



# BROOKVALE GROBY LEARNING CAMPUS

Valuing Everyone, Achieving Excellence

Will Teece, Headteacher

Telephone: 0116 287 9921 Website: [www.brookvalegroby.com](http://www.brookvalegroby.com)

## STUDENT ADMISSION FORM 2021

In accordance with the GDPR legislation implemented in May 2018, this document should be completed after reading our Privacy Notices for Parents and Students. Please refer to our website [www.brookvalegroby.com](http://www.brookvalegroby.com), under the "Parents", then "Policies" section for Data Protection Policies

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. <b>Please see the Use of Student Images document on our website*</b>		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. <b>Please see the Home/School agreement on our website*</b>		YES / NO
• Access a selection of online based 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**\*This consent can be withdrawn at any time.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](mailto:spatel@brookvalegroby.com)**

Please return form to: Reception, Brookvale Groby Learning Campus, Ratby Road, Groby, Leicester LE6 0FP



**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 \_\_\_\_\_

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.

Consent Received

← 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:

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

If Yes, students must carry 2 in-date AAIs 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

<b>Ethnicity – Please tick one box</b>					
White British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Gypsy / Roma	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other White background	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
				I do not wish an ethnic background to be recorded	<input type="checkbox"/>

**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): \_\_\_\_\_

<b>Religion</b>							
Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	No Religion	<input type="checkbox"/>		
Hindu	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Other Religion	<input type="checkbox"/>		

**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**