Weekend Study Club Enrolment form



Pupil Details

Forenam	ne								
Known A	As (If Differen	nt)							
Surname	2								
Gender M/F		Date of Birth							
Pupils I	Home Ad	dress D	etails						
House Name/Number									
Street									
Town		Pupil Home Telephone							
Postal Area/Shire		Pupil Mobile Number							
Postcode			Pupil E	-mail Address	5				
PRIORI	TY CONTA	ACT1 -	This perso	on will alw	/ays l	e the first point of	contact.		
Title			Gender M/F		-	Relationship to Pupil			
Forename						Parental Responsibility Y	/N?		
Surname						Preferred Language			
Δddross	Details								
	me/Number								
Street									
Town		Home Telephone							
Postal Area/Shire						Mobile Number			
			E-mail	Address		Wobile Number			
Postcode			E-IIIali	Address					
RIORIT	TY CONTA	CT 2 -	This perso	on will be	the s	second point of co	ntact.		
ïtle		_	Gender M/F		-	Relationship to Pupil			
oronamo						Parental Responsibility	/ Y/N?		
orename] .	/ I/N:		
douse Name/Number					Preferred Language				
	ne/Number								
treet						7			
own						Home Telephone			
ostal Area/Shire						Mobile Number			
ostcode			E-ma	il Address					
elephone		ere contac	t can most lik	ely be contac	ted du	ring the day (include			



Information to meet requirements of the Additional Support Needs Act 1994 and the Disability **Discrimination Act 1995 Declared Disabled** Has your child had additional support needs at any time Y/N? Assessed Disabled Access to physical adaptation required Y/N? Access to curriculum adaptation required Y/N? Access to communications adaptation required Y/N? Please supply any further relevant information: **Languages Spoken by your Child** Main home language Other languages spoken at home Heritage **Ethnic Origin of Pupil - Please Select** White - Scottish Asian - Bangladeshi I would rather not answer this question White - Other British Asian - Chinese Other White - Irish Asian - Other Not Known White - Polish Other - Arab White - Other Mixed Black African Occupational Traveller Black - Caribbean Gypsy Traveller Black - Other Other Traveller **Religion - Please Select** Buddhist Muslim Christian Non-Roman Catholic Sikh Christian Roman Catholic None Hindu Other Jewish I would rather not answer this question **National Identity - Please Select** Scottish British English Other

☐ Not Known

I would rather not answer this question

Northern Irish

Welsh

Declaration



Attendance

Tick below to state you have understood									
■Nonattendance will result in a phone call at home to ensure child is safe									
■ Repeated unreported absence may lead to withdrawal from the study club									
End of class arrangements									
☐ I will pick up my child at the end of session									
☐ Please dismiss my child to make his own way home after the session									
Staying in touch									
■ I give authorisation for my mobile number below to be added to the text alert system alerting me to closure, holidays and cancellations. Time to time you will be altered to other initiatives by the Group									
☐ I do not want to be added to the text alert syst	em								
Name									
Mobile number to be added:									
Consent for children under 16									
☐ I give my consent for my son/daughter's class work to be published on the Group website.									
■ I give my consent for my child being photographed/videoed during Group activities for internal use									
□I give my consent for my child's photograph, without their name, to be in external Group publications and promotional literature including website, and Facebook and Twitter sites.									
☐ I give my consent for my child to take part in any trips local to the area									
□ I I give my consent for my child to use the Internet and email at school Consent Under Data Protection Act 1998 (pupils under 16)									
I declare all the information above is correct									
Name of Parent Signature	Date								