



HELSTON COMMUNITY COLLEGE

ENROLMENT FORM

(Reviewed March 2024)

(Please note: This application form does not constitute an offer of admission)

PLEASE READ THE ENROLMENT FORM EXPLANATORY NOTES AND COMPLETE ALL SECTIONS

CONFIDENTIALITY: The information given below will be maintained on the College's data base to which no unauthorised person shall have access and will be subject to strict control under the Data Protection Act. Your signature on this form implies your consent for the College to process the data.

SECTION A - Basic Student Details

Legal Forename:		Preferred Forename:			
Middle Name(s):		Preferred Surname:			
Legal Surname:		Previous Surname:			
Sex:		Date of Birth:			
Gender:					
Pronouns:					

Names of Parents/Carers:	
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Siblings (*Siblings means brothers or sisters. They are defined as children with at least one natural or adoptive parent in common, living at the same or a different address. Children living permanently in the same household at the same address would also be counted as siblings regardless of their actual relationship to each other*):

Please list in age order any siblings who are currently at this College.

Forename/s	Surname	Gender	Date of Birth DD/MM/YYYY			Same address as student Yes/No	Relationship to student

SECTION B - Student's Address

House Number/Name:	
Street:	
Town/City:	
County:	
Postcode:	

SECTION C – Registration (OFFICE USE ONLY)

Year Group	UPN	Admission Number	Admission Date
Birth Certificate seen (Y/N)	Name Change Documents seen (Y/N)	Quick Note Information (Y/N)	

SECTION D – Family/Homes

What is your relationship to the child?	
With whom does the child live?	

Priority Contacts

Priority contacts are namely the parents/carers of the child who automatically share parental responsibility as stated on the child's birth certificate. Non-resident parents, those not living in the family home, may still have certain rights if they have parental responsibility. Married parents have equal parental responsibility, even when separated or divorced.

The College recognises that, while the parents of some students may be divorced or separated, both have a right to be informed of / involved in their child's education. However, we expect that parents, whatever the nature of their separation, will do all they can to communicate with each other and share information from and for the school, for the benefit of their child. It is assumed that the parent with whom the child principally resides will keep the other parent informed.

For all day to day communications, the school will only contact the resident parent. This includes informing resident parents of any:

- Personalised educational support the school is providing for the child
- Behaviour incidents involving the child (except in the case of suspensions and permanent exclusions)
- Accidents or injuries
- Illnesses which require a child to be collected from the school early

Unless the non-resident parent has specifically asked the school to receive consent from them for trips, the school will act on consent from the resident parent. In cases where the non-resident parent wishes to be consulted, consent from both parents will be needed before the child takes part in any trip or visit.

The school cannot hold places for students whilst parents consult and the onus is on the family to indicate that both parents give consent. We do not send text messages to non-resident parents, which give information on cancelled activities and reminders regarding events in the school.

We do, however, recognise that communication between parents is not always possible. If an estranged parent (one who is not on the school records) wishes to receive information from the school such as progress reports or an invitation to attend parent / teacher meetings, they should contact the child's school in writing with a specific request for separate communication.

Should an estranged parent seek information or access to his/her child, the school will always inform the main carer of this to check Parental Responsibility and ensure no Court Order is in place. Proof of identity and of Parental Responsibility of the non-resident parent will always be required in these cases.

Priority Contact

Relationship to child:

☐

Biological Parent

☐

Carer

☐

Other

If other, please state:

☐

This contact has parental responsibility.

Title:	
Forename:	
Surname:	
Full Address:	

Email:

Telephone		
Mobile:		<input type="checkbox"/>
Home:		<input type="checkbox"/>
Work:		<input type="checkbox"/>
Please tick ONE telephone number as the main number for emergency use.		

Please state which days/hours to use these numbers. I.e. **Do not call the home number between the hours of 09.00 and 17.00, Monday-Wednesday.**

Priority Contact

Relationship to child:

☐

Biological Parent

☐

Carer

☐

Other

If other, please state:

☐

This contact has parental responsibility.

Title:	
Forename:	
Surname:	
Full Address:	

Email:

Telephone		
Mobile:		<input type="checkbox"/>
Home:		<input type="checkbox"/>
Work:		<input type="checkbox"/>
Please tick ONE telephone number as the main number for emergency use.		

Please state which days/hours to use these numbers. I.e. **Do not call the home number between the hours of 09.00 and 17.00, Monday-Wednesday.**

OTHERS WITH PARENTAL RESPONSIBILITY AS DEFINED BY EDUCATION ACT 2011

Parental responsibility may be shared between a number of people beyond the child's parents. In such circumstances, the College will forward copies of College reports if requested.

Relationship to child:	
Title:	
Forename:	
Surname:	
Full Address:	
Email:	
Telephone:	

SECTION E - Court Orders

If the student is subject to any Court Orders please specify the terms below. This information is CONFIDENTIAL but will help the College understand the student's position.

A COPY OF ANY COURT ORDER WILL NEED TO BE PROVIDED.

Please tick if attached ☐

SECTION F – Adopted and Previously Looked After Children

If a student is adopted, or has ever been in the care of a local authority, the College is able to apply for additional funding to support that student's education. In order to do this, we would require some form evidence (such as an adoption certificate). We understand that this information is highly sensitive and would treat it in the utmost confidence. Should you wish to discuss this matter, please contact Mr. Andrew Oates (Senior Assistant Headteacher - Inclusion).

☐

My child is adopted

☐

My child is a previously looked after child

Dates when in care:	
Local Authority which provided care (e.g. Cornwall):	
I have enclosed a copy of any relevant documentation (Y/N) E.g. Adoption Certificate or Special Guardianship Order	
Any additional comments/information:	

SECTION G – Young Carers

A young carer is defined as **someone under the age of 18 who looks after a family member or friend who has a physical or mental health condition, or misuses drugs or alcohol.** They may also look after brothers, sisters or elderly relatives too. As a College, it is important that we know who these students are, in order to fully support them. Should you wish to discuss this matter, please contact Mrs Melany Mugford, Assistant Headteacher.

☐

My child is a young carer

SECTION H - Additional Contacts

From time to time it may be necessary to contact someone during the College day; e.g. in the case of a child's sickness. Please list below the details of any person we can contact on such an occasion, other than those listed above. Details should be listed in the order of contact preference.

Contact 1	
Relationship to child:	
Title:	
Forename:	
Surname:	
Full Address:	
Email:	
Telephone:	

Contact 2	
Relationship to child:	
Title:	
Forename:	
Surname:	
Full Address:	
Email:	
Telephone:	

Contact 3	
Relationship to child:	
Title:	
Forename:	
Surname:	
Full Address:	
Email:	
Telephone:	

Contact 4	
Relationship to child:	
Title:	
Forename:	
Surname:	
Full Address:	
Email:	
Telephone:	

SECTION I - Student Medical Information

Please tick to confirm your agreement for the College to initiate appropriate medical treatment in the event of an emergency.

☐ Emergency Medical Consent

Doctor's Surgery	
Medical Practice:	
Practice Address:	
Telephone:	
Doctor's Name:	

Dietary Needs	
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Kosher foods only
<input type="checkbox"/> No dairy produce	<input type="checkbox"/> No nuts of any type/quantity
<input type="checkbox"/> No pork	<input type="checkbox"/> Ramadan
<input type="checkbox"/> Seafood allergy	<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Other	If Other please specify:

Does your child have a medical condition that the College should be aware of?

This could include asthma, diabetes, migraines, epilepsy, bad period pains, sleepwalking, bedwetting or any other illness, medical condition or disability.

☐ Yes ☐ No

If yes, please give details below:

Is your child allergic to anything?

E.g. Penicillin, other medications, elastoplast, food or drink?

☐ Yes ☐ No

If yes, please give details below:

Does your child regularly see a medical professional?

☐ Yes ☐ No

If yes, please give details below:

Is your child receiving any medical treatment or medication at present? E.g.
EpiPen, inhaler etc.

☐ Yes ☐ No

If yes, please provide name, dosage and confirm if it is required during College.

Does your child have a Medical Care Plan provided by their consultant or GP?

☐ Yes ☐ No

If yes, please email a copy to medical@helston.tpacademytrust.org.

Does your child's medical condition mean they require a more complex response than basic first aid?

☐ Yes ☐ No

If yes, please give details below:

Medication

If your child requires medication due to sudden illness, you will need to complete the 'Parental agreement for school/setting to administer medicine' form which is available on the College website.

Prescribed medicine must be in its original box and kept with the Healthcare Champion.

Please note under 16s are not permitted Ibuprofen without a Doctor's note.

SECTION J– Special Educational Needs and Disabilities (SEND)

Is your child on the Record of Need?

☐

Yes

☐

No

Is there any other information you feel we should be aware of? (e.g. Does your child have any special educational needs or disabilities?)

Have any other services been involved with your child? (e.g. Health Visitor; Social Services; Educational Psychologist; Bilingual Support Service; Speech Therapist.) If so, please give details.

Has your child been involved in termly review meetings with your primary school SENCO?

Did your child receive additional support with their end of year tests (if taken)? (e.g. Reader/Scribe/Extra time.)

Do you have any concerns that your child may have additional needs?

Has your child had a Dyslexia Screening Test?

☐

Yes

☐

No

SECTION K - Student Ethnic/Cultural Information

The College is required by law to provide the information you give in this section to the DfE. The College will not use this information for any other purposes.

Ethnicity					
<input type="checkbox"/>	Refuse to Declare	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	White – Cornish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Any Other Asian Background
<input type="checkbox"/>	Other White British	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Black Caribbean
<input type="checkbox"/>	White – Irish	<input type="checkbox"/>	Any Other Mixed Background	<input type="checkbox"/>	Black – African
<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Any Other Black Background
<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Any Other Ethnic Group
<input type="checkbox"/>	Any Other White Background	<input type="checkbox"/>	Chinese		

What is your First Language?	What is your Second Language (if you have one)?

Religion		
<input type="checkbox"/>	Anglican	<input type="checkbox"/>
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
<input type="checkbox"/>	Christian	<input type="checkbox"/>
<input type="checkbox"/>	Hindu	<input type="checkbox"/>
<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>
<input type="checkbox"/>	Jewish	<input type="checkbox"/>
<input type="checkbox"/>	Methodist	<input type="checkbox"/>
<input type="checkbox"/>	Muslim	<input type="checkbox"/>
	Roman Catholic	<input type="checkbox"/>
	Sikh	<input type="checkbox"/>
	Other Religion	<input type="checkbox"/>
	No Religion	<input type="checkbox"/>

Status					
Asylum Seeker	<input type="checkbox"/>	Date From DD/MM/YYYY			
Refugee Status	<input type="checkbox"/>	Date From DD/MM/YYYY			
Traveller Status	<input type="checkbox"/>	Date From DD/MM/YYYY			
If Traveller Status please specify:					
Roma	<input type="checkbox"/>	English and Welsh Gypsies	<input type="checkbox"/>	Irish and Scottish Travellers	<input type="checkbox"/>
Showmen and Circus People	<input type="checkbox"/>	Bargees (Occupational boat dwellers)	<input type="checkbox"/>	New Travellers	<input type="checkbox"/>
Other (Please Specify)					
Additional Information					

SECTION L - Student Additional Information

Cashless Catering System

Cashless Catering System		
<input type="checkbox"/> I confirm that I wish my child to be registered on the school's Biometric Cashless Catering System.		
<input type="checkbox"/> I understand that I may withdraw my child's registration at any time.		
Please set my child's daily limit at	£	(Default amount £5.50.)

Meals (Please select ONE option)	Mode of Transport (Please select ONE option)
<input type="checkbox"/> School Meal	<input type="checkbox"/> Car
<input type="checkbox"/> Currently eligible for Free School Meals	<input type="checkbox"/> Car Share
<input type="checkbox"/> Free School Meals within the last 6 years	<input type="checkbox"/> Walks
<input type="checkbox"/> Packed Lunch	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Home	<input type="checkbox"/> School Coach
	<input type="checkbox"/> Public Transport
	<input type="checkbox"/> Taxi

Free School Meals
<p>Funding from Free School Meals means that we are able to claim additional funding for our College. With this money we could arrange one to one tuition, provide a range of intervention programmes and provide a wider range of enrichment activities.</p> <p>If your child is currently in receipt of Free School Meals, you DO NOT need to re-apply. This will automatically transfer over as your child moves from primary to secondary school.</p> <p>If your child is currently NOT receiving Free School Meals and you would like to apply, please visit the following website: https://www.cornwall.gov.uk/schools-and-education/schools-and-colleges/school-meals/</p> <p>Free School Meals Team: schoolmeals@cornwall.gov.uk Tel: 01872 324295</p>

Child of Service Personnel (Child living with parent/carer serving in Royal Navy, Army or RAF)
<p>If you, as the resident parent/carer of your child, are service personnel, serving in regular military units of all forces (including those who have served within the last 6 years), please tick the box below.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please also indicate if a non-resident parent/carer is service personnel.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>The Department for Education (DfE) has asked for this information to be collected on the School Census so that they can identify both the impact that being a Service child has on their education and the impact that catering for large numbers of Service children has on the school.</p>

SECTION M - Student School History

Please ensure you give details of any previous schools including nursery, overseas or private education.

Name of current school/academy:				
Address of current school/academy:				
Dates attended:	From: (DD/MM/YYYY)		To: (DD/MM/YYYY)	
Has your child been excluded:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your child has been excluded please provided details and dates of the exclusion(s):				

Details of any other schools attended should be listed in chronological order below.

Name of current school/academy:				
Address of current school/academy:				
Dates attended:	From: (DD/MM/YYYY)		To: (DD/MM/YYYY)	
Has your child been excluded:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your child has been excluded please provided details and dates of the exclusion(s):				

Name of current school/academy:				
Address of current school/academy:				
Dates attended:	From: (DD/MM/YYYY)		To: (DD/MM/YYYY)	
Has your child been excluded:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your child has been excluded please provided details and dates of the exclusion(s):				

Name of current school/academy:				
Address of current school/academy:				
Dates attended:	From: (DD/MM/YYYY)		To: (DD/MM/YYYY)	
Has your child been excluded:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your child has been excluded please provided details and dates of the exclusion(s):				

SECTION N – Student Data – Youth Support Services

PROVIDING INFORMATION TO PROVIDERS OF YOUTH SUPPORT SERVICES AND THE RIGHT TO OPT OUT

Once your child is aged 13 or over, we are required by law to pass on certain information to providers of Youth Support Services in your area. This is the local authority support services for young people aged 13 to 19 in England and enables them to provide youth support services and careers advisers. We must provide both the child's and parent's name(s) and address, and any further information relevant to the support services' role. A parent or guardian can object to any information in addition to their child's name, address and date of birth being passed to their local authority or provider of youth support services by informing us. This right is transferred to the child once they reach the age 16. Data is securely transferred to the youth support service via a secure file transferring system and is stored within local authority software.

SECTION O – Use of Images Consent

At **Helston Community College** we sometimes take photographs of students. We use these photos in the College prospectus, on the College website, on display boards and around the College, in newsletters, on College social media accounts and for the press.

As a TPAT school, Truro and Penwith Academy Trust ("the Trust") would also like to use these photos on the Trust's website in newsletters, marketing materials, for the press and social media accounts.

I am happy for the College and the Trust to take photos of my child.	<input type="checkbox"/>
I consent to the College and the Trust using my child's image either in print or on their websites	<input type="checkbox"/>
I consent to the College and the Trust using my child's image on their social media accounts	<input type="checkbox"/>
I consent to the College and the Trust using my child's image in the press	<input type="checkbox"/>
I consent to my child's full name being published	<input type="checkbox"/>
I consent to my child's first name being published	<input type="checkbox"/>
I do NOT consent to my child's image being used	<input type="checkbox"/>

Why are we asking for your consent?

To ensure we are meeting the requirements of general data protection regulation, we need to seek your consent to take and use photos of your child. We and the Trust really value using photos of students to be able to showcase what students do in school and show what life at our College is like to others, so we would appreciate you taking the time to give consent again. For more information on GDPR please follow the link:

[Truro and Penwith Academy Trust - GDPR - General Data Protection Regulations \(tpacademytrust.org\)](https://tpacademytrust.org/GDPR-Information)

SECTION P – ICT Acceptable Use Agreement

Please carefully read section P of the enclosed help notes before completing this section.

Student

This form relates to the student ICT Acceptable Use Agreement, which is included in the explanatory notes. Please sign below to confirm 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 College ICT systems.

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

- I use the College internet and ICT systems and equipment (both in and out of College).
- I use my own equipment in College (when allowed) e.g. mobile phones, tablets, cameras etc.
- I use my own equipment out of College in a way that is related to me being a member of this College. e.g. communicating with other members of the College, accessing College email, Google Apps, website etc.

Parent/Carer

- I understand that the College 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 College cannot ultimately be held responsible for the nature and content of materials accessed on the internet and other mobile technologies.
- I understand that my child's activity on the internet and ICT systems will be monitored and that the College will contact me if they have concerns about any possible breaches of the Acceptable Use Agreement.
- I understand that the College will not accept responsibility for the loss or damage of my child's personal electronic devices (including mobile phones) which they choose to bring on site.

Home IT Provision

Please indicate which of the following your child has access to at home. Devices include PCs, laptops and chrome books.

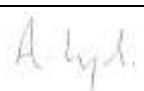
Shared home device ☐ Shared tablet ☐ Own device ☐
Own tablet ☐ None ☐

Student signature:		Parent/Carer signature:	
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SECTION Q – Data Protection: Fair Processing (Privacy) Notice

☐ Please tick to indicate that you have read and understood the Fair Processing (Privacy) Notice for the purpose of data protection laws as detailed in section Q of the help notes.

SECTION R - Home-College Agreement

I have read the agreement and will support the College's policies and procedures.	Parent/Carer Signature:	
I will do my best to help myself and be responsible for my learning.	Student Signature:	
On behalf of the College	Headteacher:	

SECTION S - Modern Foreign Languages Option

At Helston Community College, students have the opportunity to study a Modern Foreign Language. We will only be able to offer both languages if there is sufficient interest in each language. Please indicate your child's preference below.

- ☐ Spanish
- ☐ French
- ☐ No preference

SECTION T – Formal Electronic and Postal Communications

Please read and agree the following:

The College will send communications (letters, notices, emails, messages, etc) via post or electronically, e.g., via email or via our College system "Arbor". All communications will be treated as formal communications which could be referred to at College meetings or for legal purposes, e.g., attendance.

- ☐ I agree to receive formal electronic and postal communications.

SECTION U – Trips and Visits Consent (Insurance)

Please note that there is a limited amount of cover for personal accident and loss of personal belongings through the College's membership of the Department for Education's Risk Protection Arrangements. Details are available on request.

Please read and agree to confirm the following:

- I have read the information provided and agree to my child taking part in educational trips and visits. I acknowledge the need for my child to behave responsibly at all times.
- I understand that the staff responsible for the activities will take all reasonable care of participants.
- I consent to any emergency treatment necessary. I therefore authorise the party leader(S) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.
- I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated LA guidance.
- I consent to my child being given paracetamol and/or any other medication or treatment given or prescribed by a doctor.
- I understand that, should any of the above details change during the academic year, I will complete and return a replacement form to College reception.

- ☐ Agree
- ☐ Disagree

Data Protection Act 2018

The College is registered under the Data Protection Act for holding personal data. The College has a duty to protect this information and to keep it up to date. The College is required to share some of the data with the Local Authority and with the DfE. For further information, please see the Data Protection Policy on the College website.

Student signature:		Parent/Carer signature:	
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SECTION V – Declaration)

I confirm that the above information is true and accurate. I undertake to inform the College if any of the above details change. I understand that this form does not constitute an offer of admission by the College.

Parent/Carer Electronic Signature:		Date:	
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Once completed, please **SAVE** the Enrolment Form to your device and send as an attachment via email to

admissions@helston.tpacademytrust.org

HELSTON COMMUNITY COLLEGE

Church Hill, Helston, Cornwall, TR13 8NR

01326 572685 | enquiries@helston.tpacademytrust.org

