

THE SIXTH FORM COLLEGE COLCHESTER
ENROLMENT INFORMATION SHEET

Please complete and print the information below and bring it, along with a copy of exam results* 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 please visit www.colchsfc.ac.uk/gdpr *to be retained at College

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)