**Unity College Student Registration Form**

All our college records are held on computer. The information given below will be treated in confidence and only used in accordance with our Data Protection Policy.

**Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Home Language** |  |
| **Forename(s)** |  | **Is English a 2nd Language?** |  |
| **Chosen Name** |  | **Religion** |  |
| **Date of Birth** |  | **Present School** |  |
| **Gender** |  | **Previous School(s)** |  |
| **Address** |  | **Names of siblings at Unity College** |  |
| **Postcode** |  |

Is this child:

In the care of the local authority?  Special Guardianship Order?

Adopted from care?  Child Arrangement Order?

In Service Child?  If Yes, from what year?

I would describe my child’s ethnic origin as:

White British  Bangladeshi  Indian  Pakistani

Black African  Black Caribbean  Chinese

Other  Prefer not to say

Entitled to Free School Meals?

Has your child received Free School Meals at any time in the last 6 years?

If so, from what year

Does your child have any dietary needs (e.g. halal, gluten free) or any food allergies?

Mode of Travel WALK  CAR  BUS  CYCLE  TAXI  OTHER

Do you have any involvement with outside agencies:

Children Social Care  Other

Please provide a contact name and telephone number

**Parent / Legal Guardian Details**

Please enter below the details of those who have **Parental Responsibility** for the child.

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| **Relationship to the child** |  |  |
| **Surname** |  |  |
| **Forename(s)** |  |  |
| **Title** |  |  |
| **Date of Birth\*** |  |  |
| **Address (incl. postcode)** |  |  |
| **Home Tel. Number** |  |  |
| **Mobile Number** |  |  |
| **Email address^** |  |  |
| **Work Place** |  |  |
| **Work Tel. Number** |  |  |
| **Which is the primary contact number during the college day?** | Home  Mobile  Work | Home  Mobile  Work |

\*Providing a date of birth will help to ensure that parents/guardians with the same name are stored correctly.

^This will be used to invite you to use our Parent App.

**Emergency Contact Details**

Please enter Emergency Contact details, including parents/guardians, **in contact order**. There is a legal requirement to provide at least **two** contacts, but please supply as many as you can.

1st Contact

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Home Tel. Number** |  |
| **Relationship to child** |  | **Mobile Number** |  |
| **Date of Birth\*** |  | **Work Tel. Number** |  |
| **Which is the primary contact number during the college day?** | | Home  Mobile  Work | |

2nd Contact

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Home Tel. Number** |  |
| **Relationship to child** |  | **Mobile Number** |  |
| **Date of Birth\*** |  | **Work Tel. Number** |  |
| **Which is the primary contact number during the college day?** | | Home  Mobile  Work | |

3rd Contact

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Home Tel. Number** |  |
| **Relationship to child** |  | **Mobile Number** |  |
| **Date of Birth\*** |  | **Work Tel. Number** |  |
| **Which is the primary contact number during the college day?** | | Home  Mobile  Work | |

4th Contact

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Home Tel. Number** |  |
| **Relationship to child** |  | **Mobile Number** |  |
| **Date of Birth\*** |  | **Work Tel. Number** |  |
| **Which is the primary contact number during the college day?** | | Home  Mobile  Work | |

\*Providing a date of birth for contacts will help to ensure that contacts with the same name are stored correctly.

|  |
| --- |
| **Parental Permission for my child to meet with external student support services** |
| I give permission for my child to meet with the student support services (both internal and external).    Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For more information about sharing of information and data protection please see the college website at www.unity-college.com. |

|  |
| --- |
| **Parental Permission for your child to take part in lessons off school site** |
| During the school year your child may need to take part in some or all of the following,  For example:   PE lessons / Activities on local playing fields.   Lessons in Towneley Park.   Visits to other local colleges / Training Providers.    I give permission for my child to attend lessons off the main college site as required.    Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Religious Education Permission** |
| Elements of religious education are delivered through the college’s iD programme.  I give permission for my child to take part in these lessons in accordance with College Policy.    Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ |