

Cardinal Langley RC High School



2022 - 2023 Academic Year

Pupil Information Pack

Cardinal Langley RC High School
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Student Information Request

We are required by the Department for Education to keep accurate information about our students and emergency contact details for their parents / carers. This information includes the **LEGAL SURNAME & FORNAMES** of both the **CHILD & PARENTS / CARERS**. To help us comply with this, please complete **ALL** of the sections on this form and notify us as soon as possible if there are any changes. Thank you.

(1) STUDENT INFORMATION

Student's Surname (known as):	Forename(s):
Student's Legal Surname:	Gender (please tick): Male <input type="checkbox"/> Female <input type="checkbox"/>
<i>If the child's LEGAL surname is different to the name currently used, we will require a certified change of name document</i>	
Date of Birth (DD/MMM/YYYY):	(e.g. 10/FEB/1996)
Home Address:	Postcode:

- Please give details of **ALL PERSONS** who have **LEGAL PARENTAL RESPONSIBILITY**
- Please provide details of anyone else you wish to be contacted in an emergency
- Please place the names in the order you wish them to be contacted in the event of an emergency (priority order of contact)

PARENT / CARER (1) CONTACT INFORMATION

Title:	Surname:	First Name:
Parental Responsibility (please circle): Yes / No	Relationship to child:	
Home Address:	Postcode:	
Contact details for Synergy: Parental Responsibility #1	Telephone:	Email:

PARENT / CARER (2) CONTACT INFORMATION

Title:	Surname:	First Name:
Parental Responsibility (please circle): Yes / No	Relationship to child:	
Home Address:		Postcode:
Contact details for Synergy: Parental Responsibility #2	Telephone:	Email:

EMERGENCY CONTACT INFORMATION (3)

Title:	Surname:	First Name:
Parental Responsibility (please circle): Yes / No	Relationship to child:	
Home Address:		Postcode:
Contact details for Synergy: Priority Contact #3	Telephone:	Email:

EMERGENCY CONTACT INFORMATION (4)

Title:	Surname:	First Name:
Parental Responsibility (please circle): Yes / No	Relationship to child:	
Home Address:		Postcode:
Contact details for Synergy: Priority Contact #4	Telephone:	Email:

(3) DIETARY NEEDS

Meal Arrangements (please tick if applicable):

Free School Meals Paid School Meal Sandwiches / Packed Lunch

(4) MEDICAL INFORMATION

Any **Allergies** of which the school needs to be aware of (please tick): Yes No

If yes, please give details:

(please complete the Medical Form overleaf and, if applicable, the attached Asthma Health Care Plan)

(5) ETHNIC / CULTURAL INFORMATION

Ethnicity:

(e.g. White British, Black African)

National Identity:

(e.g. British, Welsh, Irish, etc)

Country of Birth:

(e.g. England, Nigeria, Australia)

First Language:

(e.g. English, French, Spanish)

Religion: Roman Catholic (please tick)? Yes No Other (please state):

Is English an Additional Language (please tick)? Yes No

Traveller Status (please tick): Yes No

Asylum Status (please tick): Yes No

(6) TRAVEL ARRANGEMENTS TO / FROM SCHOOL

Please tick as appropriate:

Bicycle Walk Car Bus / Coach Dedicated School Bus Car Share (with child/ren)

Other (please specify):

(7) SERVICE CHILDREN IN EDUCATION

Parent / Carer in the Armed Forces? Yes No

(8) PREVIOUS SCHOOL & PARISH DETAILS

Name of Primary / Previously Attended School:

Town:

Name of Parish Church Attended:

Town:

Medical Form (Medical Conditions / Medication Information)

Student Name: Date of Birth:

Please complete the section below, giving details of any medical condition(s) which your child has and which school would need to have knowledge of in the event of an emergency:

Please complete the section below, giving details of any medication / medicines, tablets, inhalers, creams etc which are administered to your child at home as part of a medical / on-going condition, and which school may need to be aware of in the event of an emergency:

Medication & Dose (given at home)	Time Given

Please complete the section below if your child requires any medication to be given in school (as part of an on-going medical condition as indicated above):

Please note: School is only able to dispense medication which is a necessary part of an on-going condition after full consultation with Parent / Carer and the appropriate authorities.

Medication & Dose (given at home)	When Needed

Please note: All medication must be sent into school in the container as dispensed by the pharmacist, with its original labelling still attached. Please inform school immediately if there are changes to your child's medication.

Please sign here to confirm that the above information is correct.

Signature (Parent / Carer):

Print Name:

Date:

Consents & Agreements

Student Name: Date of Birth:

Please tick the boxes as appropriate and complete the Signatures section at the end of the form.

(1) Cashless Catering Consent Form

I / we confirm that I / we have read and understood the statement regarding cashless catering in the Year 7 Handbook and the requirement for the school to issue a fob for the purposes of cashless catering.

I / we understand that if my / our child loses or damages their fob, an automatic charge (of 70p) will be deducted from their Parent Pay credit for a replacement fob to be issued. I / we confirm that my / our child also understand this.

With the new fob, cashless catering system, student data is held by School Grid who assign the relevant data to your child's fob (Email: support@schoolgrid.co.uk, Tel: 01506 300310). This information is shared with Parent Pay and Dolce. I / we understand that this information will be processed securely in line with the Data Protection Act 1981, and won't be used for any other purpose.

(2) School Uniform Agreement

I / we confirm that I / we understand and accept the school uniform requirements in the Year 7 Handbook and will ensure that my / our child adheres to the school's requirements in relation to his / her uniform and appearance

(3) Modern Foreign Language (MFL)

Most pupils will have studied French at Primary School. An equal number of students will study either French or Spanish in Year 7.

If you have a strong preference for one language we will try to accommodate this, but this may not always be possible.

Please indicate which language your child would like to study and the reason for this below:

French Spanish Either

(4) Consent Form for Photographs & Digital Images

I / we confirm that I / we have read and understood the statement on photographs and digital images in the Year 7 Handbook.

I / we consent to photographs and digital images (stills, video / webcam recordings) of my / our child being used as indicated.

(5) Positive Steps Consent

I / we confirm that we have read and understood the statement in the Year 7 Handbook regarding the school's legal obligation to share certain information about my / our child with the Department for Education (DfE), the Local Authority (LA) and Positive Steps.

I / we consent to the school, DfE and LA sharing other relevant information with Positive Steps and their service providers.

Please note: do not tick this box if you only want the name and address of the child and parent to be shared with Positive Steps

(6) Acceptance of the School's Policy on Educational Visits

I / we confirm that I / we understand and accept the statement of policy regarding consent for educational visits in the Year 7 Handbook.

(7) Home School Agreement

I / we confirm that we understand and accept the Home School Agreement in the Year 7 Handbook, and will support and encourage my / our child to follow this code of practice.

(7) e-Safety Agreement

I / we confirm that we understand and accept the e-Safety Rules in the Year 7 Handbook, and will support my / our child to use the school's ICT resources in a safe and appropriate way.

I / we give permission for my / our child to access the internet.

I / we understand and accept that, although the school will take all reasonable precautions to ensure that students cannot access inappropriate material, the school cannot be held responsible for the content of material accessed and is not liable for any damages resulting from the use of internet facilities.

I / we understand and accept that my / our child's network and internet access may be monitored.

Signature of Parents / Carers

Signed:

Signed:

Print Name:

Print Name:

Date:

Date:

If you need to update any of this information at any time or you wish to withdraw a consent, please contact the school in writing (letter or email). You may be asked to provide evidence of identity. For name changes or changes to parental responsibility, we will need to see and take a copy of the original, legal document that supports such a change. Please refer to the school's Information Governance Policies for further information about how we process data and the rights of data subjects under the European General Data Protection Regulation 2018 and the Data Protection Bill 2018.