

# Q.E.C.C. BOARDING APPLICATION

This form is to be completed by the Parent/Guardian on behalf of every child wishing to be admitted to the school.

To the Principal of:

Queen Elizabeth's Community College, Crediton Devon

The child named below would like to be admitted to the above School in the Autumn / Spring / Summer term (delete as applicable) of

Year :

## Name of Child:

Surname:

Forename:

Legal Surname \*:

Chosen Forename:

Middle Names:

Gender (M/F)	<input type="text"/>	Date of Birth	<input type="text"/>	*Please record your child's legal surname where different from above
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## Parent / Guardian / Emergency Contacts:

Please give details of all persons who have parental responsibility (See Notes of Guidance on page 2) and anyone else you wish to be contacted in an emergency. Please give details of Parents (where appropriate) first, but give a low number in the "contact priority box" if there are other people who should be contacted in an emergency. (Contact Priority 1 = First Contact, priority 4 = last contact) If you have more than **four** contacts, please obtain an additional sheet from the school.

### Contact 1 (First Parent/Carer)

Surname	<input type="text"/>			
Forename	<input type="text"/>			
Title	<input type="text"/>	Gender (m/f):	<input type="text"/>	Daytime Tel No:
Day place if other than home				
Mobile No:	<input type="text"/>		Fax No:	
E-mail Address	<input type="text"/>			
Home Address:	<input type="text"/>			
<input type="text"/>				
Post Code:	<input type="text"/>		Home Tel No:	

Does the child live at this address? (Y/N)

Please refer to notes on page 4 to assist you in next section

This person's relationship to child?

Does this person have Parental Responsibility? (Y/N)

Is there any court order relating to this child? (Y/N)

Contact priority (1 – 4)

(show the priority order in which this person should be contacted in case of an emergency, 1 = first 4 = last)

## Contact 2 (Second Parent/Carer)

Surname						
Forename						
Title		Gender (m/f):		Daytime Tel No:		
Day place if other than home						
Mobile No:				Fax No:		
E-mail Address						
Home Address:						
Post Code:					Home Tel No:	

Does the child live at this address? (Y/N)  Please refer to notes on page 4 to assist you in next section

This person's relationship to child?

Does this person have Parental Responsibility? (Y/N)

Is there any court order relating to this child? (Y/N)

Contact priority (1 – 4)  (show the priority order in which this person should be contacted in case of an emergency, 1 = first 4 = last)

## Contact 3

Surname						
Forename						
Title		Gender (m/f):		Daytime Tel No:		
Day place if other than home						
Mobile No:				Fax No:		
E-mail Address						
Home Address:						
Post Code:					Home Tel No:	

Does the child live at this address? (Y/N)  Please refer to notes on page 4 to assist you in next section

This person's relationship to child?

Does this person have Parental Responsibility? (Y/N)

Is there any court order relating to this child? (Y/N)

Contact priority (1 – 4)  (show the priority order in which this person should be contacted in case of an emergency, 1 = first 4 = last)

## Contact 4

Surname						
Forename						
Title		Gender (m/f):		Daytime Tel No:		
Day place if other than home						
Mobile No:				Fax No:		
E-mail Address						
Home Address:						
Post Code:					Home Tel No:	

Does the child live at this address? (Y/N)

Please refer to notes on page 4 to assist you in next section

This person's relationship to child?

Does this person have Parental Responsibility? (Y/N)

Is there any court order relating to this child? (Y/N)

Contact priority (1 – 4)  (show the priority order in which this person should be contacted in case of an emergency, 1 = first 4 = last)

**Ethnic Origin:** .....

**Medical Information:**

Medical History/ Needs e.g. allergies, asthma, etc.

**Reason for applying for Boarding:**

**Recoupment:**

*The following information is required so that Devon County Council can recover the cost of educating children who are not its responsibility, ;mainly because the child's normal place of residence falls within a different Local Education Authority.*

Please tick the box if you pay Council Tax to one of the following: Cornwall Council

Plymouth Council

Somerset Council

Torbay Council

**Your child's previous school/pre-school attendance:**

Name of School last attended:	
Has the student been educated in an English Speaking School abroad? .....	
Student's First Language .....	
<b>Email address of current school:</b> .....	
How long was your child at this school?	
Reason for leaving:	

Please give details of any other children in your family, with their dates of birth:Date of Birth (dd/mm/yyyy)

Is one or more of the student's parents British born?		YES/NO

**Signed:** .....

**Date:** .....

## NOTES OF GUIDANCE FOR PARENTS

### Parental Responsibility:

Under The Children Act 1989, the concept of parental responsibility replaces the concept of 'parental rights'. The Act states that 'parental responsibility' can be shared between a number of people, and defines these in the following terms:

both married parents of a legitimate child even if not living with the child;  
 both divorced or separated parents of a legitimate child;  
 the mother of an illegitimate child;  
 the father of an illegitimate child when he has acquired parental responsibility through a parental responsibility agreement or a Court Order;  
 any person appointed guardian by a Court;  
 any person who has a **Residence Order** in respect of the child;  
 any person who received the child under an **Emergency Protection Order**;  
 the County Council through its Social Services Department if the child is the subject of a **Care Order**. Foster parents do **not** have parental responsibility

Anyone who does not have parental responsibility but who is caring for a child may do what is reasonable in the circumstances for the purposes of safeguarding or promoting the child's welfare.

### CONTACT TYPE (See Parent / Guardian / Emergency Contacts)

<b>PAF</b>	Father	<b>REL</b>	Other Relative	<b>FOS</b>	Foster Parent	<b>SWR</b>	Social Worker
<b>PAM</b>	Mother	<b>FAM</b>	Other Family Member	<b>GRD</b>	Guardian	<b>DOC</b>	Doctor
<b>GRP</b>	Grandparent	<b>NGB</b>	Neighbour	<b>PRB</b>	Probation Officer	<b>RLG</b>	Religious/Spiritual Contact
<b>STP</b>	Step-parent	<b>CHM</b>	Childminder	<b>LAN</b>	LEA Nominee	<b>OTH</b>	Other Contact
<b>SLF</b>	Self	<b>CON</b>	Contact	<b>CAR</b>	Carer		

### DATA PROTECTION:

The College is registered as a Data Collection Coordinator under the Data Protection Act 1998  
 Registration No: Z4568566