

20__/_ Student Information

TO BE COMPLETED BY PARENT/CARER

STUDENT DETAILS

First Name:

Surname:

Date of Birth: / /

Home School:

Host School:

Current Address:

Postcode:

C2K Email:

MEDICAL DETAILS

Please give details of any medical conditions, allergies, medication etc of which you feel staff should be made aware.

PARENT/CARER DETAILS

Title: First Name: Surname:

Contact Tel No: Email:

PERMISSIONS

Yes ☐ No ☐ I give permission for my son/daughter to travel by taxi to attend classes in another Carrickfergus Learning Community School. I am aware that students will travel unsupervised.

Yes ☐ No ☐ I give permission for my son/daughter to take part in visits/trips associated with their course of study.

Yes ☐ No ☐ I give permission for my son/daughter to have their photograph taken and used in association with CLC

Yes ☐ No ☐ My son/daughter is subject to a Court Order. (More details will be required at a later date)

Signature Parent/Carer:

Date:

/ /

TO BE COMPLETED BY HOME SCHOOL

SUBJECT

BLOCK

LEARNING NEEDS

ACCESS ARRANGEMENTS

RELEVANT SUBJECT DATA AT KS4

Subject	Grade	Comment
English		
Mathematics		

ANY OTHER RELEVANT INFO

Signature CLC Coordinator:

Date:

/ /