**Rudheath Senior Academy**

**Pupil Registration Form**

Please complete the form as fully as possible

|  |
| --- |
| **Legal Surname** |
| **Preferred Surname** |
| **Legal Forename** |
| **Preferred Forename** |
| **Date of birth** |  |
| **Gender**  |  |
| **Address**………………………………………………………………………………………………………………………………………………………………**Postcode**…………………………… |
| **Home telephone number** ………………………………………………………………………………………….**Mobile number (parent)** ……………………………………………………………………………………………**E-mail address (parent)** ……………………………………………………………………………………………**Please note we will use your mobile phone number for our parent/school text messaging service therefore all changes in numbers must be updated via the Arbor App\advised to the school office.** **All correspondence sent from school will generally be via email so please provide an email address which you use regularly.** |
| **Position of child in family (circle)**1 2 3 4 5 6 | **Previous school or Primary (if applicable)** |

**Details of Parents/Carers with parental responsibility**

*What is Parental responsibility?*

*A married couple who have children together both automatically have parental responsibility. Parental responsibility continues after divorce. Mothers automatically have parental responsibility.*

*An unmarried father or second female parent can gain parental responsibility where they do not already have it by:*

*Re-registering the birth to include the father or second female parent on the birth certificate. By doing so, parental responsibility is gained from the date of registration. The registration may relate to child who was born before 1 December 2003.*

*Entering a “parental responsibility agreement” with the child’s mother.*

*Successfully applying to the court for an order they he/she shall have parental responsibility.*

*Subsequently marrying or (for second female parents only) entering a civil partnership with the mother of the child by being named in a child arrangement order.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of parent/Carer**  | **Relationship to child i.e. mother /father** | **Parental Responsibility** | **Do you live at the same address as your child?** |
|  |  | **YES/NO** | **YES/NO** |
|  |  | **YES/NO** | **YES/NO** |

If a parent/carer who has parental responsibility for your child lives at a different address, please provide the contact details below

|  |  |
| --- | --- |
| **Name of parent** |  |
| **Address** |  |
| **Home telephone number** |  |
| **Mobile number** |  |
| **Email address** |  |

**If parents are separated or divorced, has a court order been issued? YES/NO**

# Emergency Contact details

*These are very important. If your child becomes ill during the day, we need to be able to contact you, or someone acting for you who can collect your child. Please give at least two emergency contact numbers. In the event we are unable to contact any of the emergency contacts the school staff have the right to act in “loco parentis” in looking after the best interests of your child. Please notify us immediately in writing if any contacts or details change.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of contact** | **Priority****(1st,2nd)** | **Relationship to child** | **Email Address** | **Telephone Number** | **Place of Contact** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# Details of Other Children in Family

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **School** |
|  |  |  |
|  |  |  |
|  |  |  |

**Dietary requirements**

|  |
| --- |
| **Meal Arrangements:** - **School meal** □ **Packed lunch** □ **Free meal** □ |

*Please contact the Customer Contact Centre on 0300 123 7039 to discuss your eligibility if you are in receipt of Income Support, Income Based Jobseekers Allowance, Child Tax Credits or other income-related employment and support allowance, your child may be entitled to Free School Meals. Alternatively, please fill out the enclosed Pupil Premium Registration Form (Lilac Form) and return to school with this pack.*

# Medical – Paracetamol Agreement

Health and Safety Guidelines are very strict about the issue of medicines by academies and we are required to have your consent to give your child a paracetamol tablet should such a request be made.

If you consent to the academy administering a paracetamol tablet to your child should the need arise, please provide written permission by completing the reply slip below. Paracetamol will not be given without written consent.

**THE USE OF PARACETAMOL IN ACADEMIES**

In the context of this note, it is important that staff should appreciate that the guidance applies to all medicines including those which may be purchased without prescription.

There has been a practice in some academies, to make available the occasional Paracetamol tablet to pupils faced with significant pain which might otherwise cause them to lose lesson time.

Headteachers are strongly advised to follow the principles of this note, even with Paracetamol. They should ensure that parents first authorised the academy in writing to provide tablets occasionally to pupils. Notwithstanding that a tablet is issued with parental consent, the name of the pupil, the date, time, dose and reason should be recorded in a log. Any frequently recurring need must of course be reported directly to the parents.

**Note:**

Paracetamol must be kept in a secure place and not in first aid boxes. It must not be given:

* Following a head injury
* Where a learner is already on some other medication

Aspirin or preparations containing Aspirin must never be given to pupils.

**\***Please delete as appropriate

**I do\*/** **I do not\*** give my permission for **one\*/two\*** Paracetamol tablet(s) to be given to my child.

|  |  |
| --- | --- |
| **Learner Name** |  |
| **Parent signature** |  |
| **Parent Name** |  |
| **Date** |  |

**Medical – Continued**

Please indicate below any medical conditions or dietary conditions your child may have which we should be aware of.

|  |
| --- |
| **Name of doctor’s practice** |
| **Medical conditions of child (including details of regular medication and dietary conditions)** |
| **Has a EHCP (Educational Health Care Plan) been issued for your child? YES/NO** |
| **Does your child currently have a support plan in place? YES/NO** |
| **Does your child require medication whilst at school? \* YES/NO****Please complete the enclosed form (Blue Form).****\*Full details of any regular administration of medication must be discussed with the Headteacher and a member of our first aid team.** |
| **Does your child wear glasses? YES/NO** |
| **Is your child registered with a Dentist? YES/NO** |

### Permissions – Please delete as appropriate.

*I* ***do/ do*** *not* give permission for my child to be taken out of school during school time for local trips.

**My child is allergic to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My child cannot eat\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** for religious reasons.

*I* ***do/ do not*** want my child’s photograph to appear in the academy prospectus and any other printed publications (including external marketing) that we produce for promotional purposes.

*I* ***do/ do not*** want my child’s photograph to appear on the school website.

*I* ***do/ do not*** want my child’s photograph to appear on social media including Facebook, Instagram and twitter.

*I* ***do/ do not*** want my child’s image on video or webcam.

*I* ***do/ do not*** want my child to appear in the media. \*

*\*Please note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.*

**Ethnically Based Statistics**

The collection of ethnically based data is increasingly recognised as a means of identifying needs and thus ensuring fair and equal treatment for all. The information requested is for educational purposes and will only be used to enhance the provision for all pupils at the school. Please tick the appropriate classifications.

*If you do not wish to provide the following information, please write ‘declined’.*

|  |  |
| --- | --- |
| **Country of birth** | **Nationality** |
| As part of our registration process, we require all new starters to provide an original birth certificate (and a passport for any child who is born outside of the UK) before starting at Rudheath Senior Academy **Birth Certificate enclosed** YES/NO**Passport Enclosed** YES/NO |
| **Is your child of someone in the Armed Services** YES/NO |
| **Religion:** please specify |
| **Language normally spoken at home:** please specify |
| **Ethnic background:** this describes how we think of ourselves. It may be based on many things e.g. language, culture, ancestry, or family history. |
| Bangladeshi | Bengali | Black – African | Black Caribbean |
| Black (other)  | Chinese | Gypsy/Roma | Japanese |
| Pakistani | Punjabi | Thai | Traveller |
| Vietnamese | White – British | White - European | White (other) |
| Mixed background – please specify | Other – please specify |

|  |
| --- |
| **Any additional information you feel we should know** |

The information requested in this document will be stored subject to the Data Protection Act 1998 (including 2018 GDPR updates). The Act requires that all information is strictly confidential and may only be accessed by those with a legal right to see it. You have a right to examine at any reasonable time, information about you or your child. The school is required to share some of the data with the Local Authority and with the DfE (See separate Privacy Notice for details – available on the website and in the office)

|  |  |
| --- | --- |
| **Signature**  | **Date** |
| **Name in BLOCK capitals** | **Title** |

**Pupil Health Information Form**

This information will be kept securely with your child’s other records. If further information is needed, we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

|  |  |
| --- | --- |
| **Child’s Name** | **D.O.B** |
| **Gender** | **Year/Form** |

Please complete if applicable.

**Has your child been diagnosed with or are you concerned about any of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Yes** | **No** | **Medication** |
| **Asthma** |  |  |  |
| **Allergies/Anaphylaxis** |  |  |  |
| **Epilepsy** |  |  |  |
| **Diabetes** |  |  |  |

**Is your child taking regular medication for any other conditions other than those listed on the previous page, continue on a separate sheet if necessary?**

|  |  |
| --- | --- |
| **Conditions** | **Medication, emergency requirements** |
|  |  |

Please use the space below to tell us about any other concerns you have regarding your child’s health, continue on a separate sheet is necessary.

|  |
| --- |
|  |

I give permission for the school to contact my child’s medical practitioner as necessary and/or any other medical professionals (school nurses etc.)

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Individual Asthma Information**

Please complete the questions below, sign this form and return without delay.

**Child’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year Group/Form**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Work Phone** | **Mobile Phone** | **Other Contact Numbers** | **Relationship to Pupil** |
|  |  |  |  |  |

If I am unavailable, please contact:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Work Phone** | **Mobile Phone** | **Other Contact Numbers** | **Relationship to Pupil** |
|  |  |  |  |  |

1. **Does your child need an inhaler in school? Yes / No**
2. **Please provide information on your child’s current treatment. (Include name, type of inhaler, the dose and how many puffs?)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do they have a spacer?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What triggers your child’s asthma?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **It is advised that pupils have a spare inhaler in school. Spare inhalers may be required if the first inhaler runs out, is lost, or forgotten. Inhalers must be clearly labelled with your child’s name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.**

*Please circle/delete as appropriate:*

* **My child carries their own inhaler.** Yes / No
* **My child** Requires/Does not Require **a spacer and I have provided this to the school office.** Yes / No
* **I am aware and I am responsible for supplying the school within date inhaler(s)/spacer for school use and will supply** This/These **as soon as possible.** Yes / No
1. **Does your child need a blue inhaler before doing** exercise/P. E?

Yes / No

 **If so, how many puffs?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/staff to administer medicine in accordance to the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I agree that my child’s medical information can be shared with the school staff responsible for their care.*

**Signed by parent/guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Review Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copies to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home School Agreement**

**Name of Student:**

A successful education rests on a three-way partnership between the student, his or her parents/guardians, and Rudheath Senior Academy. For this partnership to work, each party needs to contribute positively.

**Rudheath Senior Academy agrees to:**

* Treat students fairly, care for their safety and wellbeing and promote their happiness at Rudheath Senior Academy.
* Ensure that they are well taught and achieve their best in all aspects of Rudheath Senior Academy life by promoting high standards of work and behaviour and providing clear guidelines to enable enjoyment and achievement.
* Help them to develop a sense of responsibility and to be considerate of others.
* Provide a wide range of subjects and a variety of enrichment activities.
* Provide appropriate academic guidance to enable all students to fulfil their potential and to make informed choices about each stage of their learning.
* Keep parents/guardians well informed about academic progress, achievements, sanctions, and general matters.
* Notify parents/guardians if a child is absent without permission.



**Signed:** **Headteacher**  **Date: 26/05/2021**

**As the Parent / Guardian I agree to:**

* Ensure that my son/daughter attends Rudheath Senior Academy regularly, on time, in correct dress, with all their equipment that is needed and to notify Rudheath Senior Academy on each day of any absence by telephone, text message or email.
* Let Rudheath Senior Academy know about any problems which might affect the work or behaviour of my son/daughter.
* Support with work at home, such as revision, and provide a suitable place to study.
* Attend consultation evenings and discussions about progress.
* Support their son/daughter in responding positively to the expectations and regulations of Rudheath Senior Academy.
* Support Rudheath Senior Academy’s policies and rules, Professional Standards, and use of the ICT equipment.
* Avoid taking holidays during term time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Home School Agreement - continued**

Student Name:

**As the Student, I agree to:**

* Attend on time each day and be punctual to all my lessons; (96% Attendance)
* Bring the things I need every day and look after them properly.
* Dress according to the Dress Code and be tidy.
* Work hard and do all my classwork and any extended learning as well as I can.
* Submit all work in line with deadline dates and ensure minimum target grades are met.
* Respect Rudheath Senior Academy’s Professional Standards (Behaviour Policy) and be polite and considerate to others always.
* Follow the Code of Conduct for use of the ICT equipment.
* Treat Rudheath Senior Academy’s facilities and equipment with respect and keep it free of litter.
* Always treat other students and employees with respect and be polite and courteous to each other.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM ‘C1’**

**FOR RESIDENTIAL VISITS OR EXCHANGES**

|  |
| --- |
|  **Student Name Form** |
| From September 2020 | To July 2021 |
| I agree to my child taking part in any out of school visit | (learner name) |
| I have read the information sheet and I agree to my child participating in the activities described. I acknowledge the need for my child to behave responsibly throughout the visit. |
| **Parent Signature** |  |
| **Parent Name** |  |

**MEDICAL INFORMATION ABOUT YOUR CHILD**

* Any conditions requiring medical treatment, including medication? YES / NO If YES, please give brief details:
* Please outline any food or other allergies and special dietary requirements of your child:
* Any recent illness or accident staff should be aware of?
* The type of pain/flu relief medication your child may be given if necessary:

 **A** **young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

* To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections? YES / NO

 If YES, please give brief details:

* Is your child allergic to any medication? YES / NO

 If YES, please specify:

* When did your son / daughter last have a tetanus injection?

**Emergency Contacts**

|  |  |  |
| --- | --- | --- |
| **Contact 1** | **Contact 2** | **Doctor** |
| **Name** | **Name** | **Name** |
| **Address** | **Address** | **Address** |
| **Home No.** | **Home No.** | **Phone No.** |
| **Mobile No.** | **Mobile No.** |

**Declaration**:

**\*\* I understand that the teacher in charge of the activity will be acting in ‘loco parentis’ and in the event of an accident I agree to my child receiving emergency medical treatment, which might include the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities present. I will inform the organiser as soon as possible changes in my child’s medical circumstances. I understand the extent and limitations of the insurance cover provided.**

|  |  |
| --- | --- |
| **Parent Signature** |  |
| **Parent Name** |  |
| **Address** |  |
| **Date** |  |

***\*\* Jehovah’s Witnesses: (Both parents should read and sign the following statement:***

Where parents of Jehovah’s Witnesses, ‘I’ in the form should be substituted for ‘we’ in call cases and the final paragraph substituted with the following:

We understand that the teacher in charge of the party will be acting in ‘loco parentis’; however, as Jehovah’s Witnesses we hereby expressly forbid that teacher to authorise on our behalf any medical treatment for our child, which involves any form of blood transfusion. The use of non-blood expanders will be acceptable. In recognition of the specific prohibition, it is understood that we accept complete responsibility for the health of our child and we hereby release the teacher, the academy and the Governing Body from any liability which might arise during the activity by virtue of prohibition.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed****Father / Guardian** |  | **Date** |  |
| **Signed****Mother / Guardian** |  | **Date** |  |

**MODEL REGISTRATION FORM – FREE SCHOOL MEALS AND PUPIL PREMIUM**

We need information about you and your child, so that we can provide them with the best education and support by making sure that their school receives all the government funding to which it is entitled. Please complete this form and return to your child’s school.

**ABOUT YOUR CHILD/CHILDREN**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Last Name | Child’s First Name | Child’s Date of Birth | Name of School  |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |

**PARENT/GUARDIAN DETAILS**

|  |  |  |
| --- | --- | --- |
|  | Parent/Guardian 1 | Parent/Guardian 2 |
| Last name |  |  |
| First Name |  |  |
| Date of Birth | D D | M M | Y Y Y Y | D D | M M | Y Y Y Y |
| National Insurance Number\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National Asylum Support Service (NASS) Number\* |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  | **/** |  |  | **/** |  |  |  |  |  |
| Daytime Telephone Number |  |  |
| Mobile Number |  |  |
| Address | Postcode: | Postcode: |

\* Complete as appropriate

**FAMILY INCOME AND BENEFIT DETAILS**

Is your joint family income over £16,190 per year? (Please place an X in the appropriate box).

Yes No

If you have ticked yes, you do not need to complete the next section and can go straight to the declaration at the end of the form.

If you ticked no, please place an X in this box if you[[1]](#footnote-1) are in receipt of any of the benefits listed below:

* Universal Credit (provided you have an annual net earned income of no more than **£7,400**, as assessed by earnings from up to three of your most recent assessment periods)
* Income Support
* Income-based Jobseekers Allowance
* Income-related Employment and Support Allowance
* Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
* the guarantee element of State Pension Credit
* Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190
* Working Tax Credit run-on – paid for four weeks after you stop qualifying for Working Tax Credit

Please place an X in this box if you are not sure whether your joint family income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for free school meals:

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family’s financial circumstances as set out in this form.

Signature of parent/guardian: ………………………………………………………….

Date:……………………….

About this form

From September 2014 all children who are in reception, year 1 or year 2 in a state-funded school will be offered a free healthy school lunch. Children in other school years will also be offered a free school lunch if their parent is receiving any of the welfare benefits listed overleaf.

Registering could raise money for your child’s school

Registering for free meals could raise an extra £1,300 for your child’s school, to fund valuable support like extra tuition, additional teaching staff or after school activities.

This additional money is available from central government for every child whose parent is receiving one of the welfare benefits listed in the form. It is therefore important to sign up for free school meals, even if your child is in reception, year 1 or year 2, so that your child’s school receives as much funding as possible.

How the information in this form will be used

The information you provide in this form will be used by the council to confirm receipt of one of the listed welfare benefits. Once this is confirmed, this helps to decide how much money your child’s school will receive each year.

The information will also be used in relation to children in year 3 or above to decide whether they are eligible for free school meals.

You only need to complete this form once and it will last for the duration of your child’s time at their current school.

**Thank you for completing this form and helping to make sure your child’s school is as well funded as possible.**

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information.

We will use the information you provide to assess entitlement to free school meals. The information may also be shared with other Council departments to offer benefits and services.

**CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL**

Please complete this form if you consent to the school taking and using information from your child’s biometric thumb and fingerprint by Rudheath Senior Academy as part of an automated biometric recognition system.

This biometric information will be used by Rudheath Senior Academy for the purpose of administration of payments in the school canteen, library administration and/or use of photocopiers.

In signing this form, you are authorising the School to use your child’s biometric information for this purpose until he/she either leaves the School or ceases to use the system. If you wish to withdraw your consent at any time, this must be done so in writing and sent to the School at the address shown on the header of this letter.

Once your child ceases to use the biometric recognition system, his/her biometric information will be securely deleted by the School.

Having read guidance provided to me by Rudheath Senior Academy, I give consent to information from the biometric thumb and fingerprint of my child(ren):

Child 1

Child 2

Child 3

being taken and used by Rudheath Senior Academy for use as part of an automated biometric recognition system for the purpose of administration of payments in the school canteen, library administration and/or use of photocopiers. I understand that I can withdraw this consent at any time in writing.

Name of Parent: …………………………………………………………………………...

Signature: ………………………………………………………………………

Date: ……………………

Please return this form to: The postal address or email address shown above.

**Name and contact details of person completing the form**

The information we will collect and obtain from you is:

* Information about you including your full name
* Your email address
* Whether or not you have parental responsibility

**Your Full Name**

Required to answer

**Your Email address Relationship to pupil**

Required to answer

Required to answer

**Date completed**



1. This includes those who have parental rights for the child/children named on this form. [↑](#footnote-ref-1)