

Student Application Form



DERBY MANUFACTURING
University Technical College

Please complete all sections in BLOCK CAPITALS

Personal Details: Please complete the following with STUDENT details

Legal Forename(s):

Preferred Forename:

Legal Surname:

Preferred Surname:

Address:

Postcode:

Home Telephone Number:

Date of Birth:

Male

Female

Contact Details: Please complete the following Parent/Carer contact details

Mother's Contact Details:

Title:

Surname:

Forename:

Mobile Telephone Number:

Home Email Address:

Employer:

Work Telephone Number:

Home Address and Telephone Number (if different from Student's Details):

To be contacted in case of emergency:

Yes

No

Legally Responsible for student:

Yes

No

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Father's Contact Details:

Title:	Surname:	Forename:
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Mobile Telephone Number:

Home Email Address:

Employer:	Work Telephone Number:
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Home Address and Telephone Number (if different from Student's Details):
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To be contacted in case of emergency:	Yes	No
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Legally Responsible for student:	Yes	No
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Carer's Contact Details:

Title:	Surname:	Forename:
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Mobile Telephone Number:

Home Email Address:

Employer:	Work Telephone Number:
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Home Address and Telephone Number (if different from Student's Details):
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To be contacted in case of emergency:	Yes	No	
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Legally Responsible for student:	Yes	No	
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Other Contact Details: In the event of a Parent/Carer being unobtainable please supply the name and contact details of a person who may be contacted in the case of an emergency:

Contact Name:

Telephone Number:

Mobile Telephone Number:

Relationship to Student:

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Student Profile Medical Details

Name & Address of Doctor's Surgery:

Doctor's Surgery Telephone Number:

Please provide relevant medical information; include medical conditions known about and any medication taken on a regular basis by the student. You may use a separate sheet if appropriate. This information will be processed to enable the College to respond to individual student's needs.

Student Profile Additional Details

Ethnic Group: Please tick one of the following groups that is most appropriate:-

Bangladeshi

British

Caribbean

Chinese

Gypsy/Roma

Indian

Irish

Pakistani

Traveller of
Irish Heritage

White/
Asian

White/Blac
k

Any other Asian
background

Any other black
background

Any other
Ethnic
Background

Any other
White
backgrou

Prefer not
to say

Travel Arrangements: Please tick the primary intended mode of transport:

Bicycle

Car/Van

Walk

Taxi

Bus

Train

Other

Meal Arrangements:

Free School
Meals

Paid school
Meals

Sandwiche

Service Personnel Children: Please tick if any parents/carers are in the services (Navy/Army etc)

Father:

Mother:

Carer:

This form must be signed by the person who has legal responsibility for the named student

Signed (Father)

Date

Signed (Mother)

Date

Signed (Carer)

Date

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Permission Form(s) - All students

Student Name:

Form (if known):

Parent/Carer:

Computer Network/Email/Internet - Student

As a College user of the network, electronic mail and the Internet, I agree to comply with the rules on its use. I will use the College network in a responsible way and observe all the restrictions explained to me by College.

Signed (Student):

Date:

Computer Network/Email/Internet - Parent/Carer

As the Parent/Carer of the Student signing above, I grant permission for my child to use the College computer network, electronic mail and Internet. I understand that all students will be held accountable for their own actions.

Signed (Parent/Carer):

Date:

Photographs/media - Parent/Carer

I/We give/do not give permission for our child to be photographed, filmed or videoed by or for the media (eg press/TV) or the College web site, and for my child's name to be released for publication such that my child might be identified as an individual or as part of a small group.

Signed (Parent/Carer):

Date:

Local walking activities - Parent/Carer

I/We give/do not give permission for our child to take part in local walking outings during College time. (Parents/Carers will be notified if transport is involved)

Signed (Parent/Carer):

Date: