

## **APPLICATION**

**SCHOOL YEAR:** \_\_\_\_\_

### **PUPIL DETAILS:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ M F

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Tel. Close family member: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Other languages: \_\_\_\_\_

Current year group: \_\_\_\_\_

Previous School (Name and Address): \_\_\_\_\_

### **FAMILY DETAILS:**

Father's Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_ Tel.: \_\_\_\_\_

Mother's surname: \_\_\_\_\_ Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_ Tel.: \_\_\_\_\_

Shareholders: YES NO Brothers/Sisters on roll: YES NO School Bus: YES NO

Nº Brothers/Sisters: \_\_\_\_\_ Parent separated/divorced: YES NO

E-mail: \_\_\_\_\_

Medical or dietary information relevant to the School: (allergies, prohibited medication, others, special treatments, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our school?: \_\_\_\_\_

Relevant comments: \_\_\_\_\_  
\_\_\_\_\_

### **THE SIGNATURES OF BOTH PARENTS ARE REQUIRED**

Father's signature: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

Date: \_\_\_\_\_

The students and their legal representative have been informed and agree that the data collected, according to the *la Ley Orgánica 15/1999 de Protección de Datos de Carácter Personal* and the *Real Decreto 1720/2007 del Reglamento de desarrollo* of the LOPD, will be included in a file named GESTIÓN ALUMNOS enrolled in the Registro General de Protección de Datos, which is the responsibility of the BRITISH SCHOOL OF CÓRDOBA S.A. with the aim of carrying out the students' registration in the school. Additionally, the students may exercise, for free, the rights of access, rectification, cancellation and opposition via the Calle México, 4 Córdoba 14012, or through the e-mail address [secdir@colegiobritanicodecordoba.com](mailto:secdir@colegiobritanicodecordoba.com) with attendance to every legality such as a copy of the ID card, and writing in the subject "PROTECCIÓN DE DATOS".

#### **TO BE COMPLETED ONLY WHEN THE INDIVIDUAL CONCERNED IS UNDER THE AGE OF 14 YEARS.**

Name of the individual concerned whose authorization for the management of personal data is applied for: I, \_\_\_\_\_ with NIF \_\_\_\_\_ represent and guarantee that I am the individual concerned's father, mother or tutor whose authorization for the management of personal data is applied for. I have read and accept the terms and conditions here and I give my consent for them to be carried out by the BRITISH SCHOOL OF CÓRDOBA, S.A.