

Sutton College of Learning for Adults
ENROLMENT FORM for FAMILY ACTIVITIES 10/11
 (Funded by the Family Education budget)

On AQUA	<input type="checkbox"/>
On Register	<input type="checkbox"/>

Please complete your details in FULL – we need this information to enable us to gain the funding necessary to run these courses.

Date of course/event Course No Venue

Title of course/event

Adult 1 full name			Date of birth		Male / Female
Address					
Postcode		Tel No (day)		Tel No (eve)	
					Learner ID

Ethnic monitoring details (circle appropriate number):

1	Asian or Asian British – Bangladeshi	10	Mixed – White and Black African
2	Asian or Asian British – Indian	11	Mixed – White and Black Caribbean
3	Asian or Asian British – Pakistani	12	Mixed – other Mixed background
4	Asian or Asian British – any other Asian background	13	White – British
5	Black or Black British – African	14	White – Irish
6	Black or Black British – Caribbean	15	White – other White background
7	Black or Black British – any other Black background	16	Not known / not provided
8	Chinese	17	Other – please specify:
9	Mixed – White and Asian		

Do you consider yourself to have a learning difficulty and/or disability? Yes: No:

If Yes, please specify:

Have you previously enrolled at SCOLA? Yes: No:

Do you have GCSE English (A*-C)? Yes: No: Do you have GCSE Maths (A*-C)? Yes: No:

DETAILS OF CHILD / CHILDREN

Child 1 full name			Date of birth		Male / Female											
Address (if different)																
					Learner ID											
Ethnicity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
(circle appropriate number)	17 – please specify:															

Do you consider your child to have a learning difficulty and/or disability? Yes: No:

If Yes, please specify:

Child 2 full name			Date of birth		Male / Female											
Address (if different)																
					Learner ID											
Ethnicity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
(circle appropriate number)	17 – please specify:															

Do you consider your child to have a learning difficulty and/or disability? Yes: No:

If Yes, please specify:

Please turn over to complete enrolment

Child 3 full name **Date of birth** **Male / Female** Male Female
Address (if different)

Learner ID

Ethnicity (circle appropriate number)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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 17 – please specify:

Do you consider your child to have a learning difficulty and/or disability? Yes: No:
 If Yes, please specify:

Child 4 full name **Date of birth** **Male / Female** Male Female
Address (if different)

Learner ID

Ethnicity (circle appropriate number)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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 17 – please specify:

Do you consider your child to have a learning difficulty and/or disability? Yes: No:
 If Yes, please specify:

ADDITIONAL ADULT

Adult 2 full name **Date of birth** **Male / Female** Male Female
Address
Postcode **Tel No (day)** **Tel No (eve)**

Learner ID

Ethnicity (circle appropriate number)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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 17 – please specify:

Do you consider yourself to have a learning difficulty and/or disability? Yes: No:
 If Yes, please specify:

Do you have GCSE English (A*-C)? Yes: No: Have you previously enrolled at SCOLA? Yes: No:
 Do you have GCSE Maths (A*-C)? Yes: No:

The College would like to take photographs/video courses as part of documenting progress and achievement. Some images may be used for publicity purposes.
Please tick this box if you do NOT agree

Privacy Statement 2010/2011 and the Unique Learner Number

Full information on the Data Protection Act, Fair Processing Notice and Unique Learner Numbers can be found on page 52 of the 2010/2011 SCOLA Prospectus. These and other College policies can also be found at www.scola.ac.uk/college/policy.htm, or at any of our centres.

- Tick this box if you do not wish to be contacted by the SFA/YPLA or its partners in respect of surveys, research or courses.
 Tick this box if you do not wish your information to be shared with other organisations.

Signature of parent/guardian **Date**

Staff Signature

Office use only	Late start	Early withdrawal
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