



## ST JOSEPH'S CATHOLIC HIGH SCHOOL SIXTH FORM RECORD FORM

Child's Legal Forename

Middle Name(s)

Legal Surname

Preferred Forename

Date of Birth

Student Mobile Number

Student 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

Father's Home Number (if different from above)

Father's Mobile Number

Father's Work Tel Number

Father's email address

**Additional Home Address Details (if different from above)**

House Name or Number

Street

Town

County

Post Code

Please state whose address this is

**CONTACT NUMBERS** (in case we need to ring you)

**Priority 1**

Name &  
Phone number

Relationship

**Priority 2**

Name &  
Phone number

Relationship

**Priority 3**

Name &  
Phone number

Relationship

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/Carer

**ADMINISTERING PARACETAMOL**

With regard to paracetamol, the school office hold a supply to be administered for the relief of headaches, migraine, neuralgia, and rheumatic aches and pains. The school will only administer with written consent from you giving us permission to do so. Pupils are **NOT** allowed to carry their own paracetamol. If paracetamol is administered at any time during the school day we will inform the parent/carer of the time of administration and dosage.

**Dosage**

The tablets we hold contain 500mg of paracetamol. Tablets are for oral use, swallowed with a drink of water. Children 16 years and over take one or two tablets up to 4 times a day. Children 10 - 15 years of age take one tablet up to 4 times a day.

Paracetamol will only be administered as a last resort. A first aider will assess if paracetamol is required and will ensure it is administered in their presence. Students will be prompted to tell a member of staff if they have already taken any that day.

**Conditions of Use**

This form is valid for 7 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.

**PUPIL**

I agree to comply with the school's pupil rules. I will only ask for or take paracetamol in a responsible way.

Pupil signature ..... Date .....

**PARENT/CARER**

As the parent or legal carer of the pupil signing above, I grant permission for my son or daughter to have paracetamol administered.

Parent/Carer Signature ..... Date .....

**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)**

.....

**RELIGION**

*Religious Denomination (please tick one box only):*

|           |                          |           |                          |                |                          |      |                          |
|-----------|--------------------------|-----------|--------------------------|----------------|--------------------------|------|--------------------------|
| Anglican  | <input type="checkbox"/> | Hindu     | <input type="checkbox"/> | No Religion    | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Baptist   | <input type="checkbox"/> | Jewish    | <input type="checkbox"/> | Other Religion | <input type="checkbox"/> |      | <input type="checkbox"/> |
| Buddhist  | <input type="checkbox"/> | Methodist | <input type="checkbox"/> | Refused        | <input type="checkbox"/> |      | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Muslim    | <input type="checkbox"/> | Roman Catholic | <input type="checkbox"/> |      | <input type="checkbox"/> |

**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/Carer 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/Carer ..... Date .....

Please print name of Parent/Carer.....

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 signature .....Date.....

**PARENT/CARER**

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/Carer Signature .....Date.....

## **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.....**

**BIOMETRIC DATA AGREEMENT**

**PUPIL NAME:** .....

A biometrics system is used for school meals service at St Joseph’s Catholic High School. This means that pupils are able to access by means of finger recognition. St Joseph’s is a cashless school.

This system enables us to deliver a faster, more efficient service. Day-to-day your child will be able use their finger to access their school meal account at the till in the canteen. It is the parent’s responsibility to add funds to the school meal account. Funds are added through a ParentPay account. Parents and Carers will be issued individual logins once enrolled.

**Conditions of Use**

1. This form is valid for 7 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. The biometric information that we hold will not be given to any third parties.

**PUPIL**

As a user of the school canteen, I agree to comply with the school’s pupil rules. I will use the fingerprint scanner in a responsible way.

Pupil signature ..... Date .....

**PARENT/CARER**

As the parent or legal guardian of the pupil signing above, I grant permission for my son or daughter to have their biometric data taken and stored for the schools use only.

Parent/Carer Signature ..... Date .....

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

Signed

(Parent/Carer)

Name

(Parent/Carer name in capitals)

Date

**Please return this form to:**

Mrs Wilson, the Admissions Secretary  
St Joseph’s Catholic High School  
Shaggy Calf Lane  
Slough  
SL2 5HW