



LOSTOCK HALL ACADEMY

STUDENT STARTER PACK



IMPORTANT INFORMATION

**PLEASE COMPLETE ALL THE FORMS IN THIS
BOOKLET AND RETURN TO SCHOOL BY POST
OR BRING INTO MAIN RECEPTION
BY 27TH JUNE 2022**

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HOME / SCHOOL AGREEMENT

OUR SCHOOL'S AIMS AND VALUES

This home/school agreement is seen as an important partnership between the school, its parents and carers and the students. This is to ensure the very best education is offered to students regardless of their race, religion, gender, sexuality or academic ability.

Our understanding of 'education' is that it must include intellectual, aesthetic, moral, spiritual, social and emotional development and understanding within a framework of fairness, firmness, mutual respect and self-discipline.

SCHOOL'S AGREEMENT

The school will:

- Provide all students with equal opportunity to achieve their full academic, social and personal development.
- Ensure students have access to a broad and balanced curriculum, which meets the requirements of Government legislation for Key Stages 3 and 4.
- Provide a stimulating educational community within which all students individual needs are known, understood and met. This will enable staff to provide a highly structured and responsive approach to each student's learning, whilst setting ambitious objectives to challenge their personal targets.
- Expect and reward high standards of conduct, effort, presentation and attendance.
- Care for the well-being and safety of students by following the school policies, which include the anti-bullying and child protection policies.
- Maintain a high level of discipline, exercised and administered in a firm, fair and friendly manner within school so that teaching and learning can take place.
- Be open and welcoming to parents or carers, encouraging them to be involved in the life of the school, and informing them about school matters and the progress of their children through reports and parent consultation meetings. In addition, to contact parents or carers in the event of problems relating to attendance, punctuality or behaviour.
- Set and mark appropriate homework in line with the Homework Policy.
- Welcome, value and support our students as they make their transition to the world beyond school.
- Involve outside agencies which are able to support our students in many different ways and throughout their time at school.



Mrs G F Gorman
Principal

HOME/SCHOOL AGREEMENT

PARENT / CARER

I will:

- See that my child attends school regularly and on time.
- Contact the school on the first day of my child's absence.
- Ensure my child wears appropriate school uniform and supports the school policies on hairstyles, make-up and jewellery.
- Support the school's behaviour and reward policies.
- Support my child with their homework and any other home learning.
- Monitor and review my child's progress via Synergy on a daily basis.
- Endeavour to support my child's learning by attending parents' evenings or meetings.
- Inform the school of any problems or concerns that may affect my child's work or behaviour.
- Ensure my child understands the importance of travelling to and from school safely.
- Ensure my child gets in and out of vehicles in appropriate places and complies with any necessary parking restrictions around school.
- Ensure my child acts responsibly outside of school within the community and online.

Signature (Parent/Carer)

STUDENT

I will:

- Attend school regularly and on time, wearing approved school uniform and with approved and appropriate PE kit and necessary equipment.
- Not bring inappropriate items into school, such as e-cigarettes or lighters.
- Behave well in school and outside of school in settings such as school trips or college visits.
- Follow the school's rules, policies and code of conduct and complete any sanctions which may be imposed.
- Work hard and complete all tasks required of me in the classroom, as well as with homework.
- I will cooperate with staff and other students, showing determination to get the best out of my time at school, whilst also aiming to enjoy myself and behave in a sensible manner.
- Respect other students and adults in school and beyond, and earn the respect of others in return.
- Take home all newsletters and messages to give to my parents or carers.
- Understand that all forms of bullying including verbal, physical or cyber will not be tolerated.
- Let an adult know if I have any problems or worries.
- Prepare for the world after school and my role as a valued adult in the community.
- Travel to school in a sensible manner when on or near the road.
- I will behave and act like a responsible citizen outside of school within the community and online.

Signature (Student)

DATA INFORMATION

STUDENT DETAILS

| | | |
|-----------------|----------------|---|
| Surname: | | Legal Surname: |
| Forename: | Middle Name: | Chosen Name: |
| Gender: | Date of Birth: | Year: |
| Address: | | Reg Group: |
| | | Post Code: |
| Home Telephone: | | Service Child: <input type="checkbox"/> Yes / <input type="checkbox"/> No |

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency.

PRIORITY 1 CONTACT

| | | |
|---|-------------|-------------------|
| Title: | First Name: | Surname: |
| Home Address: | | Postcode: |
| Home Tel: | Mobile: | Email: |
| Place of work Name: | | Work Tel. Number: |
| Place of work Address: | | |
| Parental Responsibility: <input type="checkbox"/> Yes / <input type="checkbox"/> No | | |
| Relationship to Student: | | |

PRIORITY 2 CONTACT

| | | |
|---|-------------|-------------------|
| Title: | First Name: | Surname: |
| Home Address: | | Postcode: |
| Home Tel: | Mobile: | Email: |
| Place of work Name: | | Work Tel. Number: |
| Place of work Address: | | |
| Parental Responsibility: <input type="checkbox"/> Yes / <input type="checkbox"/> No | | |
| Relationship to Student: | | |

PRIORITY 3 CONTACT

| | | |
|---|-------------|-------------------|
| Title: | First Name: | Surname: |
| Home Address: | | Postcode: |
| Home Tel: | Mobile: | Email: |
| Place of work Name: | | Work Tel. Number: |
| Place of work Address: | | |
| Parental Responsibility: <input type="checkbox"/> Yes / <input type="checkbox"/> No | | |
| Relationship to Student: | | |

DATA INFORMATION

TRAVEL ARRANGEMENTS

How will your child be traveling to school?

- ☐ Bicycle ☐ Train ☐ Car/Van ☐ Walk ☐ Taxi
☐ Bus ☐ Car Share ☐ Other

Route: _____

DIETARY NEEDS

Please detail any food allergies _____

Meal Arrangement: Please tick the type of meal to have for each day of the week below.

| Type of meal | Mon | Tue | Wed | Thu | Fri |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| School Meal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Packed Lunch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MEDICAL PRACTICE

Name & Address _____

Telephone Number _____

MEDICAL CONDITIONS (Please detail)

MEDICAL NOTES

DISABILITIES

PARENTAL CONSENT

Enclosed in your data pack are the Code of Conduct and Student Privacy Notice. Please can you read this information and then tick to consent:

- ☐ Code of Conduct ☐ Student Privacy Notice

ETHNIC / CULTURAL

Who is completing this section? (Mother, Father, Carer, other) give details:

Ethnicity: _____ Religion: _____

Home Language: _____ Country of Birth: _____

First language: _____ Nationality: _____

English Additional language: _____

DATA PROTECTION ACT 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.

Signature: _____ Date: _____

MEDICAL INFORMATION INC. OFF SITE VISITS

I agree that I will update the school with any medical information or changes to emergency contact details.

Child's Name _____ Date of Birth _____ Form or Class (IF KNOWN) _____

1 EMERGENCY DETAILS

a) I may be contacted by telephoning the following telephone number(s): _____

Home No.: _____ Mobile: _____

Name & Address: _____

b) Please state an alternative contact point: Telephone number: _____

Name & Address of Contact: _____

Child's Health Service details: - NHS Number: _____

Family doctor (Name, address and telephone number) _____

2. MEDICAL INFORMATION

Does your child suffer from any of the following conditions?

| | | | |
|----------------|--|-----------------------|--|
| Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bronchitis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chest Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fainting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Migraine | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Trouble | <input type="checkbox"/> Yes <input type="checkbox"/> No | Raised Blood Pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

If 'YES', to any of the above, please provide details: _____

Epilepsy ☐ Yes ☐ No If 'Yes', _____

a) What specific epilepsy syndrome has been diagnosed for your child? _____

b) What is the pattern of any seizure? _____

c) Does your child suffer from any other condition requiring medical treatment, including medication?

☐ Yes ☐ No

If 'YES', please provide details: _____

d) Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?

☐ Yes ☐ No If 'YES', please provide details: _____

MEDICAL INFORMATION INC. OFF SITE VISITS

e) Has your child been immunised against the following diseases?

Poliomyelitis ☐ Yes ☐ No

Tetanus (lock jaw) ☐ Yes ☐ No

If 'YES', to tetanus, please give date if known _____

f) Is your child taking any form of medication on a regular basis? ☐ Yes ☐ No

If 'YES', please give full details, indicating the type of medication and dosage.

Please ensure that your child has adequate supplies of medication and dosage for the whole day or whole visit if attending an off site trip.

g) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?

☐ Yes ☐ No If 'YES', please give full details _____

h) In the case of a residential course, does your child have any: (please give the details).

Special Dietary needs? _____

Any childcare needs? _____

Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc.) which may affect the full range of activities in this event: _____

3. INSURANCE COVER

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School/Centre.

4. DECLARATION BY PARENT/CARER

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed exchange visit and the insurance arrangements.
- I consent to my child taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned.
- I have noted where and when the students are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Centre prior to the visit.

MEDICAL INFORMATION INC. OFF SITE VISITS

I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS.

COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE SCHOOL/CENTRE.

Signature of Parent/Carer

Date

(N.B. Parental/Carer consent required for children aged 17 and under)

Name of parent/carers in block letters:

Address:

PARENTAL PHOTOGRAPH CONSENT

USE OF CHILD'S IMAGE IN VARIOUS FORMS OF MEDIA

Name of Child: _____

Occasionally, we may take photographs of the children at our academy. These images may be used in our academy prospectus, in other printed publications that we produce, on our academy website, or on project display boards in the academy. We may also make video or webcam recordings for school-to-school conferences, monitoring or other educational use.

Occasionally, our academy may be visited by the media who will take photographs or film footage of a high profile event, or to celebrate a particular achievement. Students will often appear in these images, which may appear in local or national newspapers or on televised news programmes. (See over/ Conditions of Use for more information on use of images by the media).

Use of Social Media is now more relevant than ever and the academy now has its own Facebook and Twitter account. These forms of social media are used to celebrate events and successes and as such, images will be shared across different forms of social media.

In order that we can protect your child's interests, and to comply with the Data Protection Act 1998, please read the Conditions of Use on the opposite page to this form before answering the questions below and signing and dating this form.

1. May we use your child's image? ☐ Yes ☐ No
2. May we record your child's image on video? ☐ Yes ☐ No
(these could be used for school marketing purposes)

(Please note conditions of use on page 11)

I have read and understand the conditions of use attached to this form.

Parent/Carer Signature: _____

Name (block capitals please): _____

Date: _____

PARENTAL PHOTOGRAPH CONSENT

CONDITIONS OF USE

This form is valid for the period of time your child attends this academy.

1. The academy will not re-use any photographs or recording after your child leaves this academy, without prior permission, unless it is for internal purposes only.
2. The academy will not use the personal details or full names (which means first name and surname) of any child or adult in a photographic image, on video, on our website, in the academy prospectus or in any of our other printed publications.
3. The academy will not include personal e-mail or postal addresses or telephone or fax numbers on video, on our website, in our academy prospectus or in other printed publications.
4. If we use photographs of individual students, we will not use the full name of that child in any accompanying text or caption.
5. If we use the full name of a student in the text, we will not use a photograph of that child to accompany the article.
6. We may include pictures of students and teachers that have been drawn by students. We may use group or class photographs or footage with very general labels, such as a 'science lesson'.
7. We will only use images of students who are suitably dressed.
8. Parents should note that websites can be viewed throughout the world and not just in the United Kingdom, where UK law applies.

NOTES ON USE OF IMAGES BY THE MEDIA

If you give permission for your child's image to be used by the media then you should be aware that:

- The media will want to use any printed or broadcast media pictures that they take alongside the relevant story;
- It is likely that they will wish to publish the child's name, age and the academy name in the caption for the picture (possible exceptions to this are large group or team photographs);
- It is possible that the newspaper will re-publish the story on their website, or distribute it more widely to other newspapers or media organisations.

ONLINE EDUCATIONAL SERVICES CONSENT

Below is a brief summary of the value of carefully selected resources that the academy have identified. The resources have been evaluated in school in terms of merit to support the curriculum and data protection and the academy are confident that these resources are suitable for use in the classroom. We request your agreement for your child to use these, when required to do so, as part of their learning. Links have been provided for you to review more details if you wish to do so. All of the resources are widely used in many education settings.

The academy wishes to assure that online safety and security are a priority alongside the teaching and learning value. As such, all systems and online tools used and recommended by the academy are subject to regular review for compliance with our own GDPR policy.

If you have any further questions relating to these resources please contact Mr Purdon on admin@lostockhallacademy.org

Pre-approved, third-party online educational services.

Canva Education for Classroom – The app gives access to 420,000+ templates and learning resources, 75 million+ premium stock images, videos, and graphics for free, an extended library of 3,000+ fonts. It provides a classroom space to invite students and teachers to share and review work, share activities and homework on Google Classroom, Microsoft Teams, and set reminders.
<https://www.canva.com/policies/>

Ed-puzzle – A video hosting site where teachers can post videos from platforms such as YouTube. It allows them to edit them and add questions for students to answer. It also shows the teacher who has watched the video and for how long. Participation features including the ability to stop students skipping to the end without watching the video.
<https://edpuzzle.com/privacycenter>

Edcite –An online platform for creating assessments and quizzes. Various multi-media resources are available for teachers to create an assignment, assign tasks to students, and assess student performance.

<https://www.edcite.com/privacy-policy>

Kahoot - A cloud-based quiz platform that is ideal for students and teachers. Since the game-based platform allows you to create new quizzes from scratch, it's possible to be creative and offer bespoke learning options for students.

<https://trust.kahoot.com/privacy-policy/>

Padlet – A digital tool that can help teachers and students in class and beyond by offering a single place for a notice board. That’s at its most basic.

This digital notice board is able to feature images, links, videos, and documents, all collated on a “wall” that can be made public or private. This means that not only can teachers post on the wall but so too can students.

<https://en-gb.padlet.com/about/privacy>

Pear Deck - This is a web-based piece of software that makes PowerPoints interactive by allowing questions to be added that can be answered in the classroom in real-time, with the responses being displayed on the board. It can also be used as an asynchronous tool for homework.

<https://www.peardeck.com/website-privacy>

Quizlet – A great revision and retrieval tool. It allows students to create digital flashcards that can also be used in number of in-built games such as a matching quiz.

Pupils under the age of 13 will sign up using a parent’s email address. This is a security measure that informs the parent of their sign-up.

<https://quizlet.com/privacy>

Sutori – An online timeline creator that allows students to create and share digital timelines.

<https://www.sutori.com/en/privacy-policy>

Dr Frost Maths

I agree to my child using all Academy approved resources for digital learning, that may be subject to Parental consent requirements because my child is under 13.

☐ I Agree ☐ I Disagree

Parent/Carer Signature: _____

Name (block capitals please): _____

Date: _____

BIOMETRIC CONSENT

Here at Lostock Hall Academy, we operate a biometric cashless catering system. This incorporates the latest technology and eliminates the need for students to carry cash throughout the day. As it is biometric, there is no need for students to carry a card as the system will recognise the thumb print of your child at the revaluation pay points and at the tills.

Any amount of money can be paid into a student's account, and any money spent on food & drink will be deducted on a daily basis. Payments should be made via our online payment system Schoolcomms, information of which is contained within this pack.

A daily 'spend limit' of £5.00 will be programmed into the system. This can be increased or decreased for an individual student by making a written request to the school finance office.

As per current legislation we will be operating an 'Opt In' policy and therefore require you to complete the attached form. If you choose not to have your child registered on the Biometric System a 4 digit PIN code will be allocated. Please note that PIN codes do not have the same level of security and it will be your child's responsibility to remember the code and keep it secure at all times.

Please can you complete and return the permission slip below, to enable us to set up your child's account. Additional information and FAQ's can be found on the schools website, alternatively if you wish to speak to a member of staff, please contact the school office on 01772 336293 or email admin@lostockhallacademy.org

I/We confirm that we wish our child/children TO BE/NOT TO BE (please delete where applicable) registered on the school's Biometric Cashless Catering System with immediate effect.

I understand that I/we may withdraw my child's registration at any time in writing

Name of child

Name of parent / carer

Signature

Date

EDUCATIONAL/OFF SITE VISITS

Please complete the form below if you give your consent for:

Student Name _____

- a) To take part in an Educational/Off Site visit.
- b) To be given first aid or urgent medical treatment.

Please note the following important information before signing this form:

- The visits and activities covered by this consent include;
low risk off-site visits, up to one-day duration. Examples include theatre visits, most field study visits, museum visits, activities in the local community or visits to local schools for an event, off-site sporting fixtures,
- The school will send you information about each visit or activity before it takes place.
- You can, if you wish, tell the school that you do not want your child to take part in any particular visit or activity.

Written parental/carers consent will not subsequently be requested from you for such off-site activities offered by the school. Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.

MEDICAL INFORMATION

Details of any medical condition that the child/young person named above suffers from and any medication to be taken during visits:

NOTES:

1. Please note that on these visits Lostock Hall Academy do not cover injury or property loss/damage happening on the visit regardless of legal liability. If you feel that this is necessary, you will need to make separate arrangements.
2. In the light of unacceptable behaviour, the school reserves the right to deny a place for a student on the visits or return the student home.
3. It is the responsibility for parents/carers to inform us at any time, about any changes in medical information via the SIMS Parent App or by emailing the school admin@lostockhallacademy.org

Signed: _____

(Parent/Carer) Date: _____

TRACKING PERMISSION

Destination Date Sharing Information for Students

All young people are guaranteed an offer of a place in post 16 learning/training by the end of September in the year which they leave school. Through our comprehensive careers and work related programme, staff at the Academy support all students through their transition to KS5, Higher Education and employment. We liaise with, and maintain a data sharing agreement with the 16-19 Education and Skills Team at LLC, FE providers, HE providers and other organisations who provide support for young people around education, employment and training, such as Training 2000, Barnardo's and North West Training Group.

In order to support your smooth transition, we will share your destination plans with these organisations and we will request updates from those organisations for up to 3 years after you have left the academy. This responsibility is placed upon school by the DfE and we are obligated to share and collect the following information; name, address, contact details, and whether or not you are in education, training or employment. In accepting a place at the Academy, you agree that this information can be shared between the Academy and the organisation with which a data sharing agreement is in place.

POST LOSTOCK HALL ACADEMY ACADEMIC TRACKING PERMISSION

Name of Child: _____

1. May we track your child's academic progress after leaving Lostock Hall Academy in Year 11?

☐ Yes ☐ No

I have read and understand the conditions of this form.

Parent/Carer Signature: _____

Name (block capitals please): _____

Date: _____

INTERNET & COMPUTER FACILITIES

INTERNET AND COMPUTER FACILITIES PARENT PERMISSION FORM

Name of Student: _____

STUDENT

As a user of the school's ICT facilities including the Computers, Networks, Internet and the Virtual Learning Environment, I agree to comply with the school rules on its use. I will use the network in a responsible way and observe all restrictions explain to me by the school.

Student Signature _____

Date _____

PARENT/CARER

As the parent or legal carer of the student signing above, I grant permission for my son/daughter to use the ICT facilities including the Computers, Networks, Internet and the Virtual Learning Environment. I understand that students will be held accountable for their own actions. I also understand that some materials on the Internet may be objectionable and I accept responsibility for setting standards for my son/daughter to follow when selecting, sharing and exploring information and media.

Parent/Carer Signature _____

Date _____

STUDENT EQUIPMENT PACKS

We have collated a list of essential student equipment that will be required and used regularly by your child across the curriculum. We are asking that this list of basic equipment is purchased by yourselves before your child returns to school in September. This list can be found in the new starter student and parent guide.

We are able to offer subject specific packs of equipment that can be purchased via the School Gateway at competitive prices. This equipment has been specifically selected to allow greatest flexibility for working in school and at home as and when required.

Please indicate if you wish to purchase the subject specific packs detailed below. They will be given out at the start of the school year. Orders must be placed and paid for before 15th July 2022 on the Gateway.

Payment must be made via the School Gateway. Very shortly we will send you a message inviting you to download the app or visit the website www.schoolgateway.com and set up as a New User. Contact Mrs Armstrong d.armstrong@lostockhallacademy.org for support regarding The School Gateway. Contact finance@lostockhallacademy.org for queries relating to the equipment packs.

Student Name _____

PACK 1 - MATHS £12.00

Protractor

Compass

Scientific Calculator

Whiteboard & Pen (For use in all subjects)

I wish to order the £12.00 pack 1 ☐ Yes ☐ No

PACK 2 - FOOD TECH £4.00

White Food Apron & T Towel

I wish to order the £4.00 pack 2 ☐ Yes ☐ No

PACK 3 - DESIGN TECH & ART £3.00

Cream Craft Apron

I wish to order the £3.00 pack 3 ☐ Yes ☐ No

PACK 4 - BASIC ART £3.50

A4 Sketchbook and plastic sleeve

A4 Wallet

Pencils 2B, 4B, 6B

Plastic eraser

Metal sharpener

30cm shatter-proof ruler

I wish to order the £3.50 pack 4 ☐ Yes ☐ No

PACK 5 - SUPER ART PACK £6.50

A4 Sketchbook and plastic sleeve

A4 Wallet

Pencils 2B, 4B, 6B

Plastic eraser

Metal sharpener

30cm shatter-proof ruler

Paintbrush

Coloured pencils (water soluble)

I wish to order the £6.50 pack 5 ☐ Yes ☐ No

LEARNING PROFILE

Please can parents/carers complete this learning profile with your son/daughter. It will provide us with extra information of how to support your child.

| | |
|---|---|
| Name: My hobbies and interests: <ul style="list-style-type: none"> • • • | Drawing of me |
| My favourite subjects: <ul style="list-style-type: none"> • • • | What is important to me: <ul style="list-style-type: none"> • • • |
| Ways to help me in school: <ul style="list-style-type: none"> • • • | Examples of things I find difficult: <ul style="list-style-type: none"> • • • |
| How do I react in certain situations: When I am happy... When I am sad... When I am angry... | My wishes for the future: <ul style="list-style-type: none"> • • • |



Striving for perfection, achieving excellence



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