***STUDENT INFORMATION FORM***

*PLEASE COMPLETE ALL SIDES OF THIS FORM FOR YOUR CHILD*

*This information will be used for administrative purposes within this school. The provision of accurate information helps this school to ensure that your child and other children get the best from their schooling. It is important that you tell us if there are any changes to the information. If fully completed, this form can be referred to by the school for every UK based, one day, off site school trip, removing the need to complete a form for every trip in which your child participates. We will ask you to update key parts of the information each year. Gillotts School is entitled to collect this information under the provisions of the General Data Protection Regulations. If you have any questions concerning the completion of this form, please contact the Admissions Officer.*

**SECTION 1: STUDENT’S DETAILS:**

|  |  |
| --- | --- |
| Forename: |  |
| Middle Name(s): |  |
| Surname: |  |
| Preferred Name: |  |
| Date of Birth: |  |
| Gender: | Male / Female (please circle as appropriate) |
| Student’s Address: |  |
| Postcode: |  |

**SECTION 2: PARENTS' DETAILS:**

*To fulfil the provisions of the Education (Pupil Registration) Regulations the school is required to keep an admissions register that includes the name and address of every person considered, in law, to be the parent of a student. Please note that this includes: mother; married father – even if separated or divorced from the mother; unmarried father – provided parental responsibility is obtained either by formal written agreement of the mother or by court order; any person who has a residence order in relation to the child; any person who has actual care of the child.*

|  |  |
| --- | --- |
| **Mother** | |
| Title: |  |
| Forename: |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| Work Telephone Number: |  |
| Email Address: |  |
| Receive information, eg reports, newsletters, emails: | Yes / No (please circle as appropriate) |

|  |  |
| --- | --- |
| **Father** | |
| Title: |  |
| Forename: |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| Work Telephone Number: |  |
| Email Address: |  |
| Receive information, eg reports, newsletters, emails: | Yes / No (please circle as appropriate) |

|  |  |
| --- | --- |
| **Other parent** | |
| Relationship to child: |  |
| Title: |  |
| Forename: |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| Work Telephone Number: |  |
| Email Address: |  |
| Receive information, eg reports, newsletters, emails: | Yes / No (please circle as appropriate) |

|  |  |
| --- | --- |
| **Other parent** | |
| Relationship to child: |  |
| Title: |  |
| Forename: |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| Work Telephone Number: |  |
| Email Address: |  |
| Receive information, eg reports, newsletters, emails: | Yes / No (please circle as appropriate) |

**SECTION 3: EMERGENCY CONTACTS (OTHER THAN PARENTS)**:

*In the event of an emergency we normally contact parents first unless instructed otherwise. Please give the name and address of at least one additional person who may be contacted in the event of an emergency if the Parents are not available. An emergency contact should live locally and be prepared to collect and act on your behalf if you are unavailable.*

|  |  |
| --- | --- |
| **Emergency Contact 1** | |
| Title: |  |
| Forename: |  |
| Surname: |  |
| Home Address: |  |
| Postcode: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| Work Telephone Number: |  |
| Email Address: |  |

|  |  |
| --- | --- |
| **Emergency Contact 2** | |
| Title: |  |
| Forename: |  |
| Surname: |  |
| Home Address: |  |
| Postcode: |  |
| Home Telephone Number: |  |
| Mobile Telephone Number: |  |
| Work Telephone Number: |  |
| Email Address: |  |

**SECTION 4: BROTHERS AND SISTERS**

|  |  |  |
| --- | --- | --- |
|  | of |  |

Please indicate the position of your child within the family (do not include parents)

Are any siblings currently attending Gillotts School? Yes/No (please circle, if yes please complete box/es below)

|  |  |
| --- | --- |
| Name |  |
| Name |  |
| Name |  |

**SECTION 5: MEALS: *How will the student eat at lunchtime generally? Please tick one box only.***

|  |  |
| --- | --- |
| Free School Meal\* |  |
| School Meal |  |
| Sandwiches |  |
| Other |  |

By law, children in families claiming Universal Credit, Income Support or Income Based Jobseeker’s Allowance and some other benefits are entitled to free school meals (provided evidence of these benefits has been made available to the school). Even if your child will not be taking free school meals it is important that we have this information since it affects our funding and the way in which the school’s performance in tests and examinations is compared with that in other schools. We will ask this question again from time to time to ensure that our records are accurate, and on occasion may need to see relevant proof.

Please indicate if you are receiving such benefits Yes / No (please circle as appropriate)

**SECTION 6: MEDICAL**

|  |  |
| --- | --- |
| GP Practice: |  |
| GP Name: |  |
| GP Telephone Number: |  |

|  |  |
| --- | --- |
| **Does your child have?** | |
| Vision Problems | Yes / No |
| Hearing Problems | Yes / No |
| Speech Problems | Yes / No |
| Mobility Problems | Yes / No |
| Behavioural Problems | Yes / No |

|  |  |
| --- | --- |
| **Does your child suffer from?** | |
| Asthma | Yes / No |
| Epilepsy | Yes / No |
| Diabetes | Yes / No |
| Bowel or Bladder Problems | Yes / No |
| Serious Allergies (eg medication, dressings, stings, food) | Yes / No |
| Travel Sickness | Yes / No |
| Any other Medical Conditions | Yes / No |

|  |  |
| --- | --- |
| Does your child need regular medication on prescription? | Yes / No |
| Will your child need medication during school hours? | Yes / No |
| Does your child suffer from any condition which may affect his/her participation in PE? | Yes / No |
| Date of last Tetanus injection, if within last ten years |  |

|  |  |
| --- | --- |
| *If you have answered* ***YES*** *to any of the above, please give details, including any treatment required (eg medicines – dose and frequency)* | |
|  | |
| Would you like the Community School Nurse to contact you to arrange a review of your child's health? | Yes / No |

**SECTION 7: ETHNIC MONITORING:**

*Please tick the ethnic group to which the student belongs. It is essential that we have this information so that we can monitor the effectiveness of the school’s equal opportunities policies and practices in maximising the student’s progress and achievement. White British should include any pupils from England, Scotland, Wales and Northern Ireland. White Irish should include any pupils from the Republic of Ireland.*

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | Indian |  |
| White Irish |  | Pakistani |  |
| White Traveller of Irish Heritage |  | Bangladeshi |  |
| Any other white background (please specify) |  | Any other Asian background (please specify) |  |
| White Gypsy/Roma |  | Black Caribbean |  |
| Mixed White/Black Caribbean |  | Black African |  |
| Mixed White/Black African |  | Any other black background |  |
| Mixed White/Asian |  | Chinese |  |
| Any other mixed background (please specify) |  | Any other ethnic group (please specify) |  |

|  |  |
| --- | --- |
| Prefer not to answer |  |

***Please indicate the student’s first language (the main language spoken by the student at home). Please tick one box only.***

|  |  |  |  |
| --- | --- | --- | --- |
| English |  | If Other, please indicate the level of proficiency in: |  |
| Other (please state) |  | Speaking | Fluent / Good / Basic |
|  |  | Listening | Fluent / Good / Basic |
|  |  | Reading | Fluent / Good / Basic |
|  |  | Writing | Fluent / Good / Basic |

***Please tick the student’s religion. Please tick one box only.***

|  |  |  |  |
| --- | --- | --- | --- |
| Christian inc Roman Catholic |  | Jewish |  |
| Muslim |  | Buddhist |  |
| Hindu |  | Other |  |
| Sikh |  | No religion |  |

**SECTION 8: TRAVEL: *How will the student travel to school generally? Please tick one box only.***

|  |  |  |  |
| --- | --- | --- | --- |
| Bicycle |  | Walks |  |
| Car |  | Taxi |  |
| Public Transport |  | Other |  |
| School Coach/Bus |  |  |  |

**SECTION 9: WELFARE: *Please circle as appropriate***

|  |  |
| --- | --- |
| Is your child a Service Child in Education?  ie, a child of someone serving in the UK armed forces | Yes / No |
| Is your child a Young Carer? | Yes / No |
| Was your child Adopted from Care? | Yes / No |

**SECTION 10: PREVIOUS EDUCATION: *Please give details of all previous schools attended by the student.***

|  |  |  |
| --- | --- | --- |
| Name & location of school | Date of arrival | Date of leaving |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 11: SPECIAL EDUCATIONAL NEEDS and DISABILITY**

|  |  |
| --- | --- |
| Is your child on the SEND Register at their current school? | Yes / No |

If you have answered 'Yes', which category of SEND are they? Please tick below.

|  |  |  |  |
| --- | --- | --- | --- |
| Communication & Interaction (C&I) |  | Physical & Sensory (P&S) |  |
| Cognition & Learning (C&L) |  | Social, Emotional & Mental Health (SEMH) |  |

|  |  |
| --- | --- |
| Has your child received a diagnosis of a Special Educational Need or Disability? | Yes / No |
| If you have answered 'Yes', what diagnosis have they received and who completed the assessment/diagnosis?  Please provide copies of all diagnostic assessment reports for the SENDCo to read & keep on file. |  |

|  |  |
| --- | --- |
| Does your child have an Education, Health & Care Plan (EHCP)? | Yes / No |
| If you have answered 'Yes', when was the EHCP issued & by which Local Authority? |  |

|  |  |
| --- | --- |
| For students joining Gillotts in Years 9 to 11 ONLY:  Has your child been awarded Access Arrangements for assessments/ examinations (e.g. extra time, reader) in their previous school? | Yes / No |

**Should you wish to speak to someone with regard to your child’s SEND needs, please email our SENDCo, Claire Collyer on** [**ccollyer@gillotts.org.uk**](mailto:ccollyer@gillotts.org.uk)

**SECTION 12: ADDITIONAL INFORMATION SPECIFICALLY FOR SCHOOL TRIPS**

**This information can be referred to by the school for every UK based, one day school trip off site, removing the need to provide this for every trip which your child participates in.**

Please indicate the swimming ability of your child by ticking the appropriate distance. (Normally the minimum requirement for participation in water-base activities is to be able to swim 25m and display water confidence.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Non-swimmer | 10 metres | 25 metres | 50 metres | Greater distance |
|  |  |  |  |  |

|  |
| --- |
| Please specify any special dietary requirements. |
|  |

|  |
| --- |
| Is there any other relevant information of which any group leader or activity provider should be made aware?  (eg vertigo, claustrophobia, panic attacks, colour blindness etc) |
|  |

*Although regrettable, there are occasions when it may not be possible to accommodate persons with particular or extensive conditions or special needs on some visits or in some activities since their health and safety may be placed at unacceptable risk. In such cases the decision of the Head of Establishment is final.*

**SECTION 13: YOUR SIGNATURE:**

I declare the above information is a complete résumé of my son/daughter’s current health status, and I will notify the ‘Trip Leader’ of any subsequent changes that occur at least three weeks prior to the date of the trip, or as soon as is practicable. I accept travel may be denied if any medically notifiable or certifiable health problem(s) subsequently arise(s).

I agree to my son/daughter taking part in school visits including sporting fixtures and all UK based one-day off site school activities. I will be informed of the dates and nature of the activities beforehand and will have the opportunity to withdraw this general consent should I wish to do so. I will read the proposed itinerary, activities, financial and general information for any visit and by returning the permission slip for a visit I agree to my son/daughter attending and participating fully in the proposed activities.

I agree to my son/daughter receiving any and all emergency medical treatment, including anaesthetic and/or blood transfusion, as may be considered necessary by the medical authorities in attendance, should the need arise. I understand the extent and limitations of the insurance cover provided.

***Please sign and date:***

|  |  |
| --- | --- |
| Signature: |  |
| Name (in block capitals please): |  |
| Date: |  |
| Relationship to student: |  |

Consent form for using photos for communication, marketing and promotional materials

At Gillotts, we sometimes take photographs or make recordings of pupils. We use these for official tasks in the public interest, for example to be able to identify our students.

We also use photos in the school’s prospectus, in the school’s newsletter, on the school’s website, in official school social media, in adverts/ press releases and on display boards/ in presentations around school. We may take photographs/ make recording of performances to make them available for parents. If a photograph/ recording is used in this way, personal details of young people such as their name, email address, home address and telephone numbers will not be revealed.

We really value using photos of pupils, to be able to showcase what pupils do in school and show what life at our school is like to others, so we would appreciate your giving consent. If you’re not happy for us to do this, that’s no problem – we will accommodate your preferences.

Please tick (✓) the relevant box(es) below to indicate the statements you agree with.

|  |  |
| --- | --- |
| I am happy for the school to use photographs of my child for **all** communication, marketing and promotional materials. |  |

**OR**

I wish only to give specific consent for the school to uses photographs of my child for the following purposes:

|  |  |
| --- | --- |
| I am happy for photos of my child to be used in the school prospectus. |  |
| I am happy for photos of my child to be used in the school newsletter. |  |
| I am happy for photos of my child to be used on the school website. |  |
| I am happy for photos of my child to be used on official school social media, for example Facebook or Twitter. |  |
| I am happy for photos of my child to be used in the media, for example local newspapers. |  |
| I am happy for photos of my child to be used on display boards and in presentations around school. |  |
| I am happy for photos/ recordings of my child in performances to be made available to parents. |  |

**OR**

|  |  |
| --- | --- |
| I am **NOT** happy for the school to use photos of my child for communication, marketing and promotional materials. |  |

Consent form for sharing recordings of live online lessons

During the periods of school closure, we delivered some teaching live online. We are required, for safeguarding purposes, to keep a recording. However in order to share the recording, with students who participated or students who were unable to attend, we need your consent. We are seeking this consent from you now, in case there are further full or partial periods of closure in future academic years.

Please tick (✓) the relevant box:

|  |  |
| --- | --- |
| I am happy for the school to share recordings of live online lessons with other students. |  |
| I am **NOT** happy for the school to share recordings of live online lessons with other students. |  |

Consent form for accessing additional services from Google

At Gillotts, we use Google Workspace for Education for students and staff. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom and Meet. We also use additional services from Google, such as Blogger, Google Maps, YouTube. When a school obtains appropriate [consent](https://support.google.com/a/answer/6356509), the additional services can be used without age restrictions by Google Workspace for Education users. We really value using these services to enrich our teaching, so we would appreciate your giving consent.   
*You can find a complete list of the services at:* [*https://gillotts.org.uk/teaching-and-learning/byod/*](https://gillotts.org.uk/teaching-and-learning/byod/)

Please tick (✓) the relevant box:

|  |  |
| --- | --- |
| I am happy for my child to use additional Google services. |  |
| I am **NOT** happy for my child to use additional Google services. |  |

Consent form for receiving publications and marketing

Please tick (✓) the relevant box:

|  |  |
| --- | --- |
| I am happy to receive the school newsletter by email. |  |
| I am **NOT** happy to receive the school newsletter by email. |  |

**Consent form for biometric ID**

The catering system at Gillotts uses, among other methods of identification, a biometric ID system. With parental permission, each child can register by placing their finger on a reader and the system will use parts of the image to create a unique number. The system never takes a full fingerprint image and the image is never saved. The codes cannot be converted into a fingerprint nor be used by any other source for identification purposes. We may extend the use of this ID system for other facilities available to students at school, for example, printing.

***Please tick the relevant box below:***

|  |  |
| --- | --- |
| I **DO** wish my child to be included in the biometric ID registration process |  |
| I **DO NOT** wish my child to be included in the biometric ID registration process |  |

If you change your mind at any time, you can let us know by emailing office@gillotts.org.uk, calling the school on 01491 574315, or just popping into the school office. If you have any other questions, please get in touch.

***Please sign and date:***

|  |  |
| --- | --- |
| Signature: |  |
| Name (in block capitals please): |  |
| Date: |  |
| Relationship to student: |  |

**Partnership Agreement between Home and School**

The purpose of this agreement is to set out in broad terms how students, parents and the school should work together to ensure each student reaches his/her true potential. We strive to promote a broad, balanced range of learning experiences in an atmosphere of mutual respect. We stress values of good conduct and high achievement while also seeking to prepare students to be ready to accept the implications and responsibilities of belonging to a wider community.

We believe very strongly in the triangular partnership involving the student, parents and the school.   Students and parents are asked to sign this document to demonstrate that they endorse the general principles that are set out within it and to confirm we will work together for the educational benefit of each child.  If you would like to discuss the agreement, please contact your child’s form tutor.

**Student**

**I shall:**

* do my best to attend every day on time and I will expect to work hard
* be ready for lessons, on time and with the correct equipment
* always do my best in all areas of my school work, both in lessons and at home
* take advantage of all opportunities offered to me by the school, both within and outside lessons
* show respect for all members of the school and all property within the school
* follow the school’s Behaviour for Learning policy and uniform code

**Parent/Guardian**

**I/We shall:**

* ensure my/our child’s regular, punctual attendance with proper equipment, including a device
* support my/our child in engaging with the school’s full curriculum, including preparation for examinations
* encourage my/our child’s learning through homework and other activities
* attend parents’ information evenings and consultation evenings concerning my/our child’s progress
* get to know and take interest in my/our child’s life at school
* make the school aware of any concerns that might affect my/our child’s progress
* support the school’s Behaviour for Learning policy and uniform code
* avoid taking my/our child on holiday during term time

**Staff and Governors**

**We shall:**

* care for your child’s safety and happiness, securing an environment where children can grow and develop
* create a good environment for learning
* develop consistent approaches for addressing behaviour issues
* act as role models for your child in punctuality, being prepared for lessons and relationships with other members of the school community
* contact you, when we are concerned about your child’s attendance and punctuality
* encourage and motivate your child to do the very best they can
* keep you informed about your child’s progress, homework, and about general school matters
* set and mark homework on a regular basis, with the expectation that normally there will be approximately:
  + 1½ hours homework per day for pupils in Year 7 and 8
  + 2 hours homework per day for pupils in Year 9
  + 2½ hours homework per day for pupils in Year 10 and 11
* be open and welcoming and offer opportunities for you to become involved in school life, including lunch-time clubs, sports teams, and educational visits both within the UK and abroad

**We ask parents also to**:

* Telephone or email the school on the first day of any unexpected absence their child may have, explaining the nature of the absence and the length of time their child is likely to be away from school, and follow this up with a note on the first day he/she returns.
* Ensure that adequate transport arrangements are made if an after-school detention is set for their child.
* Ensure that all school documents are returned promptly.  This includes data checking, appointment times for Consultation Evenings and communication concerning school events or procedures that require a parental response.
* Ensure that school books are kept in good condition and free from graffiti, and that textbooks are handed back in good condition at the end of the academic year or when requested.
* Read all email communications from the school and access the school website regularly.

**In confirmation of acceptance of this Agreement, the appropriate signatures are given below:**

|  |  |
| --- | --- |
| Signature of student: |  |
| Signature of parent: |  |
| Name of parent (in block capitals please): |  |
| Date: |  |
| Relationship to student: |  |