



DATA ADMISSION FORM

Data Protection Notice:

The information on this form is collected and used in line with the Data Protection Act 2018.

The data is used to provide education services, for regulatory and legal purposes (for example child protection and health and safety) and to comply with our legal obligations. For more information regarding the categories of personal data we hold about students and families, why we collect this data and who we may share this data with, please refer our Privacy Notice: <https://www.trumpingtoncc.org.uk/about-us/key-information/policies>

The data controller for personal information held by Trumpington Community College is United Learning Trust (ULT). ULT is registered with the ICO under registration number Z7415170. The Company Secretary, is responsible for ensuring that the Trust complies with Data Protection Law. They can be contacted at: company.secretary@unitedlearning.org.uk or 01832 864538.

Student Details

Forename:	Surname:
Middle Name(s):	Preferred Name:
Legal Gender:	Preferred Gender:
Date of Birth:	Postcode:
Student Address:	

Parental Responsibility

Please give details of person(s) with **PARENTAL RESPONSIBILITY** for the student. **This means legally responsible for the child (either the natural parents or a court-appointed guardian). PRIMARY GUARDIAN refers to those with daily parental responsibility.**

Title:	Relationship to Student	Legal Guardian	(tick)	Primary Guardian	(tick)
Forename:		Surname:			
Address:					
<input type="checkbox"/> (tick box if the same as student)					
Email Address:			Mobile Number:		
Home Number:			Work Number:		

Title:		Relationship to Student:		Legal Guardian	(tick)	Primary Guardian	(tick)
Forename:				Surname:			
Address:							
<input type="checkbox"/> (tick box if the same as student)							
Email Address:				Mobile Number:			
Home Number:				Work Number:			

Separated Parent Information

For parents not living with the student. Please specify contact priority (if any). **Under the 1989 Children's Act all parents have the right to receive information about their child's progress.**

Title:		Relationship to Student:	
Forename:		Surname:	
Parental Responsibility:	Yes / No	Court Order:	Yes / No
Address:			
Mobile Number:		Home Number:	
Email Address:		Work Number:	

Contacting in an Emergency

List in order of preference whom the school may contact in the event of an emergency if those with parental responsibility are **unavailable**. Please provide up to two telephone numbers per person.

Name:		Relationship to Student:	
Mobile Number:		Home Number:	

Name:		Relationship to Student:	
Mobile Number:		Home Number:	

Please ensure you have advised these named contacts that you will be sharing their data with us, should they wish to view our privacy notices, these can be found on our website: <https://www.trumpingtoncc.org.uk/about-us/key-information/policies>

Siblings (brothers and sisters who are already attending Trumpington Community College

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

Additional Needs

Does the student have a statement of Special Education Needs?	YES / NO / NOT SURE
(If so, please provide details here)	

Does the student have a disability?	YES / NO / NOT SURE
(If so, please provide details here)	

Does the student have any other form of additional needs?	YES / NO / NOT SURE
(If so, please provide details here)	

Does the student have any suspected additional needs?	YES / NO / NOT SURE
(If so, please provide details here)	

Is the student privately fostered?	YES / NO
Private fostering is when a child under the age of 16 (or 18 if the child has a disability) lives with someone who is not a close relative (ie. not their grandparents, aunt, uncle, brother, sister, cousin or step-parents) for 28 days or more unless that person has parental responsibility for them or is a local authority or agency foster care. A private fostering arrangement, whether it is already in place or will be in the future, must by law be reported to the County Council. To notify the County Council of a private fostering arrangement please call 01223 518730.	

Is the student a Young Carer?	YES / NO
(If so, please provide details here)	

Are you or your partner Services Personnel?	YES / NO
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Please list all Schools the student has attended with dates (Include non-UK Schools too)

Medical Information

Medical Practice:
Has the Student got any medical conditions / allergies? (If so, please provide details ie. IHCP, medication)

If applicable, are these conditions known to the student?

Further Medical Notes:

Ethnic and Cultural Information

General Data Protection Regulation (2018), and along with the Education (School Records) Regulations (1989), protects this strictly confidential information, stored on the school’s student record database. The information on ethnic origin and first language is needed by the school and by Cambridgeshire Learning Authority. This is to ensure that the resources are made available when required and that the Education Service offers real equality of opportunity for all pupils.

Nationality:		County of Birth:	
English Proficiency:	Fluent	Basic	None

Ethnicity:		First Language:	
Any other Asian background		Arabic	
Any other Black background		Chinese	
Any other Ethnic group		English	
Any other Mixed background		Bengali	
Any other White background		Filipino	
Bangladeshi		French	
Black African		Spanish	
Black Caribbean		Polish	
Chinese		Urdu	
Gypsy/Romany		Hindi	
Indian		Italian	
Pakistani		Portugeuse	
Traveller of Irish Heritage		Russian	
White British		Japanese	
White Irish		German	
White & Asian		Turkish	
White & Black		Tamil	
White & Caribbean		Other (please state)	

Religion

Christian		Judaism	
Islam		Muslim	
Hindu		Roman Catholic	
Other (please state)		Prefer not to say	

Trips

For trips and activities that take place outside school hours, Trumpington Community College has adopted the DfE one-off blanket consent which is to be signed by a person with parental authority on enrolment of their child in the school to give consent for the child to:

- take part in school trips and other activities that take place off school premises
- be given first aid or urgent medical treatment during any school trip or activity

Please note the following important information before signing this:

The trips and activities covered by this consent includes:

- all visits (including residential trips) which take place during the holidays or a weekend
- adventure activities at any time
- off-site sporting fixtures outside the school day

The school will send you information about each trip or activity before it takes place. You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity. This must be done with appropriate notice.

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities – as such activities are part of the school's curriculum and usually take place during the normal school day.

I give permission for the student to:

- take part in school trips, events and other activities that take place off school premises and outside the school day
- to be given first aid or urgent medical treatment during any school trip or activity.

Signed:
Parent/Carer:
Date:

Photograph / Video images

Students will have their photo taken shortly after they join one of our schools for ID purposes.

Other requirements for photo/video media to be used of the student are as follows, please tick all / those you wish to give consent for:

School / Trust Websites

Marketing Literature (for example College prospectus)

Internal Displays

Social Media (the College's official Twitter / Facebook)

News & Magazine articles

None

Youth Support Services Agreement

Once our pupils reach the age of 13, we are asked to pass pupil information to our local authority and / or provider of youth support services as they have responsibilities in relation to the education or training of 13–19-year-olds under section 507B of the Education Act 1996.

This enables them to provide services as follows:

- youth support services
- careers advisers
- post-16 education and training providers

We are obliged by law to share certain information. The information we are required to share is limited to your name(s) and address and the pupil's name, address and date of birth. However, where a parent or guardian provides consent, other information relevant to the provision of youth support services will be shared if requested by our local authority and / or provider of youth support services in our area.

For more information about services for young people, please visit our local authority website <https://www.cambridgeshire.gov.uk/>.

Please tick the box below if you consent to the College providing all information requested, or whether the information should be limited to that which is legally required.

I give consent to provide all information requested

I do not give consent for all information requested to be provided

Please sign and date:

By signing this form, I / we give permission for the data to be use and shared as detailed in the College's Privacy Notice <https://www.trumpingtoncc.org.uk/about-us/key-information/policies>

Parent / Carer Name Signature Date

Parent / Carer Name..... Signature Date

Student Name Signature Date