Stage 4: 10 /11
PARENT/CARER NAME (please print):		
PARENT/CARER SIGNATURE: (person with legal responsibility for the young person)		DATE:

***This consent can be withdrawn at any time. Please contact our Data Protection Officer:**

Mrs Sangeeta Patel – spatel@brookvalegroby.com

For completion IN BLOCK CAPITAL LETTERS by the person with legal responsibility for the student seeking admission

Student's Legal Surname _____ Legal Forename _____

Student's Preferred Surname _____ Preferred Forename _____

Date of Birth _____ Gender M / F Middle Name(s) _____

Home Address _____

Post Code _____

Please give details of all persons who have Legal Parental Responsibility and anyone else you wish to be contacted in an emergency. Please indicate the priority for each contact. If your child fails to register in the morning and we have not been notified of a reason, we will text the Priority 1 parent only. Please provide the mobile number you wish us to use. We use emails as our primary means of issuing documentation.

PLEASE REMEMBER TO NOTIFY US OF ANY CHANGES TO YOUR CONTACT INFORMATION WHILST YOUR CHILD IS ON ROLL

Contact Information: Parent/Carer		<u>Priority 1 / 2 / 3</u>
Title and Surname _____	Forename _____	
Home Tel No _____	Mobile Tel No _____	
Daytime Tel No _____		
Email address 		
Address (if different to student) _____ _____ Post Code _____		
Relationship to Student	Parental Responsibility:	Yes / No

[illegible]

Relationship to Student _____

Parental Responsibility: Yes / No

Contact Information: Non-parental (emergency) contact – Priority 1 / 2 / 3

Title and Surname _____

Forename _____

Daytime Tel No _____

Mobile Tel No _____

Home Phone _____

Email address* _____

Relationship to Student _____

☐

Consent Received

We hold these details purely for the purposes of emergency contact in cases concerning the safeguarding or wellbeing of your child, in the event we are unable to contact priorities 1 or 2.

← Please tick box to confirm that you have received the consent of the person whose details you are sharing

Medical Information

If your son/daughter suffers from any disability or is receiving regular medical treatment, or has any medical condition(s) e.g. diabetes, epilepsy, asthma, allergies, etc. please give details below. It is important that we know the correct course of action in the event of an emergency.

If medicine needs to be administered by campus staff, please request a separate Administration of Medicines form from Reception. *Only prescribed medication will be accepted.*

Details of any medical condition(s) or other medical information you feel the Campus needs to know about your child:

Adrenaline Auto Injector (AAI) User [e.g. EpiPen, Jext]: Yes / No (delete as necessary).

If Yes, students must carry 2 in-date AAI's with them at all times. We can also hold named, in-date spares in the Reception Office.

Inhaler User for Asthma: Yes/No (delete as necessary).

If yes, please supply a spare inhaler for storage in Reception, in case of emergency

Additional information

Does your child have any special educational needs or disabilities? Yes / No
If yes, please provide details:

Does your child receive additional learning support at their current school? Yes / No
If yes, please provide details:

Does your child have any Dietary Needs – Intolerances/special requirements? Yes / No
If yes, please provide details:

Do you currently claim for Free School Meals for the student? Yes / No

If no longer claiming, have you claimed for Free School Meals in the last 6 years? Yes / No

Is the student a Young Carer? Yes / No

Is the student in Care? Yes / No

Has this student been adopted from Care? Yes / No

White British ☐
Black African ☐
Black Caribbean ☐
White Irish ☐
White and Asian ☐
White and Black African ☐

Ethnicity – Please tick one box

White & Black Caribbean ☐
Bangladeshi ☐
Chinese ☐
Pakistani ☐
Indian ☐
Traveller of Irish Heritage ☐

Gypsy / Roma ☐
Other Asian background ☐
Other Black background ☐
Other White background ☐
Other mixed background ☐
Other Ethnic Group ☐
I do not wish an ethnic background to be recorded ☐

First Language

A **First Language** other than English should be recorded where a child was exposed to the language during early development and continues to be exposed to this language in the home or community. If a child was exposed to more than one language (which may include English) during early development, the language other than English should be recorded, irrespective of the child's proficiency in English.

First Language: _____ Other Languages Spoken: (in order of importance)

1. _____ 2. _____

Predominant Home Language (if not English): _____

Buddhist	☐	Jewish	☐	Religion	Sikh	☐	Prefer not to say	☐
Christian	☐	Muslim	☐		No Religion	☐		
Hindu	☐	Roman Catholic	☐		Other Religion	☐		

Previous school

Name of current / last school _____

Please use this space to give us any information about your child that you feel we should know about and which has not already been covered by this form:

Thank you – remember to complete and sign the section on the front page