

THE SIXTH FORM COLLEGE COLCHESTER
ENROLMENT INFORMATION SHEET

Please complete the information below and bring it along with a copy of exam results (to be retained at College) when you come to your Enrolment Interview. Your privacy is important to us and we process your information accordingly. To view the full college Privacy Notice visit www.colchsfc.ac.uk/gdpr

Student Name:																
Previous Name (if you have changed your name you will need to bring a copy of your deed poll):																
Home Address (including postcode):																
Previous Postcode (please list all previous postcodes within last 5 years):																
Mobile Tel No:							Home Telephone No:									
1 st Parent* Full Name (including surname if different from above):																
1 st Parent * Address (if different from above):																
1 st Parent * Daytime Tel No:																
1 st Parent * Mobile Tel No:																
1 st Parent E-mail Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Confirm 1 st Parent E-Mail Address:																
Please note that 2 nd Parent details given below will be added to the College information systems and will be given access to electronic Reports.																
2 nd Parent * Full Name (including surname if different from above):																
2 nd Parent * Address (if different from above):																
2 nd Parent * Daytime Tel No:																
2 nd Parent * Mobile Tel No:																
2 nd Parent E-mail Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Confirm 2 nd Parent E-Mail Address:																
Name, address and telephone no. of Doctor:																

* Or Next of Kin (Guardian/Carer)