

<p><b>Meal Arrangements</b> (Please only tick 1 box that applies to main use)</p> <p>College Meal <input type="checkbox"/>      Free Meal <input type="checkbox"/>  Sandwiches <input type="checkbox"/>      Home <input type="checkbox"/></p>	<p><b>Travel Arrangements</b>(Please only tick 1 box that applies to main use)</p> <p>Car/Van <input type="checkbox"/>      Public Transport <input type="checkbox"/>  Cycle <input type="checkbox"/>      Walks <input type="checkbox"/></p>
<p><b>Doctor/GP</b> <input style="width:100%;" type="text"/></p> <p><b>Address</b> <input style="width:100%;" type="text"/></p> <p><b>Telephone</b> <input style="width:100%;" type="text"/></p>	<p><b>Dentist</b> <input style="width:100%;" type="text"/></p> <p><b>Address</b> <input style="width:100%;" type="text"/></p> <p><b>Telephone</b> <input style="width:100%;" type="text"/></p>

**Medical History**

a) Brief Summary of child's Medical History:

b) Any present medical disorders:

c) Details of any medication that may be required during College hours:

If it is considered necessary, do you agree to mild painkillers (Paracetamol) being administered in College: YES NO

**Special Dietary Needs:**

<b>Does your child possess:</b>	Normal sight: YES NO	Glasses: YES NO	Normal hearing: YES NO	Normal speech: YES NO
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Are there any points you think would be helpful for your child's teacher to know in addition to the information already requested?

Is the child in the care of a Local Authority?	YES	NO	
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If yes name and address of Authority:

Is the stay a temporary one?	YES	NO	
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Is either Parent a member of HM Forces?	Father	YES	NO	Mother	YES	NO
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Ring position of child in family (1 = Eldest)	1	2	3	4	5	6	7
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Enter <b>B</b> or <b>G</b> in all appropriate squares for the family							
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Brother or sister on roll? YES/NO (If yes please give details)

Please state here if you would like to receive College correspondence by e-mail:  
YES/NO      E-mail address:

Please indicate if you are happy for us to include pictures of your child in official college photography (only college related photographs would be taken of your child e.g. college trips and other college events or activities)	YES
	NO

*The information given on this form may be processed electronically and used for administrative purposes in the College and Education Office*

I have received the College's Prospectus and understand that admission of my child to College is subject to the completion of this application form.

Signature of Parent: \_\_\_\_\_      Print Name: \_\_\_\_\_

Date of signing: \_\_\_\_\_      Proposed starting date: \_\_\_\_\_

*Please inform the College of any changes to these details*



## SIMS Student Confidential Form

SURNAME:			DOB		
FORENAME:		OTHER FORENAMES:			
ADDRESS:					
POST CODE:	SEX: M F	HOME TEL NO:		TUTOR GROUP:	

NAMES OF PARENTS	Please state whether Foster Parents:	YES	NO
Mother's Full Name: Miss/Mrs/Ms	<i>Daytime address and Tel No if different from home address:</i>		
Address:	Address:		
Post Code:	Post Code:		
Tel No:	Tel No:		
Mother's Mobile Phone:			
Father's Full Name:	Tel No:		
Address:	Address:		
Post Code:	Post Code:		
Tel No.	Tel No:		
Father's Mobile Phone:			

**EMERGENCY CONTACT DURING COLLEGE HOURS IF NOT PARENT**

1 <sup>st</sup> Contact's Full Name:	2 <sup>nd</sup> Contact's Full Name:
Relationship:	Relationship:
Address:	Address:
Post Code:	Post Code:
Tel No.	Tel No:

**Child's Previous School:**

**Ethnic Details**

A requirement of the Department for Education and Employment (DfEE) is that we have ethnic details.

*Please therefore tick the appropriate box below:*

White British <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
White Irish <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>
Traveller of Irish Heritage <input type="checkbox"/>	Any other Mixed background <input type="checkbox"/>	Black African <input type="checkbox"/>
Gypsy/Roma <input type="checkbox"/>	Indian <input type="checkbox"/>	Any other Black background <input type="checkbox"/>
Any other White background <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Chinese <input type="checkbox"/>
White and Black Caribbean <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any Other Ethnic background <input type="checkbox"/>

**Religion**

Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	Other Religion <input type="checkbox"/>
Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>
Hindu <input type="checkbox"/>	No Religion <input type="checkbox"/>	

Home language:	First language:
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