INNOV8 2022 SCHOOL ENTRY FORM



SCHOOL:			
TEACHER CONTACT NAME:			
CONTACT EMAIL:	CONTACT NUMBER:		
CONTACT LIVAL.	CONTACT NOMBER.		
NUMBER OF TEAMS PARTICIPATING IN-SCHOOL:			
Please email this completed top section to sturec@kirkleescollege.ac.uk by 12.00pm Friday 13 th May			
2022.			
OR			
You can post the completed top section to:			
Student Recruitment, Kirklees College, Huddersfield Centre, Manchester Road, HD1 3LD			
_			
There are no limits to the number of teams a school may involve.	Schools can either have a number of teams		
competing against each other, the school should then select one tear	m to represent them and submit their entry. OR		
a school can choose one team to submit an entry.			
	,		
Once you have selected a team to represent your school please fil out the form below for each student in the team.			
This needs to be submitted along with their video presentation no later than 12.00 Friday 10 th June 2022.			
This fields to be submitted diong with their video presentation	no later than 12100 may 10 June 2022.		

SUBMITTED TEAM'S DETAILS

STUDENT 1				
NAME:	YEAR GROUP:	DATE OF BIRTH:		
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NUMBER:		
Do you have any medical conditions/allergies we should be aware of?				
Please note we will be taking photographs of students during the competition for college marketing purposes. If you DO NOT wish to be a part of these please indicate by ticking the box				

STUDENT 2			
NAME:	YEAR GROUP:	DATE OF BIRTH:	
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NUMBER:	
	-		
Do you have any medical conditions/allergies we shou	ld be aware of?		
Disease was a constitution of the decision of	di	tion for college monlysting grows access to you DO NOT	
Please note we will be taking photographs of students wish to be a part of these please indicate by ticking the	_	tion for college marketing purposes. If you DO NOT	
wish to be a part of these please indicate by ticking the	е вох 🕒		
	STUDENT 3		
NAME:	YEAR GROUP:	DATE OF BIRTH:	
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NUMBER:	
Do you have any medical conditions/allergies we shou	id be aware of?		
Please note we will be taking photographs of students	during the competi	tion for college marketing purposes. If you DO NOT	
wish to be a part of these please indicate by ticking the	_	tion for conege marketing purposes. If you bo Not	
wish to be a part of these please mulcate by ticking the	е вох 🕒		
	STUDENT 4		
NAME:	YEAR GROUP:	DATE OF BIRTH:	
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NUMBER:	
Do you have any medical conditions/allergies we shou	id be aware of?		
Please note we will be taking photographs of students	during the competi	tion for college marketing nurnoses. If you DO NOT	
Please note we will be taking photographs of students during the competition for college marketing purposes. If you DO NOT wish to be a part of these please indicate by ticking the box			
wish to be a part of these pieuse indicate by ticking the box			
STUDENT 5			
NAME:	YEAR GROUP:	DATE OF BIRTH:	
FMEDOFNICY CONTACT NAME.		ENACE CENTER CONTACT NUMBER.	
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NUMBER:	
Do you have any medical conditions/allergies we should be aware of?			
bo you have any medical conditions/allergies we should be aware or:			
Please note we will be taking photographs of students during the competition for college marketing purposes. If you DO NOT			
wish to be a part of these please indicate by ticking the box			

Please email this section to **sturec@kirkleescollege.ac.uk** by **12.00pm Friday 10th June 2022.** For any further enquires please contact **sturec@kirkleescollege.ac.uk** or call **01484 437092.**