

## **BROOKVALE GROBY LEARNING CAMPUS**

Valuing Everyone, Achieving Excellence

Will Teece, Headteacher

Telephone: 0116 287 9921 Website: www.brookvalegroby.com

## STUDENT ADMISSION FORM 2025

In accordance with the latest GDPR legislation, this document should be completed and signed after reading associated documentation. **Please refer to our website <u>www.brookvalegroby.com</u>:**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

		P: 7 / 8/ 9/10/11			
PARENT/CARER NAME (please print):					
I give consent* for the young person named to:		Delete as applicable			
Have photographs or images taken to be stored on the student database for safeguarding/identification purposes and to appear in Campus publications, and/website, and/or on our social media.  Please see "Use of Student Images" document under Admissions on our website.	YES / NO				
Be contacted by campus staff (care of parent/carer contact details) once they have 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 spand fixtures. (Separate permission will be sought for trips).	YES / NO				
Comply with the school partnership as described in the Home/Campus Agreeme As a parent/carer I also agree to comply with this partnership.  The Home/School Agreement is on our website and in Student Planners.	YES / NO				
Access web based third party educational resources to improve student learning of specific sites used is available from campus on request.	YES / NO				
Regarding ADT Lessons:  I have read and understood health and safety information relating to ADT subjects (see Curriculum/subjects on our website)  I allow my child to taste food in school (campus to be advised of any allergies)  I allow my child to use tools and machinery in ADT.		YES/NO			
I have read the privacy notice for parents/carers on the website		YES / NO			
PARENT/CARER SIGNATURE:		DATE:			
(person with legal responsibility for the young person)					

\*This consent can be withdrawn at any time.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

Sangeeta Patel – 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 Fore	name _				
Student's Preferred Surname						
Date of Birth Gender M / F						
Home Address				Po	st Coc	le
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 <b>email the Priority 1 parent only</b> . 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/Car	er <u>P</u>	riorit	y 1		
Title and Surname	Fo	rename				
Home Tel No	Mobile Tel	No				
Relationship to Student		Par	ental	Respon	sibility:	Yes / No
Legal guardian: Yes / No Permission to collect:	Yes / No					Email address:
Address (if different to student) Currently serving in_HM Forces?						
Post Code The campus receives additional funding for children of service personnel				additional funding for children of service		
Contact Information: Parent/Carer Priority 2						
Title and Surname	Fo	rename				
Home Tel No	Mobile Tel	No				<del></del>
Relationship to Student		Par	ental	Respon	sibility:	Yes / No
Legal guardian: Yes / No Permission to collect:	Yes / No					Email address:
Address (if different to student)		·		Curr	ently s	erving in_HM Forces?
Post Code The campu additional f		The campus receives additional funding for children of service				
Contact Information: Non-parental (emergency) contact – Priority 3						
Title and Surname Forename Forename We hold these details purely for purposes of emergency contact if			ooses of emergency contact in			
Daytime Tel No Mobile Tel No mobile Tel No saes concerning the safeguardi wellbeing of your child, in the ev			being of your child, in the event			
Home Phone Permis	Home Phone Permission to collect: Yes / No we are unable to contact priorities or 2.					
Relationship to Student Consent Received confirm that you have rec		Please tick box to irm that you have received the sent of the person whose details				
Email address: 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. <i>Only prescribed medication will be accepted.</i>
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

<u>Inhaler User for Asthma</u>: 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** Yes / No Does your child have any special educational needs or disabilities? 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	White & Black Caribbean	Gypsy / Roma					
Black African	Bangladeshi	Other Asian background					
Black Caribbean	Chinese	Other Black background					
White Irish	Pakistani	Other White background					
White and Asian	Indian	Other mixed background					
White and Black African	Traveller of Irish Heritage	Other Ethnic Group					
		Prefer not to say					
		_					

First Language						
A <i>First Language</i> 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):						
Religio	on .					
Buddhist Jewish S Christian Muslim	Sikh Prefer not to say  No Religion Other Religion					
Previous s	school					
Name of current / last school						
Please use this space to give us any information about yo	our 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 o	complete and sign the section on the front page					