



**LOSTOCK HALL ACADEMY**

# STUDENT STARTER PACK



## IMPORTANT INFORMATION

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# HOME / SCHOOL AGREEMENT

## OUR ACADEMY'S AIMS AND CORE VALUES

This home/school agreement is seen as an important partnership between the Academy, its parents and carers and the students. This is in place to ensure the very best education is offered to all students regardless of their differences.

Our educational provision incorporates intellectual, moral, spiritual, social and emotional development and understanding within a framework of fairness, consistency, mutual respect and self-discipline.

## ACADEMY'S AGREEMENT

Through the Academy's Core Values, we will:

- Provide all students with equal opportunities 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 enables staff to provide a highly structured and responsive approach to each student's learning, whilst setting ambitious objectives to challenge their personal targets.
- Expect high standards of conduct, effort, presentation and attendance where students are rewarded through the Character Advancement Programme (CAP).
- Care for the well-being and safety of students by following the Academy policies, which include the Anti-bullying and Child Protection/Safeguarding policies.
- Maintain a high level of discipline, exercised and administered in a firm, consistent and friendly manner within the Academy so that teaching and learning can take place. The LHA 6 Core Values will be used to recognise students' achievements/consequences.
- Be open and welcoming to parents or carers, informing them about Academy matters and the progress of their children through reports and regular communication. In addition, to contact parents or carers in the event of problems relating to attendance, conduct, effort or presentation.
- Provide appropriate homework in line with the LHA Quality of Education.
- Welcome, value and support our students as they make their transition to the world beyond the Academy.
- Involve outside agencies who are able to support our students in many different ways and throughout their time at the Academy.



Mrs G F Gorman  
Principal

# HOME/SCHOOL AGREEMENT

## PARENT / CARER

I will:

- Respect and support the Academy's Core Values, policies and codes of conduct.
- Ensure that my child attends the Academy regularly and on time.
- Contact the the Academy on the first day of my child's absence.
- Ensure my child wears appropriate Academy uniform and supports the Academy's policies on hairstyles, make-up and jewellery.
- Support the Academy's Behaviour for Learning Policy.
- 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 Academy 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 the Academy safely.
- Ensure my child gets in and out of vehicles in appropriate places and complies with any necessary parking restrictions around the Academy.
- Ensure my child acts responsibly outside of the Academy within the community and online.

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Signature (Parent/Carer)

## STUDENT

I will:

- Attend the Academy regularly and on time, wearing approved the Academy uniform and with approved and appropriate PE kit and necessary equipment.
- Not bring inappropriate items into the Academy, such as e-cigarettes/vapes, lighters or weapons etc.
- Behave well in the Academy and outside of the Academy in settings such as school trips or college visits.
- Follow the the Academy's rules/LHA core values, 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 with the aim of achieving each of the CAP awards.
- Cooperate with staff and other students, showing determination to get the best out of my time at the Academy, whilst also aiming to enjoy myself and behave in a sensible manner.
- Respect other students and adults in the Academy and beyond, and earn the respect of others in return.
- Respect all Academy equipment and facilities to ensure good teaching and learning can take place in all areas of the Academy.
- 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 the Academy and my role as a valued adult in the community.
- Travel to the Academy in a sensible manner when on or near the road.
- Behave and act like a responsible citizen outside of the Academy within the community and online.

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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	

Is your child a PLAC (previously looked after child)? \*  Yes /  No  
Has your child previously been looked after but ceased to be so because they were adopted or became subject of a residence order or special guardianship order?

Start Date of Care:	End Date of Care:
Care Authority :	

\* This information is optional however may be beneficial to your child as they may be eligible for additional funded support. All information provided will be treated in the strictest confidence. If you prefer to contact us separately in response to this question please contact Miss Almond who can discuss further with you.

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 the Academy?

- 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 New Student Guide 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 Policy

## 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 Academy is registered under the Data Protection Act for holding personal data. The Academy has a duty to protect this information and to keep it up to date. The Academy 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 Academy 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 Telephone: \_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

# MEDICAL INFORMATION INC. OFF SITE VISITS

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).

### 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)

Signature of Parent/Carer \_\_\_\_\_

Date \_\_\_\_\_

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

Name of parent/carer in block letters: \_\_\_\_\_

Address: \_\_\_\_\_



# PROOF OF NAME AND DATE OF BIRTH

To help us in maintaining accurate records, we kindly ask that you include a copy of either your child's birth certificate or passport. This will serve as proof of their name and date of birth.



# 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 Academy will send you information about each visit or activity before it takes place.
- You can, if you wish, tell the Academy that you do not want your child to take part in any particular visit or activity.

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 ACADEMY/CENTRE.**

## **MEDICAL INFORMATION**

Please inform the Academy of any changes to the medical details provided.

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## **NOTES:**

1. Please note that on these types of 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 Academy 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 Synergy Parent App or by emailing the Academy [admin@lostockhallacademy.org](mailto:admin@lostockhallacademy.org)

Signed: \_\_\_\_\_

(Parent/Carer) Date: \_\_\_\_\_

# 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 the Academy's marketing purposes)

(Please note conditions of use on page 12)

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 full 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 by the Academy 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 Mrs Pilkinton on [e.pilkington@lostockhallacademy.org](mailto:e.pilkington@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/>



# ONLINE EDUCATIONAL SERVICES CONSENT

**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: \_\_\_\_\_

# TRACKING PERMISSION

## DESTINATION DATA 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 the Academy. 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 the Academy 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 Academy'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 the Academy.

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 \_\_\_\_\_

## 1:1 DEVICE SCHEME

The 1:1 device scheme has proven highly successful, enhancing students' classroom learning and homework. Given the continuous advancements in technology, we have decided to extend the program for the entirety of a student's 5-years at LHA. Students who opt into the scheme will receive a device at the beginning of year 7 and then an upgraded device at the halfway point in year 9 ensuring they have access to up-to-date specifications and comprehensive coverage for warranty and accidental damage throughout their time in school.

For more details, please refer to the 1:1 device scheme information on the Academy's website, which includes the terms and conditions from the provider Freedom Technology.

I understand that the Academy runs the 1:1 device scheme for a duration of five years.

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 full list can be found in the New Student 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. This order form must be returned before 15th July 2024.

Payment must be made via the School Gateway. Very shortly we will send you a message via email inviting you to download the app or visit the website [www.schoolgateway.com](http://www.schoolgateway.com) and set up as a New User. Contact Miss Almond [l.almond@lostockhallacademy.org](mailto:l.almond@lostockhallacademy.org) for support regarding The School Gateway. Contact [finance@lostockhallacademy.org](mailto:finance@lostockhallacademy.org) for queries relating to the equipment packs.

Student Name

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## PACK 1 - MATHS £12.00

Protractor

Compass

Scientific Calculator (Casio fx-83GT CW)

Whiteboard & Pen (For use in all subjects)



I wish to order the £12.00 pack 1  Yes  No

## PACK 2 - FOOD PREPARATION £5.50

White Food Apron & Tea Towel

I wish to order the £5.50 pack 2  Yes  No

## PACK 3 - DESIGN TECH & ART £4.00

Cream Craft Apron

I wish to order the £4.00 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

Coloured Pencils

I wish to order the £3.50 pack 4  Yes  No

Once your contact details have been received via this Student Starter Pack, you will receive a message by email inviting you to download and activate your Payment Gateway account as a new user. This will enable you to make your payment. Equipment packs will be distributed to tutors during the first two weeks of the term upon receipt of payment.

I agree to make payment for the full amount ordered.

\_\_\_\_\_  
Signature





*Striving for perfection, achieving excellence*



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