

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 <input type="checkbox"/>	No dairy produce <input type="checkbox"/>	Gluten Free <input type="checkbox"/>
Kosher foods only <input type="checkbox"/>	Halal <input type="checkbox"/>	No Pork <input type="checkbox"/>
Seafood Allergy <input type="checkbox"/>	No nuts of any type or quantity <input type="checkbox"/>	Vegetarian <input type="checkbox"/>
Egg Allergy <input type="checkbox"/>	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 <input type="checkbox"/>	Parent <input type="checkbox"/>
White – British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	Traveller of Irish Heritage <input type="checkbox"/>	Any Other ethnic background <input type="checkbox"/>		
White – Irish <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Gypsy-Romany <input type="checkbox"/>	Any other White Background <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>		
White and Asian <input type="checkbox"/>	Black African <input type="checkbox"/>	Indian <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	Refused <input type="checkbox"/>		
White and black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other black background <input type="checkbox"/>			
Other (Please specify)						
Religion						Refused <input type="checkbox"/>
Country of Birth						Refused <input type="checkbox"/>
Is the student an asylum seeker <input type="checkbox"/> or refugee <input type="checkbox"/>						Refused <input type="checkbox"/>
Nationality						Refused <input type="checkbox"/>
Is English the student's first language? Yes <input type="checkbox"/> No <input type="checkbox"/>				Home language		Refused <input type="checkbox"/>

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

Signature: (parent/carer)

Date:

Print Name:

For office use only:

Central records amended

Name

Sign

Date