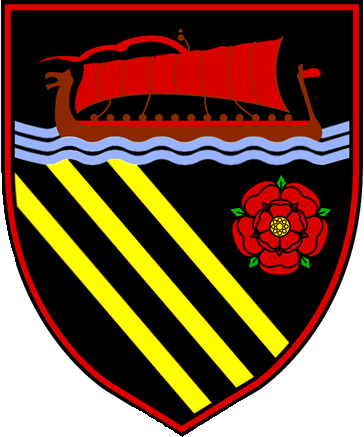
**Information Required Before Admission**

TOTTINGTON HIGH SCHOOL

**It is imperative for safeguarding reasons that we hold this information before your child starts school**



Once completed, please send it [to **admissions@**](mailto:admissions@tottingtonhighsch.co.uk)**ths.set.org**

**FOR ADMIN USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **ADNO** |  |
| **FORM** |  | **DATE** |  |

**Any change in student details should be notified to the School Office immediately**

**STUDENT DETAILS:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Surname: | | |  | | | Legal Forename: | | | |  | | | |
| Preferred Surname: | | | |  | | Preferred Forename: | | | | |  | | |
| Middle Name: | |  | | | | Male: |  | Female: | | | |  |  |
| Date of Birth: |  | | | | | Home Phone: | | |  | | | | |
| Home Address (incl. Postcode): | | | | |  | | | | | | | | |

# PARENTAL DETAILS:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Guardian Surname: | | | | | | | |  | | | |
| Parent/Guardian Forename: | | | | | | | |  | | | |
| Title: Mrs/Mr/Miss etc. | | |  | | Relationship: Mother/Father/Carer etc. | | | | | |  |
| Mobile: |  | | | | | | | Work No: | |  | |
| Lives with Child: | | Yes |  | | No | |  | | Email: |  | |
| Address if different (incl. Postcode): | | | | | |  | | | | | |
| Parent/Guardian Surname: | | | |  | | | | | | | |
| Parent/Guardian Forename: | | | |  | | | | | | | |
| Title: Mrs/Mr/Miss etc. | | |  | | Relationship: Mother/Father/n etc. | | | | | |  |
| Mobile: |  | | | | | | | Work No: | |  | |
| Lives with Child: | | Yes |  | | No | |  | | Email: |  | |
| Address if different (incl. Postcode): | | | | | |  | | | | | |

**EMERGENCY CONTACTS:** Other than parent/guardian

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | Full Name: |  | | |
| Contact Number: | |  | | Contact Number: | |  | |
| Relationship to child: | | |  | Relationship to child: | | |  |

# MEAL ARRANGEMENTS:

**\*This section MUST be completed\***

Mark with an X **one** meal choice only

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Free Meal |  | Paid Meal | |  | Sandwiches |  |  | | | | |
| Does your child have any dietary needs? | | | | | | | | Yes |  | No |  |
| If yes, please state dietary need: | | |  | | | | | | | | |
| Are any parents/carers employed in the Armed Forces? | | | | | | | | Yes |  | No |  |
| Is your child adopted from care? | | | | | | | | Yes |  | No |  |

# STUDENT MEDICAL INFORMATION:

**\*This section MUST be completed\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Doctor: |  | | | | | Name of Practice: | | | |  | | | | | | | | |
| Address of Practice: | |  | | | | | Phone number of practice: | | | | | | | |  | | | |
| Does your child have any medical conditions or allergies? | | | | | | | | | | | | Yes | |  | | | No |  |
| If yes, please state condition/allergy: | | | |  | | | | | | | | | | | | | | |
| Is the condition: | | | | | Mild | | |  | Moderate | | | |  | | | Severe | |  |
| Does your child take medication for the condition/allergy? | | | | | | | | | | | Yes | |  | | | No | |  |
| What is the medication called? | | |  | | | | | | | | | | | | | | | |

**NATIONALITY/ETHNICITY:** Please mark relevant choice with an X

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **National Identity** |  | **Religion** |  | **First Language** |  | **Mode of Travel** |  |
| British |  | Christian |  | English |  | Car |  |
| Welsh |  | Muslim |  | Bengali |  | School Bus |  |
| Scottish |  | Hindu |  | Cantonese |  | Public Bus |  |
| Indian |  | Jewish |  | Portuguese |  | Walk |  |
| Refused |  | Sikh |  | Punjabi |  | Cycle |  |
| Other |  | Buddhist |  | Spanish |  | Other |  |
|  |  | No Religion |  | Urdu |  |  |  |
|  |  | Other Religion |  | Other |  |  |  |
|  |  | Refused |  |  |  |  |  |

**ETHNIC ORIGIN:** Please mark with an X which best describes your child’s ethnicity – **ONE** choice only

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| White British |  | White-Irish |  | Chinese |  | Bangladeshi |  |
| Indian |  | Pakistani |  | White/Asian |  | Gypsy Roma |  |
| Black-African |  | Black Caribbean |  | Asian-Other |  | Ethnic-Other |  |
| White/Black  African |  | White/Black  Caribbean |  | White-Other |  | Black-Other |  |
| Mixed-Other |  | Refused |  |  |  |  |  |

**PARENTAL CONSENTS**

**For more information, see the Tottington High School GDPR Privacy Notice for pupils and their families under the GDPR data protection regulations.**

|  |  |  |  |
| --- | --- | --- | --- |
| **I give my permission for the information in the Academy Trust’s statistical return to the DfE to be**  **shared with Realistic Choices (Careers Service).** | | | |
| Parent/Carer Signature: |  | Date: |  |
| **I do not give my permission for the information in the Academy Trust’s statistical return to the DfE to**  **be shared with Realistic Choices (Careers Service).** | | | |
| Parent/Carer Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **I give my permission for the information in the Academy Trust’s statistical return to the DfE to be shared with Public Health Services (School Nurse) for immunisation programme purposes.** | | | |
| Parent/Carer Signature: |  | Date: |  |
| **I do not give my permission for the information in the Academy Trust’s statistical return to the DfE to be shared with Public Health Services (School Nurse) for immunisation programme purposes.** | | | |
| Parent/Carer Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **BIOMETRIC CASHLESS CATERING AND SCHOOL LIBRARY REGISTRATION** | | | |
| **I DO want my child to be included in the Biometric Registration process** | | | |
| Parent/Carer Signature: |  | Date: |  |
| **I DO NOT want my child to be included in the Biometric Registration process** | | | |
| Parent/Carer Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERNET PERMISSION SLIP – This section MUST be completed by both student and parent**  **Student – PLEASE READ**  As a school user of the internet, I agree to comply with the Academy Trust’s guidelines on its use. I will use the network in a responsible way and observe all the restrictions explained to me by the school.  **Parent – PLEASE READ**  As the parent or legal guardian of the above, I grant permission for my child to use email and internet. I understand that he/she will be held accountable for his/her own actions. I also understand that some materials on the internet may be inappropriate and I accept responsibility for setting standards for my child to follow when selecting, sharing and exploring information and media. | | | |
| Student Signature: |  | Date: |  |
| Parent/Carer Signature: |  | Date: |  |

**CONSENT – YOUR RIGHTS**

You have the right to change or withdraw your consent preferences at any time by contacting the School Office who will issue you with a new consent form to sign.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DISABILITY DISCRIMINATION ACT – \*This section MUST be completed**\*  From December 2006, all public institutions have had a Disability Equality Duty to promote and implement equality of opportunity between disabled and other people. We wish to ensure that all students, staff, parents and other users of the school feel confident that Tottington High School is actively ‘promoting disability equality and eliminating discrimination’ (DCSF). To help us, we would be grateful if you would complete the following questions if they apply to your child and/or family. Thank you. | | | | | | | | | |
| **Do you consider your child to have a disability?** | | | | | Yes | |  | No |  |
| If yes, Learning Disability |  | Hearing Impairment |  | | | Visual Impairment | | |  |
| Physical Disability |  | Other (please specify) | |  | | | | | |
| **Do you consider that either parent has a disability?** | | | | | Yes | |  | No |  |
| If yes, Learning Disability |  | Hearing Impairment |  | | | Visual  Impairment | | |  |
| Physical Disability |  | Other (please specify) | |  | | | | | |
| **Does your child have any responsibility for caring for a disabled family**  **member?** | | | | | Yes | |  | No |  |

Dear Parent / Carer,

**Consent to use information, images and videos online and in Academy Trust publications.**

I am writing to seek your consent for Tottington High School, which is part of the Shaw Education Trust, to use your son/daughter's name, image or video for certain purposes connected with the Academy Trust.

We are proud of the many achievements of our pupils and there are many activities and events for our pupils to get involved in. You'll have seen that we often use photos of, or refer to, pupils on our website, on social media and in our Academy Trust prospectus to give people a flavour of school life Academy Trust life, to keep the Academy Trust community informed about what our pupils do and to celebrate pupils' achievements. We also sometimes mention pupils or publish their photos in our Academy Trust newsletter. In this digital age, many members of our Academy Trust community use social media to stay connected with what’s happening in Academy Trust and, for those who don’t use social media, the website is an important communication tool which showcases what we do.

You may be aware that the law relating to data protection is changing so we are taking this opportunity to review the consent that we have on file to use photographs and videos of pupils for these reasons. Under data protection law, we need the consent of parents/carers to use the name, photographs or videos of pupils in this way, usually until pupils reach the age of 13. From the age of 13, we will normally approach pupils directly where we are satisfied that they are able to understand what it means to give informed consent.

There is no obligation on you to give consent and if you choose not to give consent for some or all of the options below, we will ensure that your child's photo or a video is not used for those purposes if your child can be identified from it. It may be helpful to inform your child if you decide ‎not to give consent for any of the options below. In some cases, we may take group photos of pupils and we may publish a photograph if we are satisfied that individual pupils cannot be identified from the image.

Please note that the consent obtained within this form applies to all marketing and promotional images, videos and other data relating to both the school and the Trust. By providing consent, you are agreeing to Tottington High School and Shaw Education Trust using images and/or videos of your child for the time your child is at the school and thereafter.

There are likely to be circumstances when we may use your child's photograph for other purposes connected with the Academy Trust where we do not require your consent because there is another legal reason which permits us to use ‎photos or images of your child. For example, we keep a copy of the official Academy Trust photo on our database so that we can correctly identify pupils. There may be other times we use your child's photo or image for purposes connected with the Academy Trust where we do not require your consent. For further information, please see our privacy notice which is available on the Shaw Education Trust website.

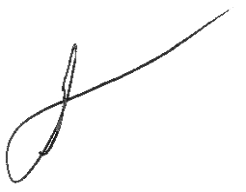
‎We will write to you every other year to refresh your consent but we will write to you sooner than that if we wish to use your child's photo or image in a way that is not anticipated below, for example, if the Academy Trust wishes to use a different social media site or online platform.

You can withdraw your consent at any time by contacting the Academy Trust data expert, information@ths.set.org. If you withdraw consent for your child’s photo being used in any of the ways set out below, we will stop using it in this way but we may still need to retain a copy of the photograph or image for other reasons, for example, where it is needed to perform our public task of providing education.

To enable us to update our records, please complete the consent form and return it to the school office.

If you have any questions, please do not hesitate to contact the school.

Yours sincerely,



Kristy Gardner

Headteacher

**NAME OF PUPIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Providing your consent**

Please read the following options thoroughly and confirm if you wish to provide your consent as appropriate by ticking either ‘Yes’ or ‘No’ for each criteria. We can only use photos and images for the reasons set out in this form if we have received this form back from you. Please therefore return this form to the school office so that we can update our records about whether you give your consent. There is no obligation on you to give consent if you prefer not to do so. The Academy Trust will **only** publish images and videos of your child for the options that you provide consent for.

| **I provide consent to:** | **Yes** | **No** |
| --- | --- | --- |
| Using the name of my child in posts on the Academy Trust website. |  |  |
| Using photos of my child on the Academy Trust website  (If a photograph of a pupil is put on the website, we will not include their name without seeking additional consent from you [where your child is aged 12 and under) |  |  |
| Using videos of my child on the Academy Trust website.  (If a photograph of a pupil is put on the website, we will not include their name without seeking additional consent from you [where your child is aged 12 and under). |  |  |
| Using photos of my child in the Academy Trust newsletter. |  |  |
| Using photos of my child on social media, including the following:   * Twitter * Facebook * Instagram * You Tube |  |  |
| Using videos of my child on social media, including the following:   * Twitter * Facebook * Instagram * You Tube |  |  |
| The media using photos of my child to publicise Academy Trust events and activities, including the following organisations:   * Local newspapers * TES * Schools Week * Headteacher Update * SecEd * QA Education * Leader Magazine * Independent * Academy Trust Today * Guardian |  |  |

|  |  |  |
| --- | --- | --- |
| **I provide consent to:** | **Yes** | **No** |
| The media using videos of my child to publicise Academy Trust events and activities, including the following organisations:   * Local newspapers * TES * Schools Week * Headteacher Update * SecEd * QA Education * Leader Magazine * Independent * Academy Trust Today * Guardian |  |  |
| Using photos of my child in marketing material, e.g. brochures and prospectus which may be in hard copy format and/or available online. |  |  |
| Using images of my child in the methods listed above after my child has left the school. |  |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) am the parent / carer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) and I confirm that I have read and understood the Academy Trust’s letter about consent and I have selected from the above options whether I do or do not give consent for my child’s photograph or image to be used in the various ways set out above:

|  |  |
| --- | --- |
| Name of parent: |  |
| Signature: |  |
| Date: |  |