





Please return to year6transitions@stokesleyschol.org before Monday, 11th May 2020





Student Surname:…...…………………………… Legal Surname:………………………...................

(if different)

Student First Name:………………………………. Middle Name(s):…………………………………..

Preferred first name ……………………………… Date of Birth ………………………… Male/ Female

 *(please circle)*

Student Home Address:

Building Name / House No and Street……………………... ……………………………………………….

Village/ Town …………………………………………………………………………………….

Postal Town/ Area …………………………………………………………………………………….

County …………………………………………….......................................................

Postcode ………………………………………………

SIBLINGS at Stokesley School *(include Year Group)*:

…………………………………………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Name / Relationship** | **Home Address** | **Contact numbers and email**  |
| NB note our preferred method of home communication is email, please provide an email address for parent(s) / carer(s) with parental responsibility. |
| **1** |  |  | **Mobile:** **Work Tel:** **Email:**  |
| **2** |  |  | **Mobile:** **Work Tel:** **Email:**  |
| **3** |  |  | **Mobile:** **Work Tel:** **Email:**  |
| **4** |  |  | **Mobile:** **Work Tel:****Email:**  |
| **Is there a Court Order relating to this child?** |  Yes No (If yes please provide photocopy) |

**Medical** – I will inform the school as soon as possible of any changes in my child’s medical circumstances.

|  |  |
| --- | --- |
| **Medical Condition(s)** |  |
| **Medical Note(s)** |  |
| **Allergies**  |  |
| **Disabilities** |  |

|  |  |
| --- | --- |
| **Dietary Needs**  |  |
| **Food Allergies** |  |

|  |  |
| --- | --- |
| **Medical Practice** |  |
| **Address**  |  |
| **Telephone Number** |  |

|  |  |
| --- | --- |
| **Emergency Consent**  | I am happy for my child to be given first aid or urgent medical treatment Yes / No |

**Additional Information** (please see attached sheet for codes)

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity:** |  | **Religion:** |  |
| **First Language:** |  | **Home Language:** |  |
| **Nationality:** |  | **Country of Birth:** |  |
| **Traveller / Gypsy / Roma:** | Yes / No | **Parent/Guardian in Armed Forces:**  | Yes / No |
| **Eligible for Free School Meals:** | Yes / No | **Special Educational Needs Provision:**  | Yes / No |
| **Mode of travel to school:** |  | **Looked After Child:** | Yes / No |

|  |  |
| --- | --- |
| **Meal Requirements:** |  Packed Lunch School Meal Free School Meal  |

|  |  |
| --- | --- |
| **Previous School (including address):** |  |
| The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR)The school has a duty to protect this data and to keep it up to date. The school is required to share some of the data with the Education Authority and with the Department of Education |
| **Signature:** | **Date:** |

|  |  |  |
| --- | --- | --- |
| Ethnic Group: | ABAN | Bangladeshi |
| AIND | Indian |
| AOTH | Any other Asian Background |
| APKN | Pakistani |
| BAFR | Black - African |
| BCRB | Black Caribbean |
| BOTH | Any other Black Background |
| CHNE | Chinese |
| MOTH | Any other Mixed Background |
| MWAS | White and Asian |
| MWBA | White and Black African |
| MWBC | White and Black Caribbean |
| MWCH | Mixed White and Chinese |
| OIRQ | Iraqi |
| OOTH | Any Other Ethnic Group |
| WBRI | White - British |
| WCOR | White - Cornish |
| WIRI | White - Irish |
| WIRT | Traveller of Irish Heritage |
| WOTH | Any other White Background |
| WROM | Gypsy / Roma |

|  |  |  |
| --- | --- | --- |
| Mother Tongue: | ENG | English |
| ENB | Not known but believed to be English |
| OTH | Other than English |
| OTB | Not known but believed to be other than English |

|  |  |  |
| --- | --- | --- |
| SEN Provision Type: | N | no special provision |
| A | school action |
| P | school action plus |
| Q | school action plus and statutory assessment |
| S | statement of SEN |

|  |  |  |
| --- | --- | --- |
| Transport: | CAR | Car/Van |
| CRS | Car Share (with child from a different house) |
| CYC | Cycle |
| DSB | Dedicated School Bus |
| PSB | Public Service Bus |
| TXI | Taxi |
| WLK | Walk |

|  |
| --- |
| **Stokesley School Consent Form** |

**Student’s Name……………………………………………………………………………..…….** **Year/ Tutor Group……………………….**

**Trip Consent**

Please sign and date the form below if you are happy for your child:

1. to take part in school trips and other activities that take place off school premises; and
2. to be given first aid or urgent medical treatment during any school trip or activity; and
3. if applicable, for your child’s personal information to be shared with 3rd parties i.e. travel company

After submission of this form, no further written consent will be sought during your child’s time at Stokesley School. You will however be asked to tick consent when submitting a payment for any activity via Parent Pay.

* The school trips and activities covered by this consent include:
	+ all off-site trips and visits (including residential trips);
	+ off-site sporting fixtures;
	+ all adventure activities.
* The school will send you information about each trip or activity before it takes place.
* Please inform the school if you do not want your child to take part in any particular trip or activity.

I will advise school of:

* Any illness or infection suffered by my child; and/ or
* Any new or changed medical condition

which occurs after the signing of this form and before the trip departure date.

Parent/ Carer Signature: …………………………………………………………………………………… Date:.................................................

Print Name:................................................................................ Relationship to child:………………………………………………….

**Images and Videos Parent Consent**

In accordance with our child protection policy Stokesley School will not permit photographs, video or other images of young people to be taken without the consent of the child or the parent if the child is under 16.

Stokesley School will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately, you should inform Stokesley School immediately.

|  |  |  |
| --- | --- | --- |
| Consent Information (to be completed by the parent) | YES | NO |
| I give consent for my child’s photograph to be used within school for display purposes |  |  |
| I give consent for my child’s photograph to be used within other printed promotional publications (i.e. School Prospectus) |  |  |
| I give consent for my child’s photograph to be used on the Trust and school’s websites |  |  |
| I give consent for my child’s work (if selected) to be used on the Trust and school’s websites |  |  |
| I give consent for my child to be videoed for use on the Trust and school’s websites |  |  |
| I give consent for my child’s photograph to be used on the Trust and school’s social media pages |  |  |
| I give consent for my child’s work (if selected) to be used on the Trust and school’s social media pages |  |  |
| I give permission for my child to be videoed for use on the Trust and school’s social media pages |  |  |

**ParentPay and Biometric System**

|  |  |  |
| --- | --- | --- |
| Consent Information (to be completed by the parent) | YES | NO |
| I give consent to use my child’s finger recognition on the Biometrics Cashless Catering System |  |  |

Parent/ Carer Signature: …………………………………………………………………………………… Date:.................................................

Print Name:................................................................................ Relationship to child:………………………………………………….