



HELSTON COMMUNITY COLLEGE

ASPIRATION · AMBITION · ACHIEVEMENT

CONFIDENTIAL ENROLMENT FORM 2021/22



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Church Hill, Helston, Cornwall, TR13 8NR
01326 572685 enquiries@helston.cornwall.sch.uk

ENROLMENT FORM New Intake – 2021/22

(Please note: This application form does not constitute an offer of admission)

PLEASE READ THE ENROLMENT FORM EXPLANATORY NOTES AND COMPLETE ALL SECTIONS

CONFIDENTIALITY: The information given below will be maintained on the College's data base to which no unauthorised person shall have access and will be subject to strict control under the Data Protection Act. Your signature on this form implies your consent for the College to process the data.

Section A - Basic Student Details

Legal Forename: Preferred Forename:

Middle Name(s): Preferred Surname:

Legal Surname: Previous Surname:

Gender: Date of Birth:

Names of Parents:

Brothers/Sisters (including half/step brothers and sisters), *please list in age order any siblings **who are currently at this College.***

Forenames	Surname	Gender	Date of Birth	Same Address

Section B - Student Address

House Number/Name: Street:

Town/City: Postcode:

Section C – Registration (Office Use Only)

Year Group: Admission Date: Admission Number:

UPN Number:

Birth Certificate seen: Name Change Documents seen:

Quick Note Information:

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY EDUCATION ACT 1996

Parental responsibility may be shared between a number of people beyond the child's natural parents. In such circumstances, the College will forward copies of College reports if requested.

Title: Forename: Surname:

Address:

Relationship to child:

Home telephone number:

Mobile:

Section E - Court Orders

If the student is subject to any Court Orders please specify the terms below. This information is CONFIDENTIAL but will help the College understand the student's position.

A COPY OF ANY COURT ORDERS WILL NEED TO BE PROVIDED. Please tick if attached

Section F - Additional Contacts

From time to time it may be necessary to contact someone during the College day; e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion, other than those listed above. Details should be listed in the order of contact preference.

Order of preference	Name and relationship to the child	Parental responsibility	Daytime address and telephone number (<i>f same as child's home address please write home</i>)
2	Title: Name: Relationship:		Address: Phone:
3	Title: Name: Relationship:		Address: Phone:
4	Title: Name: Relationship:		Address: Phone:

'MYED' College Communication App

Parents and Carers can stay in touch with the College using an app called MYEd. It has quick links to various aspects of College information, student timetables, and a messaging service to report absence. The service is available to those listed as priority contacts.

<https://www.myedschoolapp.com/>

Section G - Student Medical Information:

Please tick to confirm your agreement for the College to initiate appropriate medical treatment in the event of an emergency.

Emergency Medical Consent

Please tick to confirm your agreement for the College Nurse to administer Paracetamol if necessary.

Paracetamol Consent

Medical Practice:

Dietary Needs:

- Artificial colouring allergy
- Gluten Free
- Kosher foods only
- No dairy produce
- No nuts of any type/quantity
- No pork
- Ramadan
- Seafood allergy
- Vegetarian

Practice Address:

Telephone:

Doctor's Name:

Medical Conditions/Information: **Please include details of any allergies/medical conditions** e.g. epilepsy, and medications regularly taken. (If you require more space please give full details on a separate sheet).

If none, please state NONE.

ASTHMA

Has your child been diagnosed with asthma?

If yes, please state current medications for asthma and date of diagnosis:

If your child uses an inhaler, is it carried on their person?

I undertake to inform the College immediately if my child's medication/treatment is changed.

I confirm that my child is able to take responsibility for the self-administration of his/her asthma medication and is able to carry his/her asthma device at College (my child's inhaler is named as above).

I have read carefully the College statement regarding the administration of an asthma reliever to my child in emergency circumstances. Whilst my preference is for my child to receive his/her own medication at all times, I accept that under certain circumstances it may be necessary/advisable for substitute medication to be provided.

I understand that an asthma reliever medicine contained in the Asthma Emergency Kit may be used.

I understand that under these circumstances the College will:

1. Try to contact me
2. If necessary, call the doctor or emergency services
3. Notify the College Nurse of the incident

My child is asthmatic and therefore I give my consent to the above actions being taken if considered necessary for the benefit of my child.

Parent/Carer Signature:

Date:

Section H – DISABILITIES AND SPECIAL EDUCATIONAL NEEDS (SEND)

Is there any other information you feel we should be aware of? (E.g. does your child have Special Educational Needs?)

Have any other services been involved with your child? (E.g. Health Visitor; Social Services, Educational Psychologist, Bilingual Support Service; Speech Therapist, Child & Family Guidance) If so, please give details.

Has your child been involved in termly review meetings with your primary school SENCO?

Did your child receive additional support with their SATS examinations? (E.g. Reader/Scribe/Extra time)

Do you have any concerns that your child may have dyslexia tendencies?

Has your child had a Dyslexia Screening Test?

Section I - Student Ethnic/Cultural Information:

The College is required by law to provide the information you give in this section to the DfE. The College will not use this information for any other purposes.

Ethnicity:

- | | | |
|--|---|---|
| <input type="checkbox"/> White – Cornish | <input type="checkbox"/> Other White British | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Traveller of Irish Heritage | <input type="checkbox"/> Gypsy/Roma | <input type="checkbox"/> Any Other White background |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Any Other Mixed Background | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any Other Asian Background | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Black – African | <input type="checkbox"/> Any Other Black Background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Any Other Ethnic Group | <input type="checkbox"/> Refused | |

First Language: ENGLISH or OTHER (please specify)

Religion:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Methodist | <input type="checkbox"/> Other Religion |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Muslim | <input type="checkbox"/> No Religion |

Asylum Seeker:

Refugee Status:

Traveller Status:

Section J - Student Additional Information:

Meals: (Please select ONE option from the list below)

- School Meal
- Free School Meal
- Packed lunch
- Home

Cashless Catering System:

- I confirm that I wish my child to be registered on the schools Biometric Cashless Catering System.
- I would like to set my child's daily limit to £ (Default amount £5.00)
- I understand that I may withdraw my child's registration at any time.

If you wish to apply for Free School Meals please complete the enclosed County application.

Mode of Transport: (Please select ONE option from the list below)

- Car
- Car Share
- Walks
- Bicycle
- School Coach
- Public Transport
- Taxi

Child of Service Personnel (Child living with parent serving in Royal Navy, Army or RAF)

Please tick the box below to let us know if your child has a parent or parents who are Service personnel, serving in regular military units of all forces (including those who have served within the last 6 years) who have parental responsibility. The Department for Education (DfE) has asked for this information to be collected on the School Census so that they can identify both the impact that being a Service child has on their education and the impact that catering for large numbers of Service children has on the school.

Yes

No

Section K - Student School History:

Please ensure you give details of any previous schools including Nursery, Overseas or Private education.

Name & Address of Present School:

Telephone:

Dates Attended:

Please give details of any other schools attended in chronological order below.

Name of school:

Period attended:

Name of school:

Period attended:

Section L – Use of Images Consent**Yes****No**

I give permission for my child's image to be taken and used in publicity material for the College, including printed and electronic publications, video recordings, and on our website.



I give permission for my child's image to be used in publicity material for the College on social media - this includes the College Facebook page and Twitter account.



I give permission for images of my child to be used by the news media in printed and/or electronic form and stored in their archives. This might include images sent to the news media by the College and images/footage the media may take themselves if invited to the College to cover an event.



I give permission for my child's **full** name being published alongside a news or press photograph.

**Section M – ICT Acceptable Use Agreement**

Please carefully read section M of the enclosed help notes before completing this section.

Student

This form relates to the student ICT Acceptable Use Agreement, which is included in the explanatory notes. Please sign below to confirm that you have read, understood and agree to the rules included in the Acceptable Use Agreement. If you do not sign and return this agreement, access will not be granted to College ICT systems.

I have read and understand the above and agree to follow these guidelines when:

- I use the College ICT systems and equipment (both in and out of College)
- I use my own equipment in College (when allowed) e.g. mobile phones, tablets, cameras etc.
- I use my own equipment out of College in a way that is related to me being a member of this College e.g. communicating with other members of the College, accessing College email, Google Apps, website etc.

Parent /Carer

I understand that the College will take every reasonable precaution, including monitoring and filtering systems, to ensure that young people will be safe when they use the internet and ICT systems. I also understand that the College cannot ultimately be held responsible for the nature and content of materials accessed on the internet and other mobile technologies.

I understand that my son's / daughter's activity on the ICT systems will be monitored and that the College will contact me if they have concerns about any possible breaches of the Acceptable Use Agreement.

I understand that the College will not accept responsibility for the loss or damage of my son's / daughter's personal electronic devices (including mobile phones) which they choose to bring on site.

Student Signature:

Parent/Carer Signature

Section N – Relationships and Sex Education (RSE)

I acknowledge receipt of the enclosed information (section N of the help notes) advising me on Relationships and Sex Education.

- I give consent for my child to attend the non-statutory programme as detailed in the letter.
- I **do not** give consent for my child to attend the non-statutory programme as detailed in the letter.

Note: If you do not indicate above we will assume that consent has been given.

Section O – Parent Teacher Consultation Evenings

Please tick to indicate how you would prefer to be contacted about Parent Teacher Consultation Evenings.

- by email, using the email address supplied in Section D
- by post, using the address supplied in Section D

Section P – Data Protection: Fair Processing (Privacy) Notice

I acknowledge receipt of the enclosed information (section O of the help notes) advising me on the Fair Processing Notice for the purpose of Data Protection laws.

Section Q - Home/College Agreement

I have read the agreement and will support the College's policies and procedures.

Parent/Carer Signature:

I will do my best to help myself and be responsible for my learning.

Student Signature:

On behalf of the College

Headteacher:

W. N. Jenkins

Section R - Declaration

I confirm that the above information is true and accurate. I undertake to inform the College if any of the above details change. I understand that this form does not constitute an offer of admission by the College.

Signed:

Date:

(Parent/Carer)

Modern Foreign Languages Option

At Helston Community College most students study Spanish. Our Modern Foreign Languages team are keen to offer French. We will only be able to offer French if there is sufficient interest. Please indicate your child's preference below.

- Spanish
- French

Once completed, please save this Enrolment Form and email it to acann@helston.cornwall.sch.uk.

