



ST JOSEPH'S CATHOLIC HIGH SCHOOL SIXTH FORM RECORD FORM

Child's Legal Forename

Middle Name(s)

Legal Surname

Preferred Forename

Date of Birth

Child's Mobile Number

Child's email address

Gender: Male Female

Home Address

House Name or Number

Street

Town

County

Post Code

Home Telephone Number

Contact Details - Mother

Mother's Name

Mother's Home Number (if different from above)

Mother's Mobile Number

Mother's Work Tel Number

Mother's email address

Contact Details - Father

Father's Name	<input type="text"/>
Father's Home Number (if different from above)	<input type="text"/>
Father's Mobile Number	<input type="text"/>
Father's Work Tel Number	<input type="text"/>
Father's email address	<input type="text"/>

Additional Home Address Details (if different from above)

House Name or Number	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>
Please state whose address this is	<input type="text"/>

CONTACT NUMBERS (in case we need to ring you)

Priority 1 Name & Phone number	<input type="text"/>	Relationship	<input type="text"/>
Priority 2 Name & Phone number	<input type="text"/>	Relationship	<input type="text"/>
Priority 3 Name & Phone number	<input type="text"/>	Relationship	<input type="text"/>

All correspondence will be addressed to Mr & Mrs, unless an alternative is stated here:

Names of any brothers or sisters who:

[a] are currently at St Joseph's

[b] have attended St Joseph's

DIETARY REQUIREMENTS

Please tick any applicable box(es):

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Artificial colouring allergy | <input type="checkbox"/> Gluten free | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Halal food only | <input type="checkbox"/> Kosher foods only | |
| <input type="checkbox"/> Dairy allergy | <input type="checkbox"/> Nut allergy | |
| <input type="checkbox"/> No pork | <input type="checkbox"/> Seafood allergy | |

Other (please provide details):

Family Doctor

Name of Doctor's
Practice & Address

Surgery Telephone
Number

1. Does your child suffer from Asthma, Eczema or Hay fever?
If YES please give details.

Yes

No

2. Is your child allergic to any medication or plasters?
If YES please give details.

3. Does your child suffer from any severe allergy (e.g. nuts, wasp/bee stings) etc? If YES please give details.

Yes No

4. Is your child diabetic? If **YES** please give details.
-
5. Does your child have any hearing problems?
6. Are you worried about his/her vision?
7. Does your child suffer from any condition which prevents him/her participating fully in school work or physical exercise?
8. Is your child on any continuous medication?
9. Does your child suffer from any other condition (e.g. epilepsy) which may need immediate treatment in school?
10. Has your child been a patient in hospital during the past 5 years?

If any of boxes 5 - 9 are ticked **YES** then please give full particulars of conditions and treatment required in the box below. This information will be treated in the strictest confidence and in no way jeopardizes the provision of a place for your child. However, failure on the part of the parent to disclose this information will mean that the school will not accept liability for your child if a severe reaction occurs whilst he/she is in school.

ASTHMA

To enable us to treat your child in school if they have an asthma attack, a spare pump must be given to the school office. In addition, your child must carry a pump with them at all times. Please therefore send in a spare inhaler with their name and form on it with a letter giving us permission to administer the medication if the need arises.

PRESCRIBED MEDICATION

With regard to prescribed medication, this will be administered if accompanied with a letter from you giving us permission to do so. The letter must be signed by a parent or guardian. Pupils are NOT allowed to carry medication of any kind on them except inhalers. Any medication must be given to the school office upon arrival at school.

I am in agreement that the school may give permission for my child to receive medical treatment in an emergency:

Signature Parent/Guardian

MAIN LANGUAGE SPOKEN AT HOME

- 1. English ()
- 2. Any Other - Please Specify

FIRST LANGUAGE

- 1. English ()
- 2. Any Other - Please Specify

OTHER LANGUAGES SPOKEN BY PUPIL (if applicable)

.....

PARENTAL INFORMATION:

	Nationality	Country of Birth	First Language	Main Language spoken at home
Pupil's Mother				
Pupil's Father				

RELIGION

Religious Denomination (please tick one box only):

Anglican		Hindu		No Religion		Sikh	
Baptist		Jewish		Other Religion			
Buddhist		Methodist		Refused			
Christian		Muslim		Roman Catholic			

MODES OF TRAVEL

Please tick your son/daughter's most frequent mode of transport to school:

- Bus (Type not known)
- Car share (with child/children)
- Car/Van
- Cycle
- Dedicated School Bus
- Other
- Public Bus Service
- Taxi
- Train
- Walk

ETHNIC BACKGROUND

Please study the list below and tick **one box only** to indicate the ethnic background of your child.

Afghan		Greek		Other ethnic group		White and Chinese	
African Asian		Greek/Cypriot		Other mixed background		White and Indian	
AKAS - Kashmiri		Gypsy/Roma		Other Pakistani		White and Pakistani	
Albanian		Hong Kong Chinese		Other White British		White Eastern European	
Arab		Indian		Polynesian		White European	
Asian/Black		Iranian		Portuguese		White Other	
Asian/Chinese		Iraqi		Serbian		White Western European	
Asian/any other ethnic group		Italian		Singaporean Chinese		Yemeni	
Bangladeshi		Japanese		Sri Lankan Other		Information Not Yet Received	
Black - Angolan		Kashmiri Pakistani		Sri Lankan Sinhalese		Refused	
Black - Congolese		Kashmiri other		Sri Lankan Tamil			
Black - Ghanaian		Korean		Taiwanese			
Black - Nigerian		Kosovan		Thai			
Black - Sierra Leonian		Kurdish		Traveller of Irish Heritage			
Black - Somali		Latin/South/Central American		Turkish			
Black - Sudanese		Lebanese		Turkish Cypriot			
Black/any other ethnic group		Libyan		Vietnamese			
Black /Chinese		Malay		White Cornish			
Black Caribbean		Malaysian Chinese		White English			
Black European		Mirpuri Pakistani		White Irish			
Black North American		Moroccan		White Scottish			
Bosnian/Herzegovinian		Nepali		White Welsh			
Chinese/any other ethnic group		Other Asian		White/any other Asian Background			
Croatian		Other Black		White and any other ethnic group			
Egyptian		Other Black African		White and Black African			
Filipino		Other Chinese		White and Black Caribbean			

General Data Protection Regulations (GDPR) 2018 and Data Protection Act 1998

Any information you provide may be used to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfill their potential. These statistics will not allow individual pupils to be identified.

From time to time the information you provide will be passed on to the Local Authority and the Department for Education (DfE) to contribute to local and national statistics and to agencies that are prescribed by law, such as the Office for National Statistics, Ofsted, the Skills Funding Agency and the National Careers Service. This information may also be passed on to future schools.

SCHOOL HISTORY

Last School

We are required by the DfE to make them aware of information concerning your child's birthplace. We also need to inform them of a date of entry into the UK if they were not born in this country.

Pupil's Country of Birth

**Date of Entry to the UK
(if child was not born in the
UK)**

**Pupil's Nationality
(From their passport)**

PLEASE ATTACH A COPY OF YOUR CHILD'S PASSPORT TO THIS FORM

HOME SCHOOL AGREEMENT

As the Parent/Guardian of (child's name)

I agree that:

- I will support the spiritual aspect of life at St Joseph's Catholic High School
- I will help my child to study at home by providing a quiet time and space for work
- I will read and sign the Homework Diary every week
- I will tell the school about any difficulties or problems that might impede good progress being made
- I will ensure that my child arrives on time in full school uniform for registration every morning and attends school regularly
- I will arrange family holidays only during official school breaks
- I will come to Parents' Evenings so that I may talk to staff about the progress of my child
- I will join in celebrating the successes of my child at St Joseph's Catholic High School
- I will support the school in matters of Health and Safety, Daily Procedures, Classroom Expectations, Courtesy and Consideration. I accept rules and sanctions that are designed to promote good behaviour and educational progress
- I will support the use of detentions
- I will work with the school to achieve the very best possible education for my child during the years he or she is at St Joseph's Catholic High School.

Signature of Parent/Guardian Date

Please print name of Parent/Guardian.....

Signature of Child Date.....

INTERNET AGREEMENT

PUPIL NAME:

PUPIL

As a school user of the Internet, I agree to comply with the school's pupil rules for internet use. I will use the network in a responsible way and observe all the restrictions explained to me by the school.

Pupil signatureDate.....

PARENT/GUARDIAN

As the parent or legal guardian of the pupil signing above, I grant permission for my son or daughter to use electronic mail and the Internet. I understand that pupils 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 or daughter to follow when selecting, sharing and exploring information and media.

Parent /Guardian SignatureDate.....

MEDIA PERMISSION

Pupil's Name.....

Occasionally we may take photographs of pupils in our school. We may use these images in printed publications as well as on our website. We may also make video recordings for school-to-school conferences, monitoring or other educational use.

Photographs or film footage taken by parents or carers of their children at school events is permitted under an exemption in the GDPR Act of 2018. However any images taken must be for private use only and not be published on any social media site as Data Protection legislation may be contravened.

To comply with the GDPR Act of 2018 we need your permission before we can photograph or make any recordings of your child. Please circle your permissions below and sign and date the form where shown.

I give permission for the Trust to take photographs/videos/recordings of my child during their time at the school. Any photographs/videos/recordings may be used for the following reasons:

Please circle Yes or No for each reason:

To be used on the school website	Yes	No
To be used on the school's Facebook and Twitter pages	Yes	No
To be used in printed publications (e.g. school prospectus) and local media	Yes	No
To be used in the school Newsletter	Yes	No
To be displayed around the School	Yes	No

If you change your mind at any time you can let us know by contacting the school office

Conditions of Use

1. This form is valid for 3 years from the date you sign it, or for the period of time your child attends this school. The consent will automatically expire after this time.
2. We will not re-use any photographs or recordings after your child leaves this school.
3. We will not use the personal details or full name of any child or adult in a photographic image on video, on our website, or in any of our printed publications.
4. If we use photos of individual pupils we will not use the name of that child in the accompanying text or photo caption
5. We will not include any personal email or postal addresses, or telephone numbers on video, on our website, or in any printed publications.
6. If we name a pupil in the text, we will not use a photo of that child to accompany the article.
7. We may include pictures of pupils and teachers that have been drawn by the pupils.
8. We may use group or class photographs or footage with very general labels, such as 'a science lesson' or 'geography trip to Dorset'
9. We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.

I have read and understood the conditions of use as detailed above:

Signed (Parent/Carer)

Date.....

PREVIOUS EXAMINATION INFORMATION

Your UCI Number.....

Your UPN Number.....

(these can both be obtained from your previous school)

Please attach a copy of your exam results (from your previous school) to this form. If you do not have a copy of them, please list them below. One example is shown.

Exam Board	Level (e.g.GCSE,BTEC)	Subject Code	Subject Description	Month/Year Exam taken	Grade Obtained
<i>Edexcel</i>	<i>GCSE</i>	<i>1MAOF</i>	<i>Maths (foundation)</i>	<i>June 2016</i>	<i>C</i>

I certify that the information on this form is, to the best of my knowledge, correct.

Signed (parent/guardian)

Name (parent/guardian name in capitals)

Date

Please return this form to:

The Admissions Secretary
St Joseph's Catholic High School
Shaggy Calf Lane
Slough
SL2 5HW