



# THE CITY OF LEICESTER COLLEGE

Please use the following form to submit your current contact details. If you have any questions about completing this form, please contact the college.

**PLEASE COMPLETE IN CAPITAL LETTERS**

**All sections must be completed**

## Learner Details

Legal First Name:  Preferred First Name:

Middle Name(s):

Legal Surname:  Preferred Surname:

Date of Birth:  Male/Female (please circle)

Tutor Group:  National Curriculum Year:

Learner's Address:   
Postcode:

Learner's mobile no:  Learner's Email address:

Learner's Previous School's Name & Address:   
Postcode:  Tel no:

Brothers and Sisters at our College:

Name:	Tutor Group:
Name:	Tutor Group:
Name:	Tutor Group:
Name:	Tutor Group:

**Parent / Carer details – Contact priority 1**

(Person the learner lives with)

Relationship to Learner:

Male / Female (please circle)

First Name:

Mr / Mrs / Miss / Ms (please circle)

Surname:

Personal Email:

Home Tel No.

Mobile No.

Work Tel No.

Home Address:   
Postcode:

Parental Responsibility (please tick)

Translator required (please tick)

Language

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**Parent / Carer details – Contact priority 2**

Relationship to Learner:

Male / Female (please circle)

First Name:

Mr / Mrs / Miss / Ms (please circle)

Surname:

Personal Email:

Home Tel No.

Mobile No.

Work Tel No.

Home Address:   
Postcode:

Parental Responsibility (please tick)

Translator required (please tick)

Language

**Emergency Contact priority 3**

Relationship to Learner:

Male / Female (please circle)

First Name:

Mr / Mrs / Miss / Ms (please circle)

Surname:

Personal Email:

Home Tel No.

Mobile No.

Work Tel No.

Home Address:   
Postcode:

Parental Responsibility (please tick)

Translator required (please tick)

Language

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**Emergency Contact priority 4**

Relationship to Learner:

Male / Female (please circle)

First Name:

Mr / Mrs / Miss / Ms (please circle)

Surname:

Personal Email:

Home Tel No.

Mobile No.

Work Tel No.

Home Address:   
Postcode:

Parental Responsibility (please tick)

Translator required (please tick)

Language

**Travel Mode: (please tick one)**

Walk     Cycle     Car/Van     Car Share     Taxi     Public Bus Service     Other

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**Lunchtime Arrangements (please tick one)**

**Free Meal - Is your child entitled to a free meal (please circle) Yes / No**

If you receive one of the following benefits you may qualify for a free school meal; Income Support, Income Based Job Seeker's Allowance, Child Tax Credit, Employment and Support Allowance, Guaranteed Element of State Pension Credit, Support under part VI of the Immigration and Asylum Act 1999 (NASS) – Please request a form from the reception.

**School Meal – Does your child prefer School Dinner**  **or Packed Lunch**

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**Medical Information**

Name of Doctor

Name of Surgery

Address   
  
Postcode:

Telephone No

Please provide details of any health difficulties, allergies or known medical conditions on the Medical Information Request form attached.

**Does your child have an allergy to plasters or alcohol free antiseptic wipes (please circle) Yes / No**

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**Student Disability**

To ensure we can offer the correct support for your child, please indicate below any disabilities known.

No known disability	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>	Unseen Disability	<input type="checkbox"/>
Deaf / hearing impaired	<input type="checkbox"/>	Dyslexia or other learning need	<input type="checkbox"/>	Wheelchair user / mobility difficulty	<input type="checkbox"/>
Autistic Spectrum Disorder/ Asperger's Syndrome	<input type="checkbox"/>	Blind / partially sighted	<input type="checkbox"/>	Mental health difficulty	<input type="checkbox"/>

Other Disability (please advise)

## Medical Information Request Form

I, ..... (name of parent/carer) inform The City of Leicester College that  
..... (learner name) Form ..... suffers from the following:

NO KNOWN MEDICAL CONDIITONS

Diabetes  
Epilepsy  
Fits

Type 1/Type 2 (please circle) Care Plan attached   
Care Plan attached

Allergy  
Eczema  
Skin Disorder  
Hayfever  
Asthma  
Breathing Problems

Epipen Yes/No (please circle)

Uses inhaler Yes/No (please circle)

Bladder Problems  
Kidney Problems  
Irritable Bowel Syndrome

Bone Problems  
Eye Problems  
Heart Problems

If you have ticked a medical condition above, you must provide further information here:

It is the responsibility of parent/carer to inform The City of Leicester College of any medical issues regarding a student attending this college. If a student requires any form of medication (including inhaler/epipen), the parent/carer must complete an administering medications form which can be obtained from the main reception. Further medical evidence may be requested by The City of Leicester College, depending on the information provided above.

## Allergies information sheet

Please tick any allergy that the learner may suffer from that **does not** require medication:

NO KNOWN ALLERGIES

Artificial colours

Chocolate

Coconut

Cornflour

Egg

Fruit

Gluten

Lentils

Monosodium Glutamate

Dairy

Nuts

Pork

Rice

Seafood

Seeds

Soya

Spices

Tree nuts

Vegetable oil

Wheat

Other:

**Ethnicity – Please tick one box only – This information will be treated as strictly confidential**

- |                                                     |                                                      |
|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> African Asian              | <input type="checkbox"/> Bangladeshi                 |
| <input type="checkbox"/> Black Caribbean            | <input type="checkbox"/> Black Somali                |
| <input type="checkbox"/> Chinese                    | <input type="checkbox"/> Gypsy/Roma                  |
| <input type="checkbox"/> Indian                     | <input type="checkbox"/> Irish                       |
| <input type="checkbox"/> Pakistani                  | <input type="checkbox"/> Traveller of Irish Heritage |
| <input type="checkbox"/> White and Asian            | <input type="checkbox"/> White and Black African     |
| <input type="checkbox"/> White and Black Caribbean  | <input type="checkbox"/> White British               |
| <input type="checkbox"/> White European             | <input type="checkbox"/> White Other                 |
| <input type="checkbox"/> Other Asian                | <input type="checkbox"/> Other Black African         |
| <input type="checkbox"/> Any Other Black background | <input type="checkbox"/> Any Other Ethnic Group      |
| <input type="checkbox"/> Any Other Mixed background | <input type="checkbox"/> Prefer not to say           |

If other please specify

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**Religion (optional)**

- |                                      |                                                 |                                            |                                         |
|--------------------------------------|-------------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Baptist     | <input type="checkbox"/> Buddhist               | <input type="checkbox"/> Catholic          | <input type="checkbox"/> Christian      |
| <input type="checkbox"/> Hindu       | <input type="checkbox"/> Jewish                 | <input type="checkbox"/> Methodist         | <input type="checkbox"/> Muslim         |
| <input type="checkbox"/> No Religion | <input type="checkbox"/> Orthodox Greek         | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Sikh        | <input type="checkbox"/> United Reformed Church |                                            |                                         |

If other please specify

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**Asylum Status – Please tick if applicable**

- Asylum Seeker                       Refugee

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**Nationality/Language**

In which country was the student born?

Nationality

What date did the student enter the UK? (If not born in UK)

What language(s) was the student first exposed to as a baby and during childhood?

Languages spoken at home

Office use only ----- EAL Yes/No

## IMPORTANT – RELEVANT CONSENT AND FAIR PROCESSING INFORMATION

### PHOTOGRAPHS AND DIGITAL RECORDINGS

Your child will take part in projects in college using digital video recording and photography. These images may be used within school without seeking further consent from you.

These images may be used in the public domain (website, prospectus etc.) without seeking further consent from you. In the event of images being used in the public domain no identifying information will be supplied alongside the images. If you **do not** give your consent, please put this in writing and submit your letter with this form.

### CURRICULUM ACTIVITIES

I am happy for my child to take part in activities, in college time **as part of the curriculum**, that take place outside the school buildings/grounds occasionally.

I give permission for my child to attend the statutory sex education lessons within PHSE.

### MEDICAL DISCLAIMER

In the event of illness or accident requiring emergency treatment during the school day, or extension thereof, we authorise the responsible adult to obtain treatment where a first aider considers that the delay caused whilst obtaining our permission would be detrimental to our child.

### DATA PROTECTION & FAIR PROCESSING

The information you provide is stored, maintained and destroyed in accordance with Data Protection Legislation. It is necessary, from time to time, to share relevant information held about your child with key agencies including but not exclusively:

**Leicester City Council as the Local Educational Authority**

**The Health Authority for Leicestershire, Northampton and Rutland (dental and vaccination purposes)**

**National Examination Boards**

**LEBC (Leicestershire Education Business Company)**

**OFSTED (Office for Standards in Education, Children’s Services and Skills)**

**Police force or any other legitimate body who has the right of access to this information for child protection, health or educational purposes. Prior to allowing access we complete and make records of identity checks.**

We will also share data with Careers and Guidance facilities under the Learning and Skills Act 2000. You have the right to opt out of sharing data with Connexions, if you wish to opt out you must make this request in writing and submit your letter with this contact form.

Please note the sharing of data with other agencies detailed above and those within the Children’s and Young People’s service (CYPS) is **not optional** and is necessary for the health and wellbeing of the child.

Fair Processing Notice – for the attention of all parents/carers and students over the age of 13 years.

Leicester City Council operates an online directory called Contact Point. This provides authorised council employees with access to records detailing any interactions between the child and any agency within the Children and Young People’s Service (CYPS). A copy of the full Fair Processing Notice with further information about the data shared and the organisations it is shared with is available from the main reception.

From time to time Aimhigher may send information to you or your child that they feel is useful, including university/education information or more opportunities to take part in activities. They may also wish to make contact for further research purposes.

### AUTHORISING SIGNATURE



I the undersigned confirm that the information on this form is correct and understand that it is my responsibility to update The City of Leicester College in the event of changes to these details. I understand that by signing below I am in agreement with the content of this form and give consent to all sections contained herewith.

Signed \_\_\_\_\_ Name(inblockcapitals)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_