

1. Student Details

a) Basic

Legal Surname		Preferred Surname	
Legal Forename		Preferred Forename	
Middle Name(s)		Date of Birth	
			Gender (M/F)
Student Mobile		Student Email	
Home Address	Previous School		
Post Code	Previous UK School		
	Date of Arrival in UK (if applicable)		
	Name and Form of any siblings		

b) Ethnicity, Religion and Language

Ethnic Origin			
White British		Bangladeshi	
White Irish		Chinese	
Mixed White / Asian		Indian	
Mixed White / Black African		Pakistani	
Mixed White / Caribbean		Any Other Asian	
Any other white background			
Any other mixed background		Any other ethnic group	
			Black African
			Black Caribbean
			Any Other Black background
			Gypsy
			Other Gypsy/Roma
			Answer declined
Religion			
First Language			Second Language

c) Medical and Special Needs

Disability	
Special Educational Needs Provision	
Medical Condition	
Medication to be stored at school	
Allergies	

d) Travel and Lunch Arrangements

School Bus		Public Bus		Bicycle		Walking		Train	
Taxi		Car / Van		Car Share				Other	

School Meal		Free School Meal		Packed Lunch	
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e) Other

	Yes	No	Do not wish to declare
Are one or more parents currently in British armed forces?			

Is the student currently in Local Authority Care?			
Has the student been adopted from Local Authority Care?			
Has the student received Free School Meals at any point in the last 6 years?			

2. Emergency Contacts

Contact – Priority 1

Title		Forename		Surname	
Relationship to Student				Parental Responsibility (Y/N)	
	Telephone		Main	Email	
Mobile					
Home					
Work					
Address					
Date of Birth*			National Insurance Number*		

Contact – Priority 2

Title		Forename		Surname	
Relationship to Student				Parental Responsibility (Y/N)	
	Telephone		Main	Email	
Mobile					
Home					
Work					
Address					
Date of Birth*			National Insurance Number*		

Contact – Priority 3

Title		Forename		Surname	
Relationship to Student				Parental Responsibility (Y/N)	
	Telephone		Main	Email	
Mobile					
Home					
Work					
Address					
Date of Birth*			National Insurance Number*		

*Optional and only for parents with Parental Responsibility

Separated Parent

Title	Forename	Surname
Relationship to Student	Parental Responsibility (Y/N)	
Telephone	Main	Email
Mobile		Main
Home		
Address		
Date of Birth*	National Insurance Number*	

3. Student Consent

a) Biometric

I give my permission for my fingerprints to be taken	Signed
OR	
I would like to be issued with an ID card	Signed

b) Media

Literature and Publications:

I give my permission for my photograph to be used in literature and college publications	Signed
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Media:

I give my permission for my photograph to be used in the public media including social media	Signed
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Website:

I give my permission for my photograph or video recording to be used on the college website	Signed
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I certify that I have read and understand the Admission Form Information Booklet.

Student Signature Date

Print Name

4. Parental Consent

a) Biometric

I give my permission for my child to use the Biometric system	Signed
OR	
I would like my child to be issued with an ID card	Signed

b) Off Site Activities

I give my permission for my child to be taken in supervised groups to represent the college off-site	Signed
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c) Parents and Friends Association

I give my permission for my name and email address to be passed to the Parents and Friends Association	Signed
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The Oakes College will take all reasonable precautions to ensure students, whilst on site, are safe and free from harm. However, due to the nature of post-16 education, students are able to leave the site during the college day when they do not have a timetabled session which is part of their study programme. When leaving the site, students must follow the college’s procedures by signing out.

Should a student leave the site at any time during the college day, parents/carers will then resume responsibility for their son/daughter’s safety and welfare.

I certify that I have completed this form while referring to the Admission Form Information Booklet and that the information given is correct to the best of my knowledge.

By signing this form, I give permission for the data to be shared as appropriate to enable: determination of the support available; verification of any entitlement to Free School Meals/Pupil Premium; prevention and detection of fraud in connection with any claims and periodic checks by the Education Welfare Benefit Service to confirm entitlement to education benefits.

I confirm that I have read the above:

Signed Date

Print Name.....