Toot Hill College



Student Contact Form

Please complete this form in full using **BLOCK CAPITALS** and return to the college office as soon as possible.

Please see the accompanying privacy notice which details why we collect this information and how we use it. The privacy notice can also be found on the college website.

Student's Details

Legal Surname	Preferred Surname (if different from legal surname)		
Legal Forename	Preferred Forename (if different from legal forename)		
Middle Name(s)	Gender	Male 🗆	Female 🗆
Date of Birth	Year/Tutor set		

Home Information

Address																		
Personal email a	address																	
Post Code				Нс	me	Pho	one				Mo	obil	e No	С				

Parental Information – First Contact

Title (Mr/Mrs/Ms/Miss/Dr)	Surname		Forename						
Relationship to student (Parent/carer/Step Parent/Foster	Parental Respo	nsibility	Ye	s 🗆 N	o 🗆				
Address (if different to above)									
Daytime Telephone No		Mobile No							
Email address Please complete below	with the preferred email for contact b	y college. (To avoic	delivery errors please	e write clearl	ly in the	boxes b	elow)		

This contact will be used for communication regarding student information (reports, letters etc.) and college information (newsletters, college closures etc.)

Please indicate whether this contact would like to receive the communications described below:

Marketing for additional commercial services (i.e. sports clubs, external training courses etc.)

Yes	No	
1022	1NO	

Parental Information - Second Contact (Please make sure the person detailed below have given you consent to share their information.)

Title (Mr/Mrs/Ms/Miss/Dr)	Surname		Forename		
Relationship to student (Parent/carer/Step Parent/Foster	r Parent)		Parental Responsibility	Yes 🗆 No 🗆	
Address (if different to above)			I		
		1			
Daytime Telephone No		Mobile No			
Email address Please complete below	with the preferred email for contact b	y college. (To avoid	d delivery errors please write clearly	y in the boxes below)	
Please indicate below whether this contact would like to receive the communications described:					
Contact for student information (i.e. Contact information, student reports, letters etc.) Yes 🗆 No 🗆					
Contact for additional college information (i.e. Newsletters, uniform information, college closures etc.) Yes 🗆 No 🗆					
Marketing for additional commercial services (i.e. sports clubs, external training courses etc.) Yes 🗆 No 🗆					

Additional Emergency Contacts

Please provide details of additional contacts for use in emergency situations where the first two contacts are unavailable. Please make sure the person(s) detailed below have given you consent to share their information. (Please continue on a separate sheet if necessary).

Name	Relationship to student			
Telephone no.				
Name	Relationship to student			
Telephone no.				

Dietary Requirements

Artificial colouring allergy	No dairy produce	Gluten Free
Kosher foods only \Box	Halal 🗆	No Pork
Seafood Allergy 🗆	No nuts of any type or quantity $\ \square$	Vegetarian 🗆
Egg Allergy	Other (please give details)	

Ethnic/Cultural Information

This information is not mandatory, if you would prefer not to share any of the information requested below please tick the refused box.

Ethnicity			Provided by:	Student 🗆	Parent 🗆		
White – British 🛛	White & Black 🗆 Caribbean	Chinese 🗆	Traveller of Irish □ Heritage	Any Oth backgro	er ethnic 🛛 und		
White – Irish 🛛	Bangladeshi 🗆	Gypsy-Romany 🗆	Any other White 🛛 Background	Any othe backgro	er mixed 🗆 und		
White and Asian \square	Black African 🗆	Indian 🗆	Any other Asian □ background	Refused			
White and black 🗆 African	Black Caribbean 🛛	Pakistani 🗆	Any other black □ background				
Other (Please specify)							
Religion							
Country of Birth							
Is the student an asylum seeker \Box or refugee \Box							
Nationality Refu							
Is English the student's Yes □ No □ Home language							

If any of the details provided on this form change please inform the college promptly.

Signature: (parent/carer)

Print Name:

For office use only:

Central records a	mended Name
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Sign

Date

Date:

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