



# 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 2024

In accordance with the latest GDPR legislation, this document should be completed and signed after reading associated documentation. **Please refer to our website [www.brookvalegroby.com](http://www.brookvalegroby.com):**  
Under the Parents Tab, for Privacy Notices and Policies Section for Data Protection.

**Completed forms to be returned to:**  
**Brookvale Groby Learning Campus, Ratby Road, Groby, Leicester, LE6 0FP**

<b>STUDENT NAME:</b>	<b>YEAR GROUP:</b> 7 / 8/ 9/10/11 (Please circle)
<b>PARENT/CARER NAME</b> (please print):	
<b>I give consent* for the young person named to:</b>	<b>Delete as applicable</b>
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, and/or on our social media. <b>Please see "Use of Student Images" document under Admissions on our website.</b>	<b>YES / NO</b>
Be contacted by campus staff (care of parent/carer contact details) once they have completed their education with us, to be made aware of events, up to the age of 25.	<b>YES / NO</b>
Participate in supervised local area off-site activities, including extra-curricular sporting events and fixtures. (Separate permission will be sought for trips).	<b>YES / NO</b>
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>The Home/School Agreement is on our website and in Student Planners.</b>	<b>YES / NO</b>
Access web based third party educational resources to improve student learning outcomes. A list of specific sites used is available from campus on request.	<b>YES / NO</b>
Regarding ADT Lessons: <ul style="list-style-type: none"><li>I have read and understood health and safety information relating to ADT subjects (see Curriculum/subjects on our website)</li><li>I allow my child to taste food in school (campus to be advised of any allergies)</li><li>I allow my child to use tools and machinery in ADT.</li></ul>	<b>YES / NO</b>
<b>I have read the privacy notice for parents/carers on the website</b>	<b>YES / NO</b>
<b>PARENT/CARER SIGNATURE:</b>  (person with legal responsibility for the young person)	<b>DATE:</b>

**\*This consent can be withdrawn at any time.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**

**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 **email the Priority 1 parent only**. Please provide the email address you wish us to use. We use emails as our primary means of issuing documentation.

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

**Contact Information: Parent/Carer Priority 1**

Title and Surname \_\_\_\_\_ Forename \_\_\_\_\_  
Home Tel No \_\_\_\_\_ Mobile Tel No \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Parental Responsibility: Yes / No  
Legal guardian: Yes / No Permission to collect: Yes / No Email address:

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Address (if different to student) \_\_\_\_\_ Currently serving in HM Forces?  
\_\_\_\_\_ Post Code \_\_\_\_\_

The campus receives additional funding for children of service personnel

**Contact Information: Parent/Carer Priority 2**

Title and Surname \_\_\_\_\_ Forename \_\_\_\_\_  
Home Tel No \_\_\_\_\_ Mobile Tel No \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Parental Responsibility: Yes / No  
Legal guardian: Yes / No Permission to collect: Yes / No Email address:

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Address (if different to student) \_\_\_\_\_ Currently serving in HM Forces?  
\_\_\_\_\_ Post Code \_\_\_\_\_

The campus receives additional funding for children of service personnel

**Contact Information: Non-parental (emergency) contact – Priority 3**

Title and Surname \_\_\_\_\_ Forename \_\_\_\_\_  
Daytime Tel No \_\_\_\_\_ Mobile Tel No \_\_\_\_\_  
Home Phone \_\_\_\_\_ Permission to collect: Yes / No  
Relationship to Student \_\_\_\_\_  Consent Received  
Email address: \_\_\_\_\_

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 has a 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 AAIs with them at all times. We can also hold named, in-date spares in the Reception Office. Permission for a generic AAI to be used in an emergency? Yes / No

**Inhaler User for Asthma:** Yes/No (delete as necessary). If yes, please supply an in-date spare inhaler for storage in Reception, in case of emergency. Permission for a generic salbutamol inhaler to be used in an emergency? Yes / No.

### 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

### Ethnicity – Please tick one box

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

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   
Prefer not to say

### 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): \_\_\_\_\_

### Religion

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 for completing this form – remember to complete and sign the section on the front page

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