



Exmouth Community College

To the Principal of Exmouth Community College

I, being the parent / carer / person having parental responsibility of the child named at 1 below, hereby apply for his / her admission to the College in the SPRING/SUMMER/AUTUMN* Term of 200

Please note: The Parent / Carer section should contain the details of those adults who have parental responsibility. We cannot release information regarding students to anyone who is not listed here unless they can prove they have parental responsibility. Emergency contacts are listed in Section 7.

Please use BLOCK CAPITALS throughout

1	SURNAME OF CHILD				
	FORENAME[S]				
	CHOSEN NAME			SEX [M / F]	
2	CHILD'S ADDRESS – Line 1				
	Line 2				
	TOWN				
	POST CODE		TELEPHONE NUMBER		
	DATE OF BIRTH			BIRTH CERTIFICATE SEEN [Y/N]	
4	PREVIOUS SCHOOL				
	ADDRESS – Line 1				
	Line 2				
	TOWN			POST CODE	
	TELEPHONE NUMBER			SCHOOL CONTACTED [Y/N]	
	START and LEAVING DATES	Started			Left
5	PARENT / CARER [1]				
	OCCUPATION			Date of Birth	
	ADDRESS – Line 1				
	ADDRESS – Line 2				
	TOWN			POST CODE	
	TELEPHONE NUMBER			EMERGENCY CONTACT [Y/N]	
	PARENT / CARER [2]				
	OCCUPATION			Date of Birth	
	ADDRESS – Line 1				
	ADDRESS – Line 2				
TOWN			POST CODE		
TELEPHONE NUMBER			EMERGENCY CONTACT [Y/N]		

[If you are not the Emergency Contact, please give Emergency Contact details at '7' overleaf.]

FOR OFFICE USE ONLY

ADMISSION DATE:		YEAR/Head of Year:		TUTOR GROUP:	
ENTERED ON SIMS:		TIMETABLED:		POPULATION:	

Please send a copy of this form, including Tutor Group & Population, on the day of completion for inclusion on SIMS

6 a]	Relationship to child eg: Parent, Grandparent, Foster Parent, etc	
b]	Are you financially responsible for your child? [Y/N]	
c]	If not, person[s] or LEA financially responsible for the child	
d]	If parents are separated or divorced please state with whom the child resides	
e]	Is the child the subject of a Court Order?	

[If parents are separated/divorced, please state if there are any Section 8 orders eg: Residence/Contact/Specific Issues, Prohibition Steps Orders]

7 **EMERGENCY CONTACTS** *[If different from 5] It is most important that one emergency contact is available at all times during the school day.*

[1]	NAME		
	ADDRESS – Line 1		
	– Line 2		
	TOWN		
	POST CODE	TELEPHONE NUMBER	
[2]	NAME		
	ADDRESS – Line 1		
	– Line 2		
	TOWN		
	POST CODE	TELEPHONE NUMBER	

8 **NAMES OF PEOPLE HAVING PARENTAL RESPONSIBILITY FOR THIS STUDENT** *[Other than those shown in 6] See Notes of Guidance*

9 **DETAILS OF OTHER CHILDREN IN THE FAMILY OF STATUTORY SCHOOL AGE, OR BELOW**

NAME	DATE OF BIRTH	SCHOOL
	/ /	
	/ /	
	/ /	

This information is MOST IMPORTANT - if you are not registered with a Doctor, please advise the College as soon as you are.

10 **DOCTOR'S NAME**

SURGERY ADDRESS – Line 1		
- Line 2		
TOWN	TELEPHONE NUMBER	

11 **RELEVANT MEDICAL INFORMATION INCLUDING ANY MEDICAL EXAMINATION**

11a **HAS THE CHILD BEEN IMMUNISED AGAINST TETANUS? [Y/N]** **DATE IMMUNISED**

12 **ANY OTHER RELEVANT INFORMATION** *[eg: any special dietary requirements, allergies or physical handicaps]*

13 SCHOOL MEAL – [Please tick as appropriate] My child will bring sandwiches Have a College lunch Go home to lunch

13a IS YOUR CHILD ENTITLED TO A FREE SCHOOL MEAL? [Y/N] *For College information only*

14 ARE YOU IN RECEIPT OF INCOME SUPPORT? [Y/N] *For College information only*

15 PROPOSED MAIN METHOD OF TRANSPORT TO COLLEGE [Please circle which is to be used]
 Not known \ Bicycle \ Bus \ Car \ College Coach \ Ferry \ Train \ Walk

16 ETHNIC ORIGIN
 Which of these best describes your child?

Bangladeshi	<input type="checkbox"/>
Black : African	<input type="checkbox"/>
Black : Caribbean	<input type="checkbox"/>
Black : Other	<input type="checkbox"/>
British	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
White : UK Origin	<input type="checkbox"/>
White : European	<input type="checkbox"/>
Any other Ethnic Group	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
Decline to answer	<input type="checkbox"/>

17 RELIGIOUS AFFILIATION
 What is your child's religion?

Baha'i	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Christian [Church of England]	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Other	<input type="checkbox"/>
No Religion	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
Decline to answer	<input type="checkbox"/>

18 MOTHER TONGUE
 What language do you speak at home?

Bengali	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>
English	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Gujerati	<input type="checkbox"/>
Hindi	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Urdu	<input type="checkbox"/>
Other	<input type="checkbox"/>
Decline to answer	<input type="checkbox"/>

19 IF YOU HAVE SELECTED 'Other' IN QUESTION[S] 16, 17 or 18 PLEASE SPECIFY BELOW

ETHNIC ORIGIN	<input type="text"/>
RELIGIOUS AFFILIATION	<input type="text"/>
MOTHER TONGUE	<input type="text"/>

20 IS THIS THE ONLY FORM OF APPLICATION FOR ADMISSION YOU HAVE COMPLETED FOR THIS CHILD? [Y / N]

If not, please give name[s] of other school[s] below:

<input type="text"/>
<input type="text"/>
<input type="text"/>

PARENTS ARE REQUESTED TO BRING THEIR CHILD'S LAST, OR MOST RECENT, SCHOOL REPORT TO THE ADMISSION'S MEETING.

Signed: _____ Dated: _____

Acceptance of this Application Form does not, by itself, guarantee that a place can be made available.
 Information from this Form may be processed by computer for purposes appropriate to services provided by Devon County Council.

Parental Responsibility
 Under the Children Act 1989, the concept of parental responsibility replaces the concept of 'parental rights'. Parental responsibility can be shared between a number of people ie: both married parents of a legitimate child, even if not living with the child;
 both divorced or separated parents of a legitimate child;
 the mother of an illegitimate child;
 the father of an illegitimate child when he has acquired parental responsibility through a parental responsibility agreement or a Court Order;
 any person appointed guardian by a Court;
 any person who has a Residence Order in respect of the child;
 any person who receives the child under an Emergency Protection Order;
 the County Council through its Social Services Department if the child is the subject of a Care Order.
 Anyone who does not have parental responsibility but who is caring for a child may do what is reasonable in the circumstances for the purpose of safeguarding or promoting the child's welfare. *Foster parents do not have parental responsibility.*

Recoupment
 Recoupment is the process by which Devon County Council can recover the cost of educating children who are not its responsibility, mainly because the child's normal place of residence is elsewhere.



Exmouth Community College

INFORMATION GATHERED FROM INTERVIEW

[For College use only]

KEY STAGE 3

1 Foreign Language: _____

2 Particular interests / strengths: _____

3 Other relevant information [ie: support]: _____

4 SATS Results

English	Maths	Science
<input type="text"/>	<input type="text"/>	<input type="text"/>

KEY STAGE 4

UCI NUMBER: [If already entered for Public Examinations]

	SUBJECTS STUDIED	EXAM GRADES	NATIONAL CURRICULUM LEVEL
1			
2			
3			
4			
5			
6			
7			
8			
9			

4 Particular interests / strengths: _____

5 Other relevant information [ie: support]: _____

6 SATS Results

English	Maths	Science
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTES FOR SCHOOL'S GUIDANCE

This Form is to be completed by the Parent/Guardian on behalf of every child admitted to the College, including those on formal transfer from Infant to Junior School and Junior to Secondary School. Please ensure that every part of this Form has been completed by the Parent/Guardian. A photocopy of this Form may be included with a student's records sent to a new school on his/her transfer, either within or outside the County of Devon BUT THE ORIGINAL IS TO BE KEPT [for Audit/Recoupment purposes] FOR A PERIOD OF THREE YEARS FROM THE LEAVING DATE OF EACH STUDENT. The information contained within this Form is of a confidential nature and is for the use of Devon County Council employees only. Under no circumstances must the original S11 or photocopy of same be forwarded to the Health Authority or similar body.

S11 FORMS OF LEAVERS ARE TO BE KEPT SEPARATELY FOR A PERIOD OF THREE YEARS.