**GCSE FOOD PREPARATION & NUTRITION**

**STUDENT INFORMATION FORM**

Welcome to @ theland GCSE Food Preparation & Nutrition

Please fill out this form as comprehensively as you can, the more information we have about the students the better.

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| Student First Name & Surname: |  | |
| Student’s Preferred Name: |  | |
| Student’s Preferred Pronoun: |  | |
| Age: |  | |
| Student Date of Birth: |  | |
| Student Address: |  | |
| Lessons are conducted using Google Classroom so students **MUST** have their own email account | | |
| Student email address: |  | |
| There is an option to be included in a Class WhatsApp group  If the student would like to join this, please enter their mobile phone number | | |
| Mobile Phone: |  | |
| For the purposes of Safeguarding please identify if the student is particularly vulnerable and why.  This includes if they have an eating disorder or they self harm | | |
|  | | |
| Please note ALL information about food allergies, intolerances and preferences | | |
|  | | |
| We will be able to work with the students better if we can understand them as much as possible  Please note ALL information about the student that will help us to understand their needs / ways of working | | |
|  | | |
| All work will be provided in Word and PDF formats so if  students wish to change the font and font size they can | | |
| Parent / Guardian Signature: | | Date: |