**Student Details**

Year to Start: ****Sept 2020 ****Sept 2021 ****Sept 2022

|  |  |
| --- | --- |
| Legal First Name (as it appears on birth certificate) | Legal Last Name (as it appears on birth certificate) |
| Middle Name | Any Former Last Name(s) |
| Preferred First Name | Preferred Last Name (if relevant) |
| Date of Birth (dd/mm/yyyy) | Gender |
| Email Address | Mobile phone number |
| Address Post Code |

**Contacts**

**Parent/Carer 1**

|  |  |
| --- | --- |
| First Name | Last Name  |
| Mr/Mrs/Miss/Ms/Dr/Prof, other please state) |   |
|

|  |
| --- |
|  **Mother Uncle** |
| **Father  Aunt** |
| **Grandparent Foster Parent** |
| **Step Parent Other, please state:** |
|  |
|  |
|  |
|  |
|  |

Relationship to student, please tick relevant box: |
| Address (if different from student)Post Code |
| Home Telephone  | Mobile Telephone |
| Work Telephone | Which phone is it best for us to contact you on during the day? |
| Email |  |

**Parent/Carer 2**

|  |  |
| --- | --- |
| First Name | Last Name  |
| Mr/Mrs/Miss/Ms/Dr/Prof, other please state) |  |
|

|  |
| --- |
|  **Mother Uncle** |
| **Father  Aunt** |
| **Grandparent Foster Parent** |
| **Step Parent Other, please state:** |
|  |
|  |
|  |
|  |
|  |

Relationship to student, please tick relevant box: |
| Address (if different from student)Post Code |
| Home Telephone  | Mobile Telephone |
| Work Telephone | Email |

**Siblings**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a Brother or Sister already studying at the UTC?

|  |
| --- |
| **Yes** |
| **No** |

 | If ‘yes’ please give his/her name: |

**School History**

**Please list all schools previously attended including primary and secondary schools**

**Primary School**

|  |  |  |
| --- | --- | --- |
| 1 | Primary School name |  |
| Date of entry | Date of leaving |
| 2 | Primary School name |  |
| Date of entry | Date of leaving |

**Secondary School**

|  |  |  |
| --- | --- | --- |
| 1 | Secondary School name |  |
| Date of entry | Date of leaving |
| 2 | Secondary School name |  |
| Date of entry | Date of leaving |

**Predicted GCSE Grades**

**Please enter predicted grades for all subjects that you are taking. Add additional subjects in the blank boxes:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Grade** | **Subject** | **Grade** | **Subject** | **Grade** | **Subject** | **Grade** |
| **Maths** |  |  Physics |  |  Graphics |  |  |  |
| **English Language** |  |  Chemistry |  |  |  |  |  |
| English Literature |  |  Computer Science |  |  |  |  |  |
| Combined Science |  |  Electronics |  |  |  |  |  |
| Biology |  |  ICT |  |  |  |  |  |

**Course Choice**

**Please indicate your course choices from the list below by putting an ‘x’ in the relevant box:**

(Select up to a maximum of 4 A level equivalents)

|  |  |  |  |
| --- | --- | --- | --- |
| Level 3 Extended Diploma in Engineering Manufacture (3 A level equivalent) |  | A level Biology |  |
| Level 3 Extended Diploma in Electrical Engineering(3 A level equivalent) |  | A level Physics |  |
| Level 3 Diploma in Engineering Manufacture (2 A level equivalent) |  | A level Chemistry |  |
| Level 3 Diploma in Electrical Engineering(2 A level equivalent) |  | A level Computer Science |  |
| Level 3 Extended Certificate in Engineering Manufacture (1 A level equivalent) |  | A level English Literature |  |
| Level 3 Extended Certificate in Electrical Engineering(1 A level equivalent) |  | A level Geography |  |
| Level 3 Foundation Technical in Cyber Security (1 A Level equivalent) |  | A level Environmental Science |  |
| A level Further Maths |  | Level 3 Extended Project |  |
| A level Maths |  | Level 2 EAL Engineering |  |
| Level 3 Core Maths |  |  |  |

**Ethnicity and Religion**

**Please select your considered ethnicity by putting an ‘x’ in the relevant box:**

|  |  |  |  |
| --- | --- | --- | --- |
| White – British |  | Gypsy/Traveler |  |
| White – English |  | White Other |  |
| White - Scottish |  | Indian |  |
| White - Irish |  | Pakistani |  |
| White – Welsh |  | Bangladeshi |  |
| White & Asian |  | Chinese |  |
| White & Black African |  | Any other Asian Background |  |
| White & Black Caribbean |  | African |  |
| White & Chinese |  | Caribbean |  |
| White & Indian |  | Any other Black/African/Caribbean background |  |
| White & Pakistani |  | Arab |  |
| White Eastern European  |  | Any other ethnic groupPlease state: |  |
| White European |  |  |  |

|  |  |
| --- | --- |
| Country of birth | Nationality |
| Refugee/Asylum seeker**Yes****No** | Religious Affiliation |
| First Language |  |

**Health Background**

**Does the student have any of the following health conditions/dietary needs?**

**Please put an ‘x’ next to all that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
| ADHD |  | Gluten Free |  |
| Arthritis |  | Halal |  |
| Asthma |  | Kosher foods only |  |
| Diabetes |  | Dairy Free |  |
| Eczema |  | No Pork |  |
| Epilepsy |  | Nut Allergy |  |
| Hayfever |  | Seafood Allergy |  |
| Multiple Sclerosis |  | Vegetarian |  |
| Other medical conditionPlease state: |  | Other food allergyPlease state: |  |

**Disability**

**Please put an ‘x’ next to all that apply:**

|  |  |  |
| --- | --- | --- |
| No disability |  | Other disabilityPlease state: |
| Problems with mobility |  |
| Problems with communication |  |
| Problems with vision |  |
| Problems with behaviour |  |
| ASD/Asperger’s |  |

**Doctor’s Details**

|  |  |
| --- | --- |
| Doctor’s Name | Surgery Name |
| Address of SurgeryPost code |
| Telephone |  |

**Special Educational Needs (SEN)**

**Please put an ‘x’ next to all that apply:**

|  |  |
| --- | --- |
| No Special Educational Need |  |
| Education Health and Care Plan |  |
| Receiving SEN Support (but no specialist assessment of type of learning need) |  |
| Date of start of SEN support (if relevant) |  |

**Type of need:**

**Please put an ‘x’ next to all that apply:**

|  |  |  |
| --- | --- | --- |
| Autistic Spectrum Disorder (ASD) |  | Other difficulty/disabilityPlease state: |
| Dyscalculia |  |
| Dyslexia |  |
| Dysphasia (Speech or Language Difficulty)  |  |
| Hearing Impairment |  |
| Social Emotional & Mental Health (e.g. Anxiety) |  |
| Visual Impairment |  |

**Is the student currently undergoing statutory assessment of Special Educational Needs/Educational Healthcare Request?**

|  |
| --- |
| **Yes No** |

**Has the student been granted access arrangements for examinations?**

|  |  |
| --- | --- |
|

|  |
| --- |
| **Yes No** |

 |
| If yes, what arrangements have been granted?

|  |  |
| --- | --- |
| **Scribe** | **Reader Laptop/Computer Extra Time Other (please state)** |
|  |
| **……………………………** | **……………………………………..** |

 |

**Exam Access Arrangements**

|  |
| --- |
| If you have been approved for access arrangements for your GCSE exams, please give details below: |

**Meals and Transport**

**Free School Meals**

|  |  |  |  |
| --- | --- | --- | --- |
| Is the student in receipt of free school meals?

|  |
| --- |
| **Yes** |
| **No** |

 | If ‘yes’ please stateStart Date:End Date: |

**What will be your usual method of transport to school?**

**Please put an ‘x’ in the relevant box**

|  |  |  |  |
| --- | --- | --- | --- |
| Car/van |  | Walk |  |
| Cycle |  | Dedicated School Bus |  |
| Public transport bus |  | Train |  |
| Taxi |  | Other: |  |
| If you live more than 3 miles away from the UTC (as the crow flies), you may be eligible for a place on our School Bus. Please state if you would like to request this

|  |
| --- |
| **Yes** |
| **No** |

 |

**Student Consent**

**Please tick below if you are happy to give your consent for:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Photographs** **Activities** |

|  |
| --- |
|  e.g. College website Media (TV, radio, newspaper), College Displays, College  Prospectus, Staff Coursework |
|  |
|  Local Trips/ Educational Visits  |
|  Sex, Relationship Education |
|  Sports Fixtures - Local and at other schools |

 |

**Care Arrangements, Funding and Allowances**

|  |  |  |
| --- | --- | --- |
| Is the student or has the student ever been in the care of the Local Authority?

|  |
| --- |
| **Yes** |
| **No** |

 |
| If ‘yes’ please state:Start date:End date:Caring Authority: |

|  |  |  |
| --- | --- | --- |
| Has the student been in receipt of Pupil Premium?

|  |
| --- |
| **Yes** |
| **No** |

 |
| If ‘yes’ please state:Pupil Premium Type

|  |  |
| --- | --- |
| **Deprivation pupil** | **Looked after** |
| **Service child** | **Adopted from care** |
| **Early Year Pupil Premium** |  |

 | Pupil Premium Start date:Pupil Premium End date: |

**Supplementary Information**

|  |
| --- |
| Has the student ever had a fixed term or permanent exclusion from school?  |
| Fixed term exclusion

|  |
| --- |
| **Yes** |
| **No** |

 | Permanent exclusion

|  |
| --- |
| **Yes** |
| **No** |

 |
| Has the student ever had an internal exclusion from class/activities?

|  |
| --- |
| **Yes** |
| **No** |

 |

|  |
| --- |
| Reason(s) for exclusion(s): |

|  |  |  |
| --- | --- | --- |
| Does the student have any criminal convictions?

|  |
| --- |
| **Yes** |
| **No** |

 |

|  |
| --- |
| UPN (Unique Pupil Number) ………………………………………………………………………………….ULN (Unique Learner Number) ………………………………………………………………………………….These can be obtained from your current school |

**Are any of the following professionals and/or organisations working with your family?**

**Please put an ‘x’ next to all that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
| Compass |  | CAMHS |  |
| Speech & Language Therapist (SALT) |  | Young Carers |  |
| Youth Justice Service |  | Prevention Service |  |
| Social Worker |  | Other - Please state: |  |

We give consent to Scarborough UTC to contact previous school and local authority for information to assess individual support ****

**The decision Scarborough UTC takes about your application is based on the information that you have provided on your application form. If we find that you have made a false statement, or have left out significant information, we reserve the right to either withdraw or amend our offer.**

**Student or parent signature**

****Please tick to sign Or if completing by hand, please sign here ……………………………………………………

Date: ……………………………………………………..