LANCASTER GARDENS

WHITLEIGH

PLYMOUTH

PL5 4AA

SIR JOHN HUNT COMMUNITY SPORTS COLLEGE

CONSENT FORMS

BOOKLET

**(Please complete ALL boxes and lines coloured BLUE**

**and return to College)**

**Student’s Details:**

|  |  |
| --- | --- |
| **Full Name (Legal)** |  |
| **Preferred Name****If different from legal** |  |
| **Date of Birth:**  | **Gender: Male / Female** |

**Please give details of those persons with legal Parental Responsibility:**

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Address (if known):** | **Address (if known):** |
| **Relationship to Student:** | **Relationship to Student:** |

**Parent/Carer Contacts:**

The Education Act requires that all parents/step-parents/carers should be listed here along with their relationship to the student, even if the student no longer lives with them. Also, please give details of at least one other person who may be contacted in an emergency, if parents/carers are not available.

|  |
| --- |
| **1st Contact details – Must be the person the student lives with** |
| Full Name | (Mr/Mrs/Miss) |
| Address (including postcode) |  |
|  |
| Telephone Number 1 |  | Telephone Number 2 |  |
| Work Number |  | Place of work  |  |
| Email address: |  |
| Relationship to Student |  | Parental Responsibility | YES / NO |

|  |  |  |  |
| --- | --- | --- | --- |
| **2nd Contact details** |  |  |  |
| Full Name | (Mr/Mrs/Miss) |
| Address (including postcode) |  |
|  |
| Telephone Number 1 |  | Telephone Number 2 |  |
| Work Number |  | Place of work  |  |
| Email address: |  |
| Relationship to Student |  | Parental Responsibility | YES / NO |

|  |  |  |  |
| --- | --- | --- | --- |
| **3rd Contact details** |  |  |  |
| Full Name | (Mr/Mrs/Miss) |
| Address (including postcode) |  |
|  |
| Telephone Number 1 |  | Telephone Number 2 |  |
| Work Number |  | Place of work  |  |
| Email address: |  |
| Relationship to Student |  | Parental Responsibility | YES / NO |

**Details of other children in the family:**

|  |  |  |
| --- | --- | --- |
|  **NAME** |  **AGE** |  **SCHOOL** |
|  |  |  |
|  |  |  |
|  |  |  |
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**Welfare**

If the student is in care, please state the Care Authority**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Custody and Access**

Please describe any restrictions on access to your child (eg following divorce or separation): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Would you like copies of reports to go to both Parents** *(if applicable)* | **YES** |  |  |  | **NO** |  |  |
|  |  |
|  |  |  |  |  |  |  |  |
| **Does the student have a parent, with parental care** **and responsibility, serving in regular HM Forces military units?** | **YES** |  |  |  | **NO** |  |  |
|  |  |

|  |
| --- |
| **Please indicate your child’s usual lunch arrangement.** |
| School Meal |  | Free School Meal  |  | Packed Lunch |  |  |
|  |  |  |  |  |  |  |  |
| **Please indicate your child’s usual method of travel to school.** |
| Walk |  | Car |  | Other |  |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  | *(Please specify)* |  |  |
| Public transport |  | *Route No* **\_\_\_\_\_\_\_\_\_\_** |

**Ethnically based information:**

The Department for Education requires schools to collect information on the ethnic background of school pupils. This information is being collected with the best intentions. Our ethnic background describes how we think of ourselves. Ethnic background is not the same as nationality or country of birth.

**Ethnic Background**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(eg White British / White Eastern European / White Western European / Black African / Black Caribbean / any other mixed background)

**Religion**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First language**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous School History**

|  |  |  |  |
| --- | --- | --- | --- |
|  **School Name** |  **Address** | **Date started** | **Date finished** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**HOME AND COLLEGE PARTNERSHIP AGREEMENT**

We aim to provide your child with a sound education in a happy but disciplined environment. To do that effectively, we need to work in partnership with parents, as the mutual support that both home and College can give your child, will help them make the most of all opportunities open to them.

**What can you expect from us? The College will:**

* Care for your child’s safety and happiness.
* Provide a balanced curriculum to meet the individual needs of your child and involve you in any decisions where there is a choice of courses.
* Ensure that your child is stretched and achieves her or his full potential as a valued member of the College community.
* Encourage your child’s achievement and value all forms of success.
* Achieve high standards of work and behaviour through building good relationships and developing a sense of responsibility.
* Provide an education that builds upon your child’s primary experience and provide a sound base of achievement for a wide range of opportunities available at sixteen.
* Provide a wide range of clubs and leisure activities.
* Provide a strong sense of right or wrong by developing your child’s moral and spiritual awareness.
* Keep you informed about general College matters and your child’s progress in particular.
* Be open and welcoming at all times and offer opportunities for you to become involved in the daily life of the College.

**What do we expect from you as parents? We expect that you will:**

* Ensure that your child attends the College regularly, on time, wearing full College uniform and properly equipped.
* Let the College know about any concerns or problems that might affect your child’s work or behaviour.
* Provide the College with full information (updated whenever there is a significant change) about your address, phone number, emergency contact details, concerns regarding your child’s health or other circumstances that might affect their wellbeing.
* Support the College’s policies and guidelines for behaviour.
* Support your child in homework and other opportunities for home learning.
* Encourage your child to make the most of all her or his educational, extra-curricular, artistic and sporting opportunities.
* Attend student review appointments and discussions about your child’s progress.
* Take an interest in your child’s life at College.

**What do we expect from your child? We expect that they will:**

* Attend College regularly and on time, wearing full College uniform and properly equipped.
* Keep parents informed and encourage them to be involved.
* Bring all the equipment they need every day, including their planner which should be signed each week.

*HOME AND COLLEGE PARTNERSHIP AGREEMENT (Continued)*

* Adhere to our conduct for learning policy.
* Do all their class work and homework as best they can.
* Be polite and helpful to others and respect and accept other people’s individual differences.
* Respect the right of others to a good education by allowing others to learn.
* Keep the College free from litter and graffiti.

**We will provide you with:**

* The College Prospectus.
* Regular Newsletters.
* Regular reports on academic progress.
* Information about the important stages in your child’s education.
* Information about the positive achievements of your child.

 You also have the right to see:

* College policies, schemes of work and minutes of Governors’ Meetings.
* Curriculum records for any child for whom you have a parental responsibility.

**Student use of the College internet:**

* Students may only use school provided email accounts for educational purposes
* The forwarding of any chain messages/emails etc is not permitted
* Students must inform a member of staff if they receive offensive communication
* Students will be appropriately supervised when using the college network, according to their ability and understanding
* All school owned devices will be used in accordance with the college e-safety policy
* Students must not share internet passwords/logons with peers
* The college will apply appropriate filters to the network to keep students safe
* The use of social networking applications during school hours for personal use is not permitted

**Consultation**

Parents are represented on the Federated Governing Body.

Parents are consulted on significant matters through the Annual Meeting of Governors and Academic Parents’ Evenings, Questionnaires, Parent Partnership Meetings and regular Curriculum Evenings.

Additionally, we are always glad to receive and consider suggestions for ways of improving our performance.

**Concerns**

An appropriate member of staff will deal with any concern as quickly as possible and let you know the outcome. Depending upon its seriousness, if it is a welfare or pastoral related issue, please contact your child’s Tutor or Pastoral Leader. If it is subject related, please contact the Subject Teacher or Curriculum Leader. For more serious matters, you can contact the Assistant Principals, Vice Principal or Principal. The College Office will be able to advise you.

**Meeting Us**

Can we remind you that most staff are teaching during the day and that you are requested to telephone for an appointment on all occasions.

***Simply turning up will not guarantee that someone will be able to deal with your problem straight away.***

On matters of great urgency, parents will usually be able to see a senior member of staff within the hour. Such an appointment may of necessity, be brief, although long enough to enable action to be taken prior to a longer meeting if necessary. In non-urgent cases, an appointment with a suitable member of staff will be offered within five working days.

*HOME AND COLLEGE PARTNERSHIP AGREEMENT (Continued)*

**Contacting us**

(a) *By telephone*

If the matter is urgent or serious and you cannot speak immediately to the person you need, we will return your call within 24 hours.

If the matter is not urgent, we will return your call within 72 hours.

(b) *By letter*

Urgent or serious letters will be acknowledged and posted within 48 hours.

Non urgent letters will be acknowledged within four days.

In all cases, it is our intention not merely to acknowledge within these times but to solve any problem that is raised or, more commonly, to propose a way forward (for example by offering an appointment with the member of staff concerned).

**Parents Meetings**

All parents are invited to Academic Parents’ Evenings each year and other meetings will be arranged as appropriate.

Parents will be invited to attend an after school session to meet their child’s tutor and pastoral team in the first term.

**Home and College Partnership Agreement**

I have read and agree to support the principles of the Home and College Partnership Agreement.

|  |
| --- |
| **Signature (Parent/Carer) ……………………………………………………………………………………………………………** |
|  |
| **Signature (Student) ……………………………………………………………………………………………………………………** |
|  |
| **Date ……………………………………………………………………………………………………………………………………………** |

**CONSENT FORM FOR THE USE OF IMAGES OF CHILDREN**

For many years the College has recognised the importance of celebrating achievement and promoting the success of our students. Both parents and young people alike, gain great pride in seeing photographic images and/or video recordings of family members in the local press or on the television, following sports days, prize giving’s etc. and have supported the whole College ethos in the past. In other circumstances the taking of photographs or video recordings of students at our College may be for strictly educational purposes or for purposes ancillary to the running of the College (e.g. taking photographs for use in the College’s prospectus or on the College website).

There may also be occasions when the local press visits our College to record particular College events (e.g. College productions) and they may wish to publish photographs of students in newspapers or use recordings of the students on television when reporting these events.

Following changes in the law and in order to comply with the General Data Protection Regulations, the College needs your consent in the future before allowing the taking of photographs or making video recordings of your child for purposes which are not part of its core activities.

**We should therefore be grateful if you could answer the following, sign and date the form.**

|  |  |
| --- | --- |
|  | ***Please delete as appropriate*** |
| * I agree that the College can take photographs of my child.

These images may be used for the following reasons:* + - On the college website.
		- In the college prospectus.
		- In the college newsletter.
		- In internal college displays.
 | **YES / NO****YES / NO****YES / NO****YES / NO****YES / NO** |
|  |  |
| * I am happy for the press to take and use images of my child.
 | **YES / NO** |
|  |  |
| * The College may give the press the ***first name only / first and surname*** ***(delete as appropriate)*** of my child for publishing with the child’s photograph in a newspaper or for captioning on television.
 | **YES / NO** |
|  |  |

|  |  |
| --- | --- |
| **Signature …………………………………………………………………………**  | **Date ………………………………………….** |
|  |  |

**PARENTAL CONSENT FORM FOR OFFSITE ACTIVITIES**

***Please complete the form below. It relates to all journeys or activities which your son/daughter may take part in over the coming year. Please be sure to update this information as appropriate.***

**DOCTOR’S NAME & ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAS YOUR CHILD HAD ANY OF THE FOLLOWING: -**

|  |  |
| --- | --- |
| * Asthma or Bronchitis
 | YES / NO |
| * Heart Condition
 | YES / NO |
| * Fits, fainting or blackouts
 | YES / NO |
| * Severe headaches
 | YES / NO |
| * Diabetes
 | YES / NO |
| * Allergies to any known drugs
 | YES / NO |
| * Any other allergies e.g. material, food, medicine
 | YES / NO |
| * Other illness or disability
 | YES / NO |
| * Bed wetting
 | YES / NO |
| * Travel sickness
 | YES / NO |

**If the answer to any of these questions is YES, please give details in the space below**.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| * Has your child received vaccination against Tetanus in the last five years?
 | YES / NO |
| * Is your child receiving medical or surgical treatment of any kind from either

your family Doctor or Hospital?  | YES / NO |
| * Has your child been given medical advice to follow in emergencies?
 | YES / NO |

**If the answer to any of these questions is YES, please give the details here (including dosage of any medicines/tablets).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| * Please indicate if your son/daughter can confidently swim 25m
 | YES / NO |
| * Please indicate if your son/daughter has completed Bikeability level 2
 | YES / NO |
| * I give permission for my son/daughter to take part in cycling activities
 | YES / NO |
| * I give permission for my child to attend a range of offsite activities.
 | YES / NO |
| * I give my child permission to take part in residential activities.
 | YES / NO |
| * I give my child permission to take part in swimming activities.
 | YES / NO |
| * I give permission for any member of SJH staff to act on my behalf in a medical emergency.
 | YES / NO |
| * I consent to any emergency treatment required by my child during the course of a visit.
 | YES / NO |
| * I confirm that my child is in good health and I consider him/her fit to participate.
 | YES / NO |

|  |  |
| --- | --- |
| **Signature …………………………………………………………………………** | **Date .…………………………………………** |