



STUDENT REGISTRATION FORM

This form should be completed by the parent or carer of the student **prior** to their admission and returned to the school office as soon as possible. Please complete all sections. If you are unable to complete any section of this form you should notify a member of the school administrative team.

Archbishop Holgate's School is part of Pathfinder Multi Academy Trust. The Trust is a data controller as defined by the UK GDPR. This means that we determine the purposes for which your personal data is processed and the manner of the processing. We will only collect and use your personal data in ways that are compliant with data protection legislation. For more information about how and why we process your personal data, please see our Pupils, Parents and Carers Privacy Notice.

STUDENT'S DETAILS

Student's **legal** forename

Students **preferred** forename

Student's **legal** surname

Student's **preferred** surname

Student's **middle name/s**

Student's home address

Date of Birth

Gender

Siblings already at the school

Student's phone number

Language

Student's first language

Language spoken at home

Additional Information

Are either parents serving in HM Forces (or has served in the past 6 years)?

Yes

No

Is your child in care or adopted from care?

Yes

No

Is your child a Young Carer?

Yes

No

EDUCATIONAL HISTORY

Details of previous schools attended.

School name

Address

Telephone number

Date from

Date to

FOR OFFICE USE ONLY

Date received

Entered in SIMS by

Notes forwarded date

LEGAL PARENTAL RESPONSIBILITY

The Education Act 1996 defines a parent to include the natural parents of the child as well as a person:

- a) who is not a parent but who has parental responsibility, or
- b) who has care of the child.

CONTACT 1 (First person to be contacted in case of illness or an emergency)

Relationship to child

Title

Full name

Address

Legal Responsibility:

Yes

No

Home phone number

Mobile phone number

Work phone number

Email address

CONTACT 2 (Second person to be contacted in case of illness or an emergency)

Relationship to child

Title

Full name

Address

Legal Responsibility:

Yes

No

Home phone number

Mobile phone number

Work phone number

Email address

CONTACT 3 (Third person to be contacted in case of illness or an emergency)

Relationship to child

Title

Full name

Address

Legal Responsibility:

Yes

No

Home phone number

Mobile phone number

Work phone number

Email address

CONTACT 4 (Additional Emergency Contact)

Relationship to child

Title

Full name

Address

Home phone number

Mobile phone number

Work phone number

Email address

MEDICAL, HEALTHCARE AND DIETARY REQUIREMENTS

Doctor's details

Surgery name

Address

Telephone number

Emergency treatment: If an emergency should occur at a time when parent or carer consent cannot reasonably be obtained, please indicate below if you consent for your child to receive medical or surgical treatment deemed necessary by a qualified medical practitioner and to first aid being administered. Please notify the school of any relevant new information relating to your child's health.

I consent to my child receiving emergency treatment/first aid if necessary. Yes No

The school nurse is on site Monday to Friday, 9am to 4pm for First Aid, the administration of over the counter medications, and supporting students with complex health needs. Students are welcome to sign in at reception to see the nurse during break times.

Can a reliever inhaler be administered in the event of asthma attack? Yes No

Can Paracetamol be administered for pain/fever? Yes No

Can Cetirizine (antihistamine) be administered for relief from allergies/hay fever? Yes No

Can Savlon (antiseptic cream) be administered if required for minor ailments? Yes No

Can Ibuprofen (non-asthmatic students only) be administered for pain relief? Yes No

Please give details of any medical information relevant to your child's health and development e.g. hearing, vision, allergies, diabetes, epilepsy, other complex needs.

Does your child require any medication which would need to be administered in school e.g. an asthma inhaler, an adrenaline auto-injector (EpiPen), diabetes medication?

Does your child have any special dietary requirements? (e.g. food intolerances, no pork, gluten free)

SPECIAL EDUCATION NEEDS AND DISABILITIES

Does your child have additional needs such as autism spectrum condition, dyslexia, dyspraxia, hearing or visual impairment? If yes, please provide details below:

Does your child have an Educational Health Care Plan (EHCP)? Yes No

If your child has other particular needs in relation to their education please describe them here:

RELIGION

We collect this information in order to consider the religious background of pupils when delivering the statutory Relationships and Health education curriculum. If you have any questions regarding the delivery of Sex Education, please contact the school.

Christian
Hindu
Jewish
Muslim
Sikh

Buddhist
No religion
Other (please state)

ETHNICITY

We collect and report information on ethnicity to the Department for Education as part of the school census. Please tick the correct category for the pupil named on this form. Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, language, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

White

English/Welsh/Scottish/Northern Irish/British
Irish
Gypsy or Irish Traveller
Other White background

Asian/Asian British

Indian
Pakistani
Bangladeshi
Chinese
Other Asian background

Mixed/Multiple ethnic groups

White and Black Caribbean
White and Black African
White and Asian
Other Mixed/Multiple ethnic background

Black/African/Caribbean/Black British

African
Caribbean
Other Black/African/Caribbean background

Other ethnic group

Arab
Other ethnic group

Prefer not to say

SIGNED

Name of parent: _____

Date: _____

Signature: _____

Name of student: _____

Date: _____

Signature: _____

IMAGES AND VIDEO CONSENT

The following information explains the reasons why and how we may use images and videos of pupils.

WHY DO WE NEED YOUR CONSENT?

When joining the school, we request the consent of parents and carers to use images and videos of your child for a variety of different purposes. Without your consent, we will not use images or videos of your child. Similarly, if there are only certain conditions under which you would like images or videos of your child to be used, we will abide by the conditions you consent to.

WHY DO WE USE IMAGES AND VIDEOS OF PUPILS?

We use images and videos of pupils as part of school displays to celebrate school life and pupils' achievements; to promote the school on social media and on the school's website; and for other publicity purposes in printed publications, such as newspapers. The school is part of Pathfinder Multi Academy Trust. The Trust may also use images and videos of pupils on its website and in printed publications.

Where we use images of individual pupils, the name of the pupil will not be disclosed. Where an individual pupil is named in a written publication, a photograph of the pupil will not be used to accompany the text. If, for example, a pupil has won an award and their parent or carer would like their name to be published alongside their image, separate consent will be obtained prior to this.

We may take images or videos of individual pupils and groups of pupils to use on social media, the school website, school brochure or prospectus and other printed publications, including the school newsletter.

WHO ELSE MAY USE IMAGES AND VIDEOS OF PUPILS?

Local media and press may take images or videos of pupils (or use images or videos supplied by the school) to publicise school events and celebrations. These could be published in local or national newspapers, on television, or on approved websites. Where any other organisations intend to use images or videos of pupils, additional consent will be sought from parents and carers before any image or video is used.

PROVIDING YOUR CONSENT

Please read the following conditions and provide your consent as appropriate by ticking either YES or NO for each criteria. Images or videos of your child will only be used under the conditions you consent to.

I provide consent for:	YES	NO
Individual and class photographs These are taken by a professional photographer and are available to buy.	<input type="checkbox"/>	<input type="checkbox"/>
Internal school use Using images or videos of my child within the school for the purposes of education and to celebrate successes in assemblies and in wall/classroom displays.	<input type="checkbox"/>	<input type="checkbox"/>
External school use Using images or videos of my child in the school newsletter, prospectus/school brochure, school website, social media channels and local media/York Press.	<input type="checkbox"/>	<input type="checkbox"/>
External Trust use Using images of my child in the Trust's termly newsletter, information brochure and on the Trust's website.	<input type="checkbox"/>	<input type="checkbox"/>

WITHDRAWING YOUR CONSENT

We will remind parents and carers, on an annual basis, of the option to amend or withdraw consent. You also have the right to withdraw your consent at any time. Withdrawing your consent will not affect any images or videos that have been used prior to withdrawal. If you would like to amend or withdraw your consent, please submit your request in writing to the Headteacher.

SIGNED

I understand:

- Why my consent is required.
- The reasons and conditions under which the school and Pathfinder Multi Academy Trust uses images and videos of pupils.
- Which other organisations may use images and videos of pupils.
- The school will remind me, on an annual basis, of my option to amend or withdraw my consent.
- I can amend or withdraw my consent at any time and can do so by writing to the Headteacher.

Name of student: _____

Name of parent: _____

Signature: _____

Date: _____

FUNDRAISING AND MARKETING CONSENT

The school may occasionally send fundraising and marketing messages on behalf of parties associated with the school. These messages can include fundraising activities run the school’s PTA/Friends Group or advertising musical instrument lessons provided by an external tutor. Under the UK GDPR and Data Protection Act 2018, we must seek consent to send these messages.

PROVIDING YOUR CONSENT

Please provide your consent as appropriate by ticking either YES or NO.

I provide consent for:	YES	NO
School to send me fundraising and marketing messages on behalf of parties associated with the school.	<input type="checkbox"/>	<input type="checkbox"/>

WITHDRAWING YOUR CONSENT

Parents and carers have the right to withdraw consent at any time. If you would like to amend or withdraw your consent, please submit your request in writing to the Headteacher.

SIGNED

Name of parent: _____

Date: _____

Signature: _____

BIOMETRIC CASHLESS CATERING SYSTEM

INTRODUCTION

The school operates a cashless catering system which allows us to provide an efficient, fast and ultimately better quality of service to our students.

The system uses the latest technology and eliminates the need for students to carry cash throughout the day. Being a biometric system, there is no need for students to carry a card as their thumb print is used at the revaluation pay-points and at the tills.

Any amount of money can be paid into a student's account and any money spent on food and drink will be deducted on a daily basis. There are two payment options available:

- online payments via ParentPay
- Coin/note payments at the revaluation pay-points in school

A daily 'spend limit' of five pounds is programmed into the system. This can be increased or decreased for an individual student by written request to the Finance Department at the school. All students are given guidance on how to use the system.

HOW DOES THE BIOMETRIC SYSTEM WORK?

The information for a student, who has been biometrically registered, is stored on a secure Biometric Controller within the school, which only our provider, Nationwide Retail Systems Ltd, can access. Once an account is credited, the student places their finger/thumb on the EPOS Terminal, which looks up their account details and allows them to purchase items using only this method of identification. If you choose not to have your child registered on the Biometric System, a four-digit Pin code will be allocated. Please note, the PIN codes do not have the same level of security and it will be your child's responsibility to remember the code and keep it secure at all times.

In line with our Data Protection Policies and Procedures, we take every reasonable precaution to ensure that Nationwide Retail Systems Ltd is compliant with UK GDPR and Data Protection legislation and will keep your child's data secure and will not hold data for longer than required.

PROVIDING YOUR CONSENT

I provide consent for:	YES	NO
My child to be registered on the school's Biometric Cashless Catering System.	<input type="checkbox"/>	<input type="checkbox"/>

WITHDRAWING YOUR CONSENT

Parents and carers have the right to withdraw consent at any time. Withdrawing your consent will result in your child having to use a PIN code as explained above.

If you would like to amend or withdraw your consent, please submit your request in writing to the Headteacher or email reception@ahs.pmat.academy.

SIGNED

Name of parent: _____ Date: _____

Signature: _____

ADDITIONAL INFORMATION

16-19 DISCRETIONARY FUNDING

Households where income is less than £30,000 a year can apply for financial support for their child attending Sixth Form. Students who are in care or a care leaver, or are in receipt of government benefits, can also apply for financial support.

Please send me details and an application form for the 16 - 19 Discretionary Funding.

RESIDENCE STATUS

Have you been a resident of the UK for more than 3 years?

Yes

No

If No, please provide photographic ID evidence or copy of your birth certificate with your application.

RETURNING THIS FORM

If you have any questions about this form or need support completing it, please contact the school on 01904 411341. Please return the completed Student Registration Form either by post or email to:

Archbishop Holgate's School

Hull Road, York, YO10 5ZA

Email: reception@ahs.pmat.academy