

Application Form



Please complete ALL sections of this form in block capitals in blue or black ink. If you have any queries or difficulties in completing this application form or if your details change after submitting the application, please contact the Admissions Officer on 0121 566 6622.

SECTION 1: YEAR GROUP APPLICATION

Year 10 Year 11 Year 12 (Course)

SECTION 2: STUDENT DETAILS

Forename: Middle Name (s): Surname:

Date of birth: / / Age: Gender: Contact 1: Contact 2:

Current Address: Postcode:

Current or last school: Year Leader: Attendance: %

SECTION 3: PARENT/GUARDIAN DETAILS

Title: First Name: Surname:

Landline: Work: Mobile:

Email: Relationship to child:

Address if different from above:

SECTION 4: DECLARATION

By submitting this form: I declare that, to the best of my knowledge, the information I have provided is correct. If enrolled and invited for an interview, I agree to complete any additional forms as requested by Waverley Studio College.

Signed Date

SECTION 5: OTHER

Where did you hear about us?

Please TICK an option below to let us know where and how you heard about Waverley Studio College:

Leaflets Careers Advisor Poster School Website
 Billboards Friend/Family Newspaper Email
 Twitter Word of mouth OTHER

Please return this form to:

Admissions Office, Waverley Studio College, 470 Belchers Lane, Bordesley Green, Birmingham | B9 5SX

Email: admissions@waverleystudiocollege.co.uk - Tel: 0121 566 6622 - Fax: 0121 566 6601

Website: www.waverleystudiocollege.co.uk

SECTION 6: ADDITIONAL INFORMATION

Student Email:

Parent Email:

Who does the student live with:

Mother

Father

Step Mother

Step Father

Foster Parent

Legal Guardian

Other

Is there any Legal/court order relating to your child?

Yes

No

Is this child a young carer?

Yes

No

Are there any other agencies involved in the care of your child?

Yes

No

Lunch Arrangements:

Home

Sandwiches

School Meal Paid

School Meal Free

Other

Travel Arrangements:

Walk

Cycle

Car

Bus

Train

Other

SECTION 7: EMERGENCY CONTACT DETAILS

Please list in parental order (**PRI**) of all persons who have parental responsibility and anyone else you wish to have contacted in an emergency. Please also indicate with a tick in the (**PR**) box for all those who have a legal parental responsibility for your child. (A minimum of 3 contacts are required)

CONTACT ONE

PRI PR Name: Relationship: Home Address: Postcode:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home Telephone:

Work Telephone:

Mobile:

CONTACT TWO

PRI PR Name: Relationship: Home Address: Postcode:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home Telephone:

Work Telephone:

Mobile:

CONTACT THREE

PRI PR Name: Relationship: Home Address: Postcode:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home Telephone:

Work Telephone:

Mobile:

CONTACT FOUR

PRI PR Name: Relationship: Home Address: Postcode:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home Telephone:

Work Telephone:

Mobile:

Please list any other children and their date of birth who attend Waverley Studio College.

SECTION 8: CONSENT

Please read the following conditions and provide your consent as appropriate by ticking either "YES" or "NO" for each criteria. The college will only publish images and videos of your child for the conditions that you provide consent for.

I provide consent to:

	Yes	No
A photograph to be used on school software for identity purposes.	<input type="checkbox"/>	<input type="checkbox"/>
Using photographs/Videos of my child on the school website, display boards, screens, internally around school and in lessons.	<input type="checkbox"/>	<input type="checkbox"/>
Using images and video of my child on schools social media. (Twitter, Instagram, Facebook, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Press releases using images and videos of my child to publicise school events and activities.	<input type="checkbox"/>	<input type="checkbox"/>
Using images in marketing material, e.g. the school prospectus, newsletters, flyers and banners.	<input type="checkbox"/>	<input type="checkbox"/>
To photograph my child for a school-appointed external photographer for official school photographs and parental purchases.	<input type="checkbox"/>	<input type="checkbox"/>

This form is valid for the remainder of the academic year and will be updated on an annual basis.
(parents are required to fill in a new form for their child every academic year)

Consent will be updated where any changes to circumstances occur – this can include, but is not limited to, the following:

- New requirements for consent, i.e. an additional social media account will be used to share pupil images and videos
- Changes to pupil's circumstances, i.e. safeguarding requirements mean a pupil's images cannot be used
- Changes to parental consent, i.e. amending the provisions for which has been provided for.

Where you would like to amend the provisions for which consent has been provided, you must submit your request in writing to the College. A new form will be supplied to amend your consent accordingly.

I declare that I understand:

- Waverley Education Foundation and Waverley Studio College
 - o has a legal and legitimate interest to collect and process my personal data in order to meet statutory requirements.
 - o may share my data with DFE and the LA.
 - o will not share my data with any other third parties without my consent, unless the law requires the school to do so.
 - o will always ask for explicit consent where this is required, and I must provide this consent if I agree to the data being processed
- How my data is used
- My data is retained in line with the school General Data Protection Policy (GDPR).
- My rights to the processing of my personal data.
- Where I can find out more information about processing of my personal information.

Parent name:

Signature:

Date:

SECTION 9: SPECIAL CATEGORY DATA – EXPLICIT CONSENT REQUIRED

Doctor Name / Practice:

Telephone number:

Address:

Postcode

Is your child under hospital care? If yes, please provide the name of the hospital or consultant

Address:

Address:

Postcode

Reason:

I give consent that in an emergency a salbutamol inhaler can be given to my child if he/she is experiencing breathing difficulties while awaiting medical assistance.

Emergency Inhaler

In case of emergency, I hereby give permission to the physician selected by the school to provide necessary treatment for my child.

Emergency Care

I give consent that in an emergency, an EpiPen can be given to my child if he/she is experiencing a severe allergic reaction (anaphylaxis).

Emergency EpiPen

Does your child suffer from the following conditions?

- Asthma
- Bones/Joints Disorders
- Diabetes
- Ear Infection/Deafness
- Eczema
- Epilepsy
- Hayfeaver
- Heart Conditions
- Kidney Disorders
- Any Other

Mental Health issues such as: Depression / anxiety disorders / self-harm
If yes, please provide details below.

How does the above ailment affect your child? How do these symptoms present themselves?

Does your child have any ALLERGIES including food/medicines/plasters? If Yes, please provide details:

Does your child take medicine oral/liquid/inhalers/creams/sprays prescribed by hospital or GP? Please indicate below and state the dosage.

Has the child lived in England for less the 18 months? Yes No Date of arrival in UK:

If Yes:

Country of origin Nationality:

Language Spoken: Refuge: Yes No

Religion: Code:

Ethnicity: Code:

I consent for Biometric image (this is the finger impression technology for the cashless catering system).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I consent to supplying my child's name, address and date of birth to the Youth Support Services.

I consent to supplying other information as relevant to the Youth Support Services

I consent to supply other information as relevant to the careers service.

I have read and understand and give explicit consent for the use of my child's special category Data.

Parent name: Signature: Date: