



# 2023/24 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:

 /  /