

Admission Forms



Contact Number:
School e-mail:
School Website:

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CONFIDENTIAL
Christchurch Learning Centre
ADMISSIONS FORM

If you require help in completing this form, please ask a member of staff.

Personal Details

Child's Surname:		Current Address:	
Forenames:			
Date of Birth:			
Age:			
Gender:	Male <input type="checkbox"/>		
First language:		Post Code:	

Contact Details

Mother's Surname:		E-Mail Address:	
Forenames:		Contact Number 1:	
Title:		Contact Number 2:	
Current Address:			
Post Code:			

Contact Details

Father's Surname:		E-Mail Address:	
Forenames:		Contact Number 1:	
Title:		Contact Number 2:	
Current Address:			
Post Code:			

Family Details

1	Name:		Date of birth:	
			Relationship:	
2	Name:		Date of birth:	
			Relationship:	
3	Name:		Date of birth:	
			Relationship:	
4	Name:		Date of birth:	
			Relationship:	

Education

Child's current school:		Last day attended:	
Child's previous school: <i>If permanently excluded</i>		Last day attended:	

Emergency Contact

(In case of illness or emergency we will always try to contact a parent first. Please provide details of at least two other people who may be contacted should a parent not be available):

Contact 1:		Contact 2:	
Surname:		Surname:	
Forename:		Forename:	
Address:		Address:	
Postcode:		Postcode:	
Contact number:		Contact number:	
Relationship:		Relationship:	
<p>Please give any additional instructions regarding contacting parents and other relatives/friends in case of an illness/emergency:</p>			

Medical Information

Child's doctor's name:		Please give details of any allergies:
Clinic Address:		
Telephone Number:		Are there any other medical/social details of which we should be aware:

Please complete this section only if someone other than the child's natural parents has responsibility for the child:

Is the child living with you by virtue of (please tick as applicable):			
A	a Residence Order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B	a Care Order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C	you are providing accommodation for a child not in care on behalf of a Local Authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D	an Emergency Protection Order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E	you are a legally appointed guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F	you are a private foster parent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Ethnicity & Language			
The DfES require that we collect ethnicity data on children in school. Please indicate your child's ethnic origin by ticking the appropriate box. Our ethnic background describes how we think of ourselves. This may be based on many things, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.			
WHITE (British)	<input type="checkbox"/>	MIXED (White and Asian)	<input type="checkbox"/>
WHITE (Irish)	<input type="checkbox"/>	MIXED (Other)	<input type="checkbox"/>
WHITE (European)	<input type="checkbox"/>	ASIAN (Indian)	<input type="checkbox"/>
WHITE (Traveller or Irish Heritage)	<input type="checkbox"/>	ASIAN (Pakistani)	<input type="checkbox"/>
WHITE (Gypsy/Roma)	<input type="checkbox"/>	ASIAN (Bangladeshi)	<input type="checkbox"/>
WHITE (Other)	<input type="checkbox"/>	ASIAN (Nepali)	<input type="checkbox"/>
BLACK (Caribbean Heritage)	<input type="checkbox"/>	ASIAN (Other)	<input type="checkbox"/>
BLACK (African Heritage)	<input type="checkbox"/>	CHINESE	<input type="checkbox"/>
BLACK (Other)	<input type="checkbox"/>	ANY OTHER ETHNIC BACKGROUND	<input type="checkbox"/>
MIXED (White and Black Caribbean)	<input type="checkbox"/>	I DO NOT WISH AN ETHNIC BACKGROUND	<input type="checkbox"/>
MIXED (White and Black African)	<input type="checkbox"/>	TO BE RECORDED	<input type="checkbox"/>
(Any information you provide will be used solely to compile statistics for the School Census return)			
Any other relevant information regarding ethnicity/language (i.e. English is an additional language, etc.):			

Publication of photographs on the Learning Centre website and in the local press:	
The Data Protection Act 1998 requires us to ask for parental permission to use photographs of children on the learning centre website; children are not identified by name. Photographs of children are occasionally published in learning centre booklets or in the local press.	
To give permission or refuse permission for publication of photographs, please delete ONE statement accordingly and sign below:	
YES - I give permission for my child's photograph to occasionally be used on the learning centre website, in learning centre publications or in the local press.	
NO - I do not agree to my child's photograph being used on the learning centre website, in learning centre publications or the local press.	
Signed:	Date:
(Parent/Guardian)	

Emergency Consent	
With the knowledge that the learning centre has tried successfully to contact me/us, I/we give permission for the learning centre to acquire emergency treatment at a hospital or surgery in my/our absence.	
Signed:	Date:
(Parent/Guardian)	

Additional Information

Medical and First Aid Consent Form

Student Name:		D.O.B	
Name of Parent/Guardian:			
Address:		1st Contact No	
		2nd Contact No	
Alternative Emergency Contact:	Name: Address:	Contact No	
Family Doctor:			
Surgery:		Surgery Tel:	

Is your child currently diagnosed with a medical condition:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If YES, Please give details:</i>	Condition: Management:	
Will this condition need to be managed by the Learning Centre:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration:

I have completed the above form to the best of my knowledge and understand that it is my responsibility to notify the Learning Centre of any change in my child's medical condition which may affect their ability to attend activities.

In the event of injury/illness, I give consent for first aid to be administered and medical treatment be sort as identified by the Centre; Designated First Aider.

Signed: (Parent/Guardian)

Print Name:

Date:

Parental agreement for CLC to
administer medicines

Student:

Contact Details

Name of Parent/Carer: Contact Tel:

Medical Details

GP Name: GP Tel:

Hospital Consultant: Hospital Tel:

The above child has been identified as having:

.....
.....
.....

The named student will self-administer the following medication:

(If a student is unable to self-administer I agree to a designated member of staff to administer/provide treatment as stated below or in the case of an emergency, as staff consider necessary).

Medicine	Dose	Frequency	Expiry Date

Note: Medicines must be in the original container as dispensed by the pharmacy

I accept that this is a service that CLC is not obliged to undertake. I understand that I must notify CLC of any changes in writing.

Parent/Guardian Signature:..... Date:.....

Consent Form

I have read and understand the Parent Portfolio and acknowledge that I must give my permission/consent in order for my child to access a number of activities and facilities provided at the Learning Centre.

Please tick to indicate your consent:

NAME:	Yes	No
Local off-site visits:	<input type="checkbox"/>	<input type="checkbox"/>
*Leave site at break & lunch times: (KS4 ONLY)	<input type="checkbox"/>	<input type="checkbox"/>
Photographed during activities:	<input type="checkbox"/>	<input type="checkbox"/>
Contact with Careers advice:	<input type="checkbox"/>	<input type="checkbox"/>
Access to ICT:	<input type="checkbox"/>	<input type="checkbox"/>
Participate in PE activities:	<input type="checkbox"/>	<input type="checkbox"/>
Participate in Outdoor Ed:	<input type="checkbox"/>	<input type="checkbox"/>
Participate in Sex Education:	<input type="checkbox"/>	<input type="checkbox"/>

***It is important to understand that CLC will not be responsible for the safety or conduct of pupils during these times if permitted to leave the school site.**

Signed:
(Parent/guardian)

Print Name:

Date:

Signed:
(Pupil)

Print Name:

Myself As a Learner

Name:	
Gender:	Male / Female / Other
D.O.B:	
School:	
Year:	
Age:	
Date:	

Remember!		
A	=	Yes definitely true about me.
B	=	Yes, a bit true about me.
C	=	Not sure. Sometimes true and sometimes not.
D	=	Not very true about me.
E	=	No, definitely not true about me.

Be as honest as you can.
Circle the letter that describes you best.

		A	B	C	D	E	Score
1	I'm good at doing tests.						
2	I like having problems to solve.						
3	When I'm given new work to do, I usually feel confident I can do it.						
4	Thinking carefully about your work helps you to do it better.						
5	I'm good at discussing things.						
6	I need lots of help with my work.						
7	I like having difficult work to do.						
8	I get anxious when I have to do new work.						
9	I think that problem solving is fun.						
10	When I get stuck with my work, I can usually work out what to do next.						
11	Learning is easy.						
12	I'm not very good at solving problems.						
13	I know the meaning of lots of words.						
14	I usually think carefully about what I've got to do.						
15	I know how to solve the problems that I meet.						
16	I find a lot of schoolwork difficult.						
17	I'm clever.						
18	I know how to be a good learner.						
19	I like using my brain.						
20	Learning is difficult.						
TOTAL SCORE							

Emotional Literacy STUDENT Checklist

First Name:

Male

Surname:

Female

Date:

Prefer not to say

Year Group:

	Very like me	Quite like me	A bit like me	Not like me at all
1. I try to listen to other people's views even when I think they are wrong.				
2. I often forget what I should be doing.				
3. I am aware of my own strengths and weaknesses.				
4. I often lose my temper.				
5. A lot of people seem to like me.				
6. I know when people are starting to get upset.				
7. I tend to leave things to the last minute.				
8. When I'm sad, I usually know the reason why.				
9. I get upset if I do badly at something.				
10. I can make new friends easily.				
11. I get annoyed when other people get things wrong.				

	Very like me	Quite like me	A bit like me	Not like me at all
12. I carry on trying even if I find the work difficult.				
13. I am easily hurt by what others say about me.				
14. I calm down quickly after I have got upset.				
15. I am a shy person.				
16. When I notice people getting upset, I try to help them feel better.				
17. I make a good effort with most of my school work.				
18. I tend to put myself down even when I have done something well.				
19. I am usually a calm person.				
20. I spend too much time alone.				
21. I try to help someone who is being bullied.				
22. I get distracted easily from what I'm supposed to be doing.				
23. I worry a lot about the things I'm not good at.				
24. I can wait patiently for my turn.				
25. I can make friends again after a row.				

Emotional Literacy PARENT Checklist

Childs Name:

Date:

School:

Year Group:

Male Female Other

	Very true	A little true	Not really true	Not at all true
1. Listens to other people's point of view in a discussion or argument.				
2. Gives up easily when things aren't perfect.				
3. Can name or label his/her feelings.				
4. Is quick tempered and aggressive.				
5. Spends too much time alone.				
1. Is tolerant of people who are different from him/her				
7. Seems able to shut out distractions when needs to focus.				
8. Tends to have feelings of self-doubt/insecurity.				
9. Is liable to sulk if doesn't get his/her own way.				
10. Finds it difficult to make new friends.				
11. Is insensitive to the feelings of others.				

	Very true	A little true	Not really true	Not at all true
12. When starts a task, usually follows it through to completion.				
13. Can recognise the early signs of becoming angry.				
14. When things go wrong, immediately denies that it is his/her fault or blames others.				
15. Is liked by a lot of people.				
16. Is very critical of others' shortcomings.				
17. Leaves things to the last minute.				
18. Is aware of his/her own strengths and weaknesses.				
19. Rushes into things without really thinking.				
20. Can make friends again after a row.				
21. Gets annoyed when other people get things wrong.				
22. Keeps trying even when faced with something difficult.				
23. Is easily hurt by what others say about him/her.				
24. Is a bad loser.				
25. Mixes with other children.				

Parent/Carer Acceptable ICT Use Agreement

(To be read in conjunction with the School's Acceptable Use Policy provided in the parent handbook)

Permission Form

As the parent / carer of the named child below, I give permission for my son / daughter to have access to the internet and to ICT systems at school.

I know that my son / daughter has signed an Acceptable Use Agreement and has received, or will receive, e-safety education to help them understand the importance of safe use of ICT – both in and out of school.

I understand that the school will take every reasonable precaution, including monitoring and filtering systems, to ensure that young people will be safe when they use the internet and ICT systems. I also understand that the school cannot ultimately be held responsible for the nature and content of materials accessed on the internet and using mobile technologies.

I understand that my son's / daughter's activity on the ICT systems will be monitored and that the school will contact me if they have concerns about any possible breaches of the Acceptable Use Policy.

I will encourage my child to adopt safe use of the internet and digital technologies at home and will inform the school if I have concerns over my child's e-safety.

Student / Pupil Name	
Parent / Carers Name	
Signed	
Date	

Permission Form

As the parent / carer of the named child below, I agree to the school taking and using digital / video images of my child / children. I understand that the images will only be used to support learning activities or in publicity that reasonably celebrates success and promotes the work of the school.

I agree that if I take digital or video images at, or of school events which include images of children, other than my own, I will abide by the school guidelines in my use of these images.

Student / Pupil Name	
Parent / Carers Name	
Signed	
Date	

Pupil Acceptable ICT Use Agreement

Pupil Acceptable Use Agreement Form

This form relates to the pupil Acceptable Use Policy (AUP), provided in the parent handbook. Please complete the sections below to show that you have read, understood and agree to the rules included in the Acceptable Use Agreement. If you do not sign and return this agreement, access will not be granted to school ICT systems.

Pupil:

I have read and understand the agreement and agree to follow these guidelines when:

- I use the school ICT systems and equipment (both in and out of school)
- I use my own equipment in school (when allowed) eg mobile phones, PDAs, cameras etc
- I use my own equipment out of school in a way that is related to me being a member of this school eg communicating with other members of the school, accessing school email, VLE, website etc.

Student / Pupil Name	
Year Group	
Signed	
Date	

