

My Child At School – Application Form

We are delighted to be able to offer you access to 'My Child At School'(MCAS) at King Alfred's.

(Please write clearly and in pen)

Surname: _____ Title: _____

Forename: _____

Address: _____

Postcode: _____

Names of Students for whom you have parental responsibility*: _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

I already have an MCAS account – please resend my details Yes / No

*In this instance the DfE defines those with parental responsibility as:

- Both natural parents (mother & father) whether or not they live with the student. Adoptive parents are assumed to have taken on the role of natural parents.
- Step parents where there is evidence of adoption or permission has been granted in writing by both natural parents.
- Foster parents, those in a carer role as advised by the local authority and legal guardians.

Relationship to student(s): _____

Personal e-mail address: _____

(please print clearly)

By providing this address you are also giving us permission to contact you when necessary on either MCAS account issues, a one to one basis or as part of a mailshot on matters concerning the year group (e.g. notice of a trip) or the whole college (e.g. First Thursday).

I agree to keep my Username/Password confidential.

Signed: _____

Date: _____

For Office Use:

Identity Verified: Passport: Driving Licence: Other:

Address Verified: Signature of verifier: _____ Name: _____

MIS checked: Username Issued: _____ Password Issued: _____ MIS