

St Christopher's Sixth Form

STUDENT REGISTRATION 2024/26

Please complete using **BLOCK CAPITALS**.

Student Information

Legal forename/s: _____

Date of Birth: _____

Legal surname: _____

Gender: Male Female Prefer Not to Say

Chosen name: _____

Home telephone: _____

Address: _____

Student mobile: _____

Town: _____

Student email: _____

Post Code: _____

Parent and Contact Details

Please give details of three people who can be called on in an emergency. Please include all persons who have parental responsibility for you and anyone else you wish to be contacted in an emergency. Place them in the order you wish them to be contacted.

	<i>1st Contact</i>	<i>2nd Contact</i>	<i>3rd Contact</i>
Title (Mr, Mrs, Ms etc.)			
Forename			
Surname			
Relationship to student (i.e. father, mother, family friend etc.)			
Parental responsibility for student?	YES / NO	YES / NO	YES / NO
Additional copy of school reports needed?	YES / NO	YES / NO	YES / NO
Postal address including town and postcode (if different to student's address)			
Home phone number			
Mobile			
Place of work			
Work phone number			
Email (this is important for sending out information, reports and letters) Opt out at any time by emailing the Sixth Form			

Medical Details

Surgery Name: _____

Surgery Address: _____ Town: _____ Post Code: _____

Please provide sufficient information about any medical condition which could require treatment or special care at the Sixth Form.

Cultural Information

Ethnicity: _____ Religion: _____

Home language: _____ First language: _____

Previous Secondary / Primary Education / College

Secondary School name	<i>Start date</i>	<i>Leaving date</i>
_____	_____	_____
Primary School name	<i>Start date</i>	<i>Leaving date</i>
_____	_____	_____

Did you receive help from your school's learning support team	Yes	No
For your GCSE exams, did you have any special arrangements	Yes	No
Were you classed under Pupil Premium	Yes	No
Were you in receipt of Free School Meals	Yes	No

Declaration

We understand that the data collected will be used to provide the named student with education and for health and safety purposes and we consent to the processing of this data.

The details disclosed are accurate and should they change we will notify the Sixth Form accordingly.

Student signature: _____ **Date:** _____

Parent/Guardian signature: _____ **Date:** _____

St Christopher's has a responsibility to check how you are getting on once you leave Sixth Form. To support this, we would like to contact you after you have left school to ascertain whether or not you are in higher education, training or employment. We might also contact you to ask for support with school activities including, but not limited to mock interviews, guidance for current students and to let you know about events such as Christmas fairs.

Giving your consent will help to improve your opportunities and will help us to develop our alumni for the benefit of future students. We will not share your contact information with any third parties. You can withdraw your consent at any time by informing the school at sixthform@st-christophers.org

Do you give your consent for St Christopher's to contact you after you have left Sixth Form?

YES or NO

Student Signature: _____ **Date:** _____