



Carrickfergus Learning Community

Student Information Sheet

This information will be shared with the CLC host school. Any changes to these details during the academic year must be told to your CLC Coordinator.

Student's name: _____ CLC Subject: _____

Home School: Carrickfergus Grammar School CLC School: _____

Home Address: _____

Post Code: _____ Telephone Number(s): _____

D.O.B.: _____

Medical Details

Please give details of any medical conditions, allergies, medication etc. relating to your child of which you feel the staff should be aware.

Doctor's Name: _____ Tel No: _____

Emergency Contact Name and Number(s) Relationship to student

1. I give permission for my son/daughter to travel by taxi to attend classes in another Carrickfergus Learning Community School. I am aware that students will travel unsupervised. **Yes** **No**
2. I give permission for my son/daughter to take part in visits/trips associated with their course of study. **Yes** **No**
3. I give permission for my son/daughter to have their photograph taken and used in association with the CLC. **Yes** **No**
4. My son/daughter has Special Educational Needs. **Yes** **No**
(More details will be required at a later date)
5. My son/daughter is subject to a Court Order. **Yes** **No**
(More details will be required at a later date)

Signature of Parent/Guardian: _____

Date: _____

Please return this form to: Mr Martin

before: _____