



Cambridge Academy for Science and Technology

The best in everyone™
Part of United Learning

Application Form

Please note: this form is for Year 9 and 10 2022 September entry only.

Please complete this form in BLOCK CAPITALS and write your responses clearly.

If you need help completing this form, please contact us on 01223 271569. This form must be completed by both the student and their parent/carer.

GDPR Notice:

The information on this form is collected and used in line with GDPR (2018).

The data is used to provide education services, for regulatory and legal purposes (for example child protection and health and safety) and to comply with our legal obligations. For more information regarding the categories of personal data we hold about students and families, why we collect this data and who we may share this data with, please refer to the relevant school's Privacy Notice - <https://cast.education/college-information/policies-and-documents>

The data controller for personal information held by the Cambridge Cluster schools is United Learning Trust (ULT). ULT is registered with the ICO under registration number Z7415170.

The Company Secretary, Alison Hussain, is responsible for ensuring that the Trust complies with Data Protection Law. She can be contacted on company.secretary@unitedlearning.org.uk or 01832 864538.

Student Details

Legal Forename(s):		Legal Surname:	
Date Of Birth (DD/MM/YY):		Legal Gender:	Male / Female
Which Year Group will the student be attending in September 2022?	9 10	Postcode:	
Home address:			

Parent/Carer Details

Full Name:	
Relationship to student:	
Contact Number 1:	
Contact Number 2:	
Email Address:	

Education Details

Schools / Colleges attended from ages 11 to 16 in the UK (and since if applicable)

School Name:	Dates Attended:

Further Student Details

Is the student Looked After i.e. in public care / fostered by you, Previously Looked After, now adopted, subject to a Residence order or Special Guardianship Order?	
Is the Student a young carer?	

Further Student Details

Has the student been subject to any of the following:

	Yes	No
MMV – The student has been subject to a Managed Move		
YOS – The student is returning from the criminal justice system		
PEX – The student has been previously permanently excluded		
PRU – The student is currently attending a Pupil Referral Unit		
PRU-I – The student is currently attending a PRU and is now needing to reintegrate back into mainstream education		
ATT – The student has an annual attendance of less than 70% or legal action has been taken for non school attendance		
PEX-R – The student is at risk of being permanently excluded		
OE2 – The student has been out of education for two months or more		
GRT – The student is of the Gypsie, Roma or Traveller community		
REF – The student is a refugee or asylum seeker		
HOM – The student is homeless		
CAR – The student is a carer		
SEN – The student has special educational needs but does not have an Education Health & Care Plan (EHCP)		
DIS – The student has a disability or medical impairment that has a substantial and long-term adverse effect on their ability to carry out day-to-day activities		
SPE – The student has previously attended a Special School?		
PPS – You receive support from the Parent Partnership Service?		
POL – The student is known to the Police or any other agency		
PEX 2 – Has the student has ever been previously excluded		

Ethnic and Cultural Information

Usual Country of residence:			
Nationality:			
Are you settled in the UK or have been ordinarily a resident in the UK and islands(that is including the Channel Islands and the Isle of Man) for the past 3 years?	<table border="0"> <tr> <td style="padding: 0 20px;">Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		
If you circled NO, for the above question, please give date of entry to the EEA:			

Additional Support Details

We want our students to get the best from their courses so please let us know how we can support you. If you have any learning support needs, disabilities or medical conditions, we can contact you in confidence to discuss the support available.

	Visual Impairment
	Hearing Impairment
	Disability Affecting Mobility
	Emotional/Behavioural Difficulties
	Mental Health Difficulties
	Specific Language Difficulty
	Dyslexia
	Dyscalculia
	Asperger's Syndrome
	Autism Spectrum Condition
	ADHD/ADD
	Other:
	The student is the process of obtaining a diagnosis

If you have ticked any of the above please advise below of any SEN needs:

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Has the student got any other additional needs?

Declaration

Signature of applicant:

Date:

Statement by Parent/Carer:

This application has my support by signing below:

Parent/Carer Signature:

Address: (inc Postcode)

Please return completed form and reference to:

Admissions Team, Coleridge Community College, Radegund Road, Cambridge, CB1 3RJ or via email to admissions@cambridgeAST.org.uk