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| --- |
| **STUDENT FILE** |



Holy Trinity Catholic School

***Learn to Love, Love to Learn.***

|  |  |
| --- | --- |
| **Student full Legal Name**(as on birth certificate) |   |
| **Primary School** |  |

**Please complete the forms in this pack. You will need to bring these with you on Parental Induction Evening at Holy Trinity Catholic School. Date to be confirmed.**

**Introduction**

As you may be aware, the General Data Protection Regulation (GDPR) came into effect on 25th May 2018.

Due to new GDPR regulations with effect from 25th May 2018, schools must now provide parents with an opportunity to opt in or out of certain data sharing.

We will not give information about you to anyone outside the school without your consent unless the law and our statutory requirements permit it (see page 2 for further details).

If you want to find out more about how we collect and process your data, please read our privacy notice on the school website.

After the GDPR legal basis explanation, the document has the following sections:

SECTION 1 – Student personal information

SECTION 2 – Family and Contact Details

SECTION 3 - Medical information

SECTION 4 – Special Educational Needs

SECTION 5 - Safeguarding

SECTION 6 - Cashless catering

SECTION 7 – ICT Acceptable use policy

SECTION 8 – Mobile phones, Music and Internet

SECTION 9 – Photographic / Video Image

SECTION 9 – Photography and video image consent

SECTION 10 – Free school meals

SECTION 11 – Ethnic Monitoring Form

**GDPR and the legal basis**

For the purposes of the General Data Protection Regulation (GDPR) we are the Data Controller and the personal data we hold is used to support teaching and learning, monitor and report on your child’s progress, provide appropriate pastoral care and assess how well your child is doing.

We are required by law to pass some of your information to the Local Authority (LA) and the Department for Education (DfE).

The legislation that allows us to collect and process this data is:

* The Education (Pupil Information) (England) Regulations 2005 SI 2005 No. 143
* Keeping children safe in education Statutory guidance for schools and colleges March 2015”; “Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children March 2015”
* Education Act 1996 Section 7
* Limitation Act 1980 (Section 2)
* Social Security (Claims and Payments) Regulations 1979 Regulation 25.
* Social Security Administration Act 1992 Section 8. Limitation Act 1980

The processing is necessary for the school to perform a task for our official functions, and the task or function has a clear basis in law.

* School attendance: Departmental advice for maintained schools, academies, independent schools and local authorities October 2014

To find out more about the data collection requirements placed on us by the Department for Education (for example; via the school census) go to

**https://www.gov.uk/education/datacollection-and-censuses-for-schools.**

**The National Pupil Database (NPD) is owned and managed by the Department for Education and contains information about pupils in schools in England. To find out more about the NPD, go to**

**https://www.gov.uk/government/publications/national-pupil-database-user-guide-andsupporting-information.**

**We hold pupil data in accordance with guidance provided by the Information Records Management Society (IRMS) in their publication “Information Management Toolkit for Schools”. More information can be found in our privacy notice at** [**http://www.holytrc.bham.sch.uk/index/gdpr-privacy-notice-for-parents-and-pupils/**](http://www.holytrc.bham.sch.uk/index/gdpr-privacy-notice-for-parents-and-pupils/)

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| **SECTION 1 – STUDENT PERSONAL INFORMATION** |

|  |  |
| --- | --- |
| First Legal Name(s)(as on birth certificate) |  |
| Surname |  |
| Date of birth |  |
| Country of birth |  |
| Nationality |  |
| Refugee / Asylum seeker |  |
| Years in the UK |  |
| Religion |  |
| Sex |  |
| ETHNICITY |  |
| First Language Spoken(language spoken at home) |  |
| Other languages spoken |  |
| HOME ADDRESS | House number:Street:City:Post Code: |
| Home telephone number |  |
| How does your child travel to school? |  |
| Is your child entitled to Free School Meals? |  |
| Primary school (s)  |  |
| Did your child complete the Y6 SATs in the UK? (yes / no) |  |
| **SECTION 2 – FAMILY AND CONTACT DETAILS** |

|  |
| --- |
| PARENT / CARER DETAILS |

|  |  |
| --- | --- |
| Parent / carer – Name |  |
| Parent / carer – Surname |  |
| Relationship to child |  |
| Mobile number |  |
| Email address |  |

|  |
| --- |
| BROTHERS AND SISTERS AT HOLY TRINITY CATHOLIC SCHOOL |

|  |  |
| --- | --- |
| Full name | Current year group |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| EMERGENCY CONTACTS (must be kept up to date at all times) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority | Full name | Relationship to student | Home telephone number | Mobile telephone number |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| **SECTION 3 – MEDICAL INFORMATION** |

|  |
| --- |
| **DOCTOR** |
| **Name of surgery** |  |
| **Name of doctor** |  |
| **Telephone of doctor** |  |
| **Address of surgery** |  |
| **NHS Number** |  |

|  |
| --- |
| **Allergies / dietary information** |
|  |

|  |
| --- |
| **Medical conditions or illnesses** |
|  |

|  |  |
| --- | --- |
|  | Yes / No? |
| Has your child being prescribed an inhaler? |  |
| Has your child being prescribed an epipen? |  |

|  |
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| **MEDICATION** |

The school will not give your child medicine unless you complete and sign this form.

|  |  |
| --- | --- |
| Date for review to be initiated by |  |
| Name of school |  |
| Name of child |  |
| Date of birth |  |
| Medical condition or illness |  |
| **Medicine** |
| Name / type of medicine (as prescribed on the container) |  |
| Expiry date |  |
| Dosage and method |  |
| Timing |  |
| Special precautions / other instructions |  |
| Are there any side effects that the school needs to be aware of? |  |
| Self-administration? – Yes / NO |  |
| Procedures in case of an emergency? |  |

**NB: Medicines must be in the original container as dispensed by the pharmacy**

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|  **CONTACT DETAILS** |
| **Name** |  |
| **Daytime telephone number** |  |
| **Relationship to child** |  |
| **Address** |  |
|  **CONSENT** | Please tick |
| I understand that I must deliver the medicine personally to Mrs Angela Donnelly |  |
| The above information is, to the best of my knowledge, accurate at the time of writing. |  |
| I give consent to Mrs Angela Donnelly to administer medicine in accordance with the school policy.  |  |
| I understand that I have to inform the school in writing if there are any changes in dosage or frequency of the medication or if the medicine no longer needs to be administered. |  |

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CHILD HEALTH QUESTIONNAIRE** |

**Please complete this questionnaire which will help identify any health concerns that your child may need help with.**

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| --- | --- | --- |
| **Health issue** | **Any concerns?** | **Details of health concerns** |
|  | **Yes** | **No** |
| **Child’s emotional health issues such as anxiety, self-harm, behaviour** |  |  |  |
| **Child’s weight or diet** |  |  |  |
| **Young person’s sexual health or relationships** |  |  |  |
| **Young person using drugs, alcohol or smoking** |  |  |  |
| **They are NOT up to date with all their vaccinations** |  |  |  |
| **Problems with enuresis (bed wetting)** |  |  |  |

**Parental signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **SECTION 4 – SPECIAL EDUCATIONAL NEEDS** |

**Please complete this section if you think that our school records need to be updated. Please contact Miss Yanez if you need to discuss this information.**

SPECIAL EDUCATIONAL NEEDS

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| SEN Support |  |  |
| EHCP (Educational Health Care Plan) |  |  |
| SEMH (Social Emotional Mental Health) |  |  |
| SPLD (Specific Learning Difficulty) |  |  |
| MLD (Mild Learning Difficulty) |  |  |
| ADHD |  |  |
| ASD |  |  |
| Other |  |  |

If your child has an Educational Health Care Plan or has SEN support, when did this start?

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| --- |
|  |

If you have ticked ‘yes’ to any of the above, please provide details:

Please provide details of any outside school agencies providing support for your child’s Special Educational Needs

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| **SECTION 5 - SAFEGUARDING** |

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| AGENCIES |

Are there are any agencies currently working with you and your child? (e.g.Stepping Stones)

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| --- |
| WHAT ELSE DO WE NEED TO KNOW? |

Provide details of any information that the school needs to be aware of to keep your child safe (use additional pages if necessary):

|  |
| --- |
| Other important information: |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Family Support Worker in place |  |  |
| Family Support Worker previously |  |  |
| Court order |  |  |
| Child protection order |  |  |
| Is the named child a carer? |  |  |
| Is the named child in private fostering? |  |  |

**If you have ticked ‘yes’ to any of the above, please provide details (E.G name of social worker):**

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 6 – CASHLESS CATERING** |

At Holy Trinity Catholic School we operate a cashless catering system. Our students can add money to their accounts, and when they pay for their food, they only need to use their finger prints.

As part of our catering system, we enrol student finger data using a biometric sensor, which reads between 50 and 130 points on the finger and processes the result through a computer algorithm to output a reference number unique to your child and allows for cashless catering in the canteen.

The biometric scans are used only in relation to school services and it is not possible to rebuild a forensic style ‘fingerprint’ from the data we collect nor is the data registered shared with any other agency or organisation.

Once your child finishes his / her education with us, we will retain this file and delete the information in it in accordance with our record retention schedule/records management policy

You may withdraw this consent at any time. If you wish to withdraw this consent in the future, please contact the Data Protection Officer at Holy Trinity Catholic School, Oakley Rd, Small Heath, B10 0AX.

CONSENT

I am happy for my child to be included in the biometric registration process for the purpose of cashless catering as described above:

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 7 – ICT ACCEPTABLE USE POLICY** |

This Acceptable Use Policy (AUP) is written in the form of an agreement between the school and each student. A copy of the policy will be included on school website and in the information booklet for parents. Copies can also be obtained on request from Reception. The AUP should be read carefully to ensure that the conditions of use are accepted and understood before it is signed by the student. The AUP will be reviewed annually.

# Aims

The aims of this Acceptable Use Policy are:

1. To ensure that students may benefit from the learning opportunities offered by the school’s network and internet resources in a safe and effective manner.
2. To protect the school’s ICT infrastructure from misuse and attack.

# The school undertakes to:

1. Prioritise Data Protection and adhere to strict guidelines on the use of personal or sensitive information.
2. Provide a safe and productive digital learning environment
3. Provide students with training in the area of internet safety
4. Supervise students’ network and internet access wherever possible
5. Monitor students’ network and internet activities using software systems
6. Provide internet filtering in order to minimise the risk to inappropriate material
7. Ensure there is a secure and regular backup of student data wherever possible. Nevertheless, students are still primarily responsible for backing up their own data and work.
8. Ensure that robust and up to date virus detection and security systems are in place to protect students’ data.
9. Only publish students’ projects, artwork or school work on the School Website/Internet in line with agreed school policy.

**Important information for all students:**

1. Use of ICT Facilities is forbidden unless supervised by a member of staff
2. Network and Internet use and access is considered a school resource and a privilege
3. If the school AUP is not adhered to, this privilege will be withdrawn and appropriate sanctions will be imposed.
4. Designated staff can review student files and communications to ensure that the system is being used responsibly. They also have the right to access computer storage areas, accounts and removable media, including USB Flash Drives and CD-ROMs
5. Designated members of staff can remotely view a student’s computer screen at any time, without them knowing, in order to ensure compliance and appropriate use of the Holy Trinity network.
6. Students are subject to the provisions of the Copyright, Designs and Patents Act 1988;
7. The school will provide information on the following legislation relating to use of the Holy Trinity network, which teachers, students and parents should familiarise themselves with: GDPR 2018. The Data Protection Act 1998; Data Protection (Amendment) Act 2003; Video Recordings Act 1989, Copyright, Designs and Patents Act 1988, Computer Misuse Act 1990.

# Students will:

1. Ask a teacher before using any personal USB flash drive, CD-ROM or similar device in school.
2. Observe good etiquette at all times and behave in a way that reflects well on them and the school.
3. Use the Holy Trinity network for school related matters only, use computers for educational purposes and adhere to the student print policy.
4. Make sure they take regular backups of their work.
5. Respect other computer users and never harass, harm, cause insult or offence.
6. Respect the security protocols in place on the computers and not attempt to bypass or alter security settings put in place on the Holy Trinity network. Attempting to bypass or breach the school security systems is a serious offence.
7. Use approved school email accounts for school use only. Personal email accounts such as Hotmail and Gmail are prohibited.
8. Only use discussion forums or other electronic communications that have been approved by the school.
9. Report any damaged ICT equipment (accidentally or otherwise) to the supervising member of staff immediately.
10. Read and adhere to school information on e-Safety, cyber-bullying and social networking guidance.

# Students will NOT:

1. Attempt to upload, download or transfer any software from the internet or portable media.
2. Attempt to bypass the school’s internet filters. Violation of this is a serious offence.
3. Copy software or multimedia content unless it has been approved by a member of staff.
4. Install, attempt to install, or store programs of any type on the Holy Trinity network.
5. Use the internet, computer systems, portable media or other mobile devices for playing non-educational games.
6. Store personal photographs, music, games or other prohibited/inappropriate content in their user area (N: Drive) or anywhere on the school network.
7. Damage, disable, dismantle or otherwise cause, or attempt to cause harm to the operation of computers, or any other ICT equipment or cables.
8. Attempt to connect mobile equipment (e.g. laptops, tablets, PSPs, mobile phones etc.) to the school network.
9. Eat or drink in any room where there is ICT equipment.
10. Reveal their password to anyone, or use someone else’s username or password. Students are responsible for the actions of anyone who is using their username and password, so must immediately tell a member of staff if they suspect that someone else has this information.
11. Access or alter other people’s folders, work or files without permission.
12. Visit Internet sites that contain obscene, illegal, hateful or otherwise objectionable materials. Any such sites should be reported to a member of staff immediately.
13. Send or receive any material that is illegal, obscene, defamatory or intended to annoy or intimidate another person.
14. Use social networking sites, such as Facebook or Instagram while in school, or use such platforms to make public comments about Holy Trinity Catholic School, its staff or students, which are defamatory, liable to cause offense or bring the school into disrepute.
15. Pass personal information on (like real names or addresses) to anyone on the internet.

Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 8– MOBILE PHONES, MUSIC AND INTERNET**  |

We accept that many students own mobile phones, most with cameras. The school rules about these are simple:

* Students must have their phone switched off during lessons.
* Students are allowed to listen to music on their mobile phones at break time and lunch time only if they are outside of the buildings and if they are using earphones.
* Students are not allowed to listen to music using separate speakers.
* Mobile phones should not be used for contacting parents in case of illness or injury. The Office staff will always make the necessary arrangements.
* Students are not allowed to take pictures or record videos in school with their mobile phone unless it is for educational purposes and it has been agreed by a member of staff.
* At no time students are allowed to take pictures or videos of other students, member of staff or adult using their mobile phone. It is illegal to do so without permission of the person being photographed or videoed. This can lead to the student being excluded and the student is open to possible prosecution.
* The student is not permitted to upload photographs or videos of another student, member of staff or other adult in the school community onto the internet, including social networking sites. This can lead to the student being excluded and the student is open to possible prosecution.
* If a student posts or shares unpleasant comments, photos or videos about any member of the school community, which is considered bullying, we will inform parents. This can lead to the student being excluded and the student is open to possible prosecution.

All students are expected to use mobile phones responsibly and safely. This is in line with all the school safeguarding, behaviour and antibullying policies. Failure to do so will result in the phone being confiscated. If there is a particular safeguarding concern, we may pass the information and / or device to the police.

I have read the information above and I agree to follow these rules.

I understand that the school takes no responsibility for any phone lost or stolen on the school site and that they are brought into school at the students own risk.

Student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 9 – PHOTOGRAPHIC / VIDEO IMAGE** |

During your child’s education at Holy Trinity Catholic School, both photographic and video images will be taken in a number of subject areas as part of the curriculum and also as part of enrichment activities such as after school clubs or educational visits.

Images and videos can be used for a range of purposes. Please let us know if we have your consent.

|  |  |
| --- | --- |
| Images and videos will be used for: | I give my consent (yes / no) |
| Educational training in school for staff |  |
| Educational training outside school |  |
| Displays throughout the school |  |
| Celebrating achievement during parents’ evenings and open evenings |  |
| Celebrating achievement at lunch time |  |
| Included in school’s newsletters |  |
| In the school website |  |
| In the school twitter account |  |
| Shared with local or national media |  |

Please note further restrictions on usage below:

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| --- |
|  |

If we are intending to use any images or videos for any other purposes, we will ask for specific consent in writing.

Please be aware that the GDPR stipulates that you are entitled to withdraw consent at any time in the future. Should you wish to do this, please put this in writing for the attention of the Data Protection officer.

If you sign this document, you agree to the school using photographic and video images as outlined in the consent given above.

Student full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

Parental name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

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| SECTION 9 – PHOTOGRAPHIC / VIDEO IMAGE CONSENT |

During your child’s education at Holy Trinity Catholic School, both photographic and video images will be taken in a number of subject areas as part of the curriculum and during out of school enrichment activities such as educational visits.

The GDPR stipulates that you are entitled to withdraw your consent at any time in the future. Should you wish to do so, please put this in writing only and send it to the attention of the Data Protection Officer.

Please tick the boxes if you would like to consent the use of these images for the following purposes.

|  |  |
| --- | --- |
| Purpose – the images / videos will be used for… | Yes / No |
| In school educational training in school for staff |  |
| Educational training that takes place outside the school |  |
| Celebrating achievement such open evenings |  |
| To celebrate achievement during lunch time – projected PowerPoint |  |
| Displays throughout the school |  |
| To be included in parental newsletters |  |
| To be shared with local or national media |  |
| To be included in our twitter account |  |

|  |
| --- |
| Please provide any further details: |

If we need the photographs / videos for any other purpose, we will ask for specific consent in writing (e.g. GCSE photography course).

Name of student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent / carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of parent carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to the school using photographic and vudeo images as outlined in the consent from above.

Student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION** 10 **– FREE SCHOOL MEALS** |

**You will qualify for free school meals if you or your partner are receiving:**

* **Income Support (IS)**
* **Income Based Jobseekers Allowance (IBJSA)**
* **Support Under part VI of the Immigration and Asylum Act 1999; or**
* **Universal Credit with an annual net earned income of no more than £7400**
* **The guarantee element of the Pension Credit**
* **Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit)**
* **Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190**
* **An income-related employment and support allowance (irESA)**

|  |  |  |
| --- | --- | --- |
| **You and your partner** | **YOU** | **YOUR PARTNER** |
| **Title** | **Mr / Mrs / Ms / Miss** | **Mr / Mrs / Ms / Miss** |
| **Surname / family name** |  |  |
| **Other names** |  |  |
| **Date of birth** |

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|  |  | **/** |  |  | **/** |  |  |

 |
| **National insurance number** |

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 |
| **National Asylum Support Service (NASS) number** |  |  |
| **Address** | **Street:****Post code:** | **Street:****Post code:** |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No – you cannot get free school meals** |
| **Do you or your partner receive Income Support or Income Based Job Seekers Allowance or irESA?** |  |  |
| **AND / OR: Child Tax Credit (CTC) only (no working tax credit) – gross income of no more than £16,190** |  |  |
| **AND / OR: Support under Part 6 of the Immigration and Asylum Act 1999** |  |  |
| **AND / OR: Guarantee element of the State Pension Credit** |  |  |

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| **APPLICATION FOR FREE SCHOOL MEALS (continued)** |

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| **Children living with you who go to school** |
| **Full legal name** | **Sex** | **Date of birth** | **School** |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **/** |  |  | **/** |  |  |

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| **Backdating** | **Does this apply to you?** | **If you are not sure get help to fill in this part.** |
| School meals are provided free from the date of your claim. However, if you have a good enough reason for not claiming earlier and you have paid for your child’s meals we can refund you for up to 3 months. If you think that your free meals should be backdated tell us the date from which you wish to claim and the reason why below. |
| **I wish to claim free meals from** |

|  |  |  |  |  |  |  |  |
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 |
| **I did not apply earlier because** |
| **Declaration: if you give false information you could be prosecuted** |
| * **As far as I know the information I have given is complete**
* **I agree that you may make any enquiries to check the information I have given.**
* **I will tell you at once if my circumstances, income or savings change.**
* **I will tell you at once if there is any change in the circumstances of income of the people living in my house.**
 |
| **Signature:** | **Date:** |

**SCHOOL MEDICATION CONSENT FORM**

Childs Name………………………………………………………………………………………………………………………

D.O.B …………………………………………………………………

Class/Tutor Group …………………………………………

Name and strength of medication …………………………………………………………………………………….

How much to give (i.e. dose to be given) ………………………………………………………………………….

When to be given …………………………………………………………………………………………………………….

Any other instructions …………………………………………………………………………………………………….

Number of tablets/quantity given to school ……………………………………………………………………

**(NB: MEDICATION MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY WITH CHILDS NAME AND CLEAR INSRTRUCTIONS ON HOW MUCH TO GIVE)**

Telephone no. of parent/carer …………………………………………………………………………………………

G.P’s telephone number …………………………………………………………………………………………………...

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school and Local Authority policy. I will inform the school immediately, in writing, if there is any change in dosage of frequency of the medication or if the medication is stopped.

Parents signature ……………………………………..Print Name …………………………………………………….

Date …………………………………………….

**If more than one medication is to be given, a separate form should be completed for each.**

**Please note: A telephone call will always be made to the parent/carer prior to medication being administered.**