

**ENROLMENT FORM**

Child's First Name(s) and Surname

Address:

Post code:

Date of Birth

Place of Birth

Current School and Year Group

Child's Nationality/Nationalities (\*Czech/British/etc. If Dual/Triple – please specify nationalities)

*\*Czech nationality - if required, I can prove my child's Czech nationality by providing one of these documents: Czech passport, Czech birth certificate, Czech ID card, certificate confirming Czech citizenship, document confirming citizenship of the Czech Republic not older than 1 year.*

Child's Ethnic Origin:

WHITE		ASIAN OR BRITISH ASIAN		BLACK OR BLACK BRITISH	
British, Irish	<b>A</b>	Indian	<b>H</b>	Caribbean	<b>M</b>
Gypsy or Irish Traveller	<b>B</b>	Pakistani	<b>I</b>	African	<b>N</b>
Any other white background	<b>C</b>	Bangladeshi	<b>J</b>	Any other Black background	<b>P</b>
MIXED		Chinese	<b>K</b>	OTHER ETHNIC GROUP	
White and Black Caribbean	<b>D</b>	Any other Asian background	<b>L</b>	Arab	<b>R</b>
White and Asian	<b>F</b>			Any other ethnic background	<b>S</b>
Other mixed	<b>G</b>			Not stated / Not disclosed	<b>Z</b>

Local Authority (Borough)

Parent's/Guardian's Name and Surname

Address if different from above

Mobile number

*(specify if mother's or father's)*

E-mail

Does your child suffer from any allergies (food, drinks, medication etc)?

Is your child taking any medication or have any medical conditions of which we should be aware?

Is there any other information that you would like to tell us about your child's educational needs, likes/dislikes or behaviour?

Please describe 'the language arrangements' you have at home and your child's Czech language abilities.

**Consent for Emergency Medical Assistance**

If at any point my child requires urgent medical treatment while at the Czech School Without Borders, London and, provided that I cannot be contacted personally, I hereby give permission to the doctor, surgeon or designated person to make any medical decision that may prove necessary.

Name (print)  Signature

**Emergency Contact Details (in case we cannot reach you)**

Name of the relative or friend

Mobile number

Relationship to the child

**Photo Consent**

From time to time, we may film or take photos of children attending the Czech School Without Borders, London for publicity purposes. To comply with the General Data Protection Regulation (GDPR) 2018, permission must be granted by the parent/carer before any images of your child can be taken and used. Photographs will only be used to promote the Czech School Without Borders, London. It is not permitted to place the child's name next to their photograph.

Do you give CSWBL your permission to take photographs or video of your child?	Yes No
Do you give CSWBL your permission to use photographs or video of your child for school's publicity leaflets, school's website, and school's public social media sites?	Yes No
Do you give CSWBL your permission to share photographs or video of your child internally within the organisation (e. g. with other parents via email, WhatsApp, closed Facebook group etc.)?	Yes No

**Personal Data Processing Consent**

We will only process personal data in line with the GDPR regulations, where we have one of 6 'lawful bases' (legal reasons) to do so under data protection law:

1. The data needs to be processed so that the school can fulfil a contract with the individual, or the individual has asked the school to take specific steps before entering into a contract.
2. The data needs to be processed so that the school can comply with a legal obligation.
3. The data needs to be processed to ensure the vital interests of the individual e.g. to protect someone's life.
4. The data needs to be processed so that the school can perform a task in the public interest, and carry out its official functions.
5. The data needs to be processed for the legitimate interests of the school or a third party (provided the individual's rights and freedoms are not overridden).
6. The individual (or their parent/carer when appropriate in the case of a pupil) has freely given clear consent.

I understand that by enrolling my child I have automatically become a member of the association the Czech School Without Borders, London.  
I have read, understood and completed this form for the purpose of registering my child at the Czech School Without Borders, London.

**I hereby declare that all the information I have provided is complete and correct.**

Name (print)  Signature

Date