



POST 16 ENROLMENT 2021 - 22

Foundation Programme

“Routes to Success”

NAME	
UPN	

PLEASE COMPLETE AND RETURN THE ATTACHED FORMS TO:

MRS LA SPISA, SIXTH FORM ADMINISTRATOR, TRINITY CATHOLIC SCHOOL, GUY'S CLIFFE AVENUE,
LEAMINGTON SPA, CV32 6NB.

STUDENT DETAILS

Surname:		Forename:			
Middle Name(s):		Date of Birth:		M/F	

Home Address:					
Post Code:		Home Tel. No.:			
Name of previous School:					
Address of previous school:					
Starting date:					
Leaving date:					

GUARDIANS' DETAILS

FATHER / STEP FATHER / CARER / OTHER /*delete as appropriate		
Name:	Email (compulsory):	
Address:		
Home Tel:	Work Tel:	Mobile:

MOTHER / STEP MOTHER / CARER / OTHER /*delete as appropriate		
Name:	Email (compulsory):	
Address:		
Home Tel:	Work Tel:	Mobile:

EMERGENCY CONTACT

In an emergency it is important that we are able to contact a responsible adult quickly if parents are unavailable. Please provide us with **ALTERNATIVE** NAMES AND DAYTIME TELEPHONE NUMBERS of emergency contacts in order of priority:

	NAME OF <u>ALTERNATIVE</u> CONTACT (NOT PARENT)	RELATIONSHIP TO CHILD/FAMILY	DAYTIME TELEPHONE
1.			
2.			
3.			

Does your child have any brothers or sisters at Trinity School?	YES / NO
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If YES please give name(s) and form(s) he / she / they will be in this coming September.	
Name:	Form:
Name:	Form:
DATA PROTECTION – PRIVACY STATEMENT received (please ✓)	

MEDICAL INFORMATION

Name of Doctor/:		Name of Surgery/Practice:	
Address of Surgery/Practice:			
Tel. No. of Doctor/Surgery:			

Does your child have any medical condition(s)/health issues that you think the school should be aware of? If so, please give details:

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Is there any medication which needs to be taken regularly by your son/daughter? If so, please give details:

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ETHNICITY, RELIGION & LANGUAGE

Ethnic Origin - please ✓

Any other Asian background		Bangladeshi		Gypsy/Roma		White British		White and Black African	
Any other Black background		Black African		Indian		White Irish		Other:	
Any other ethnic group		Black Caribbean		Pakistani		White and Asian			
Any other mixed background		Chinese		Traveller of Irish heritage		White and Black African			

Date arrived in the UK:	County of Birth:	Student Nationality:	Passport Number:	Visa:
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Religion: (Please ✓ RC or other)	Roman Catholic		Parish (in which you live)
	Other		Please specify:

Home Language:	
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Proficiency in English: For those students whose first Language is NOT English (please ✓ one box)

New to English	Early Acquisition	Developing Competence	Competent	Fluent
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FREE SCHOOL MEALS: Does your child receive a FREE SCHOOL MEAL	YES / NO
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Asylum Status:	Asylum Seeker	Refugee	(please ✓ appropriate box)
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Adopted: (please ✓ if yes)	Parent in Armed forces: (within the last 4 year) (please ✓ if yes)
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MODE OF TRANSPORT - please ✓

Walk Cycle Car Public Transport School Bus

- I/We understand that the school will encourage all of its students to strive for the highest standards both in their work and in their relations with other people. This will be accomplished within the framework of a Christian ethos.
- I/We agree to support the school fully in its endeavours to achieve these aims.
- I/We understand that all students attending Trinity Catholic School will be expected to actively participate in acts of collective worship.

Signed: (Parent/Guardian) Date:

OFFICE USE ONLY: ELIGIBILITY CHECKS AGE OPTIONS CHECKED



Sixth Form Contract

STUDENT NAME: _____

Trinity Sixth Form students are required to:

- Attend **all** timetabled activities on time (including lessons, all enrichment activities, tutor time and assemblies).
- Spend the time when not on timetabled activities in the sixth form study centre undertaking independent study, homework and revision.
- Stay on the school site throughout the school day, leaving only with permission from the sixth form leaders.
- Dress appropriately for the sixth form in accordance with the sixth form dress code.
- Wear ID at all times on the school site.
- Take responsibility for checking their exam timetable and arrive to all exams ten minutes prior to the start time.
- Inform Trinity Catholic School via the main school number on 01926 428416 or Mrs La Spisa (Sixth Form Administrator) on 01926 462949 of any reason for absence by 9.00am that day.
- Take responsibility for informing us of any change of address or contact numbers.

I consent that any data regarding my attendance and academic progress may be shared as part of any reference requested by future employers or education providers. I also understand that this data may also be shared with my legal guardian.

DECLARATION

I AGREE TO THE ABOVE AND UNDERSTAND WHAT MY RESPONSIBILITIES ARE AS A SIXTH FORM STUDENT AT TRINITY CATHOLIC SCHOOL.

STUDENT SIGNATURE _____ **DATE** _____