

PART B: Forms

Please complete, sign & return this booklet to

Fulford School

(Please ensure correct postage is added if posting to school)



Fulford School

Student name: _____

Contents

Contents	2
Parent and Carer Consent Form	4
Working together Agreement	11
Home to School Travel – Behavioral Policy	12
Computer and Internet Permission Form	13
Resource Centre Permissions	13
Fulford School Parent Teacher Association	15

For office use only	Admission Date:	Admission No:
	UPN No:	

General Data Protection Regulation

This booklet is to be read and completed in conjunction with the Privacy notice detailed in PART A: Parent Information Booklet.



SOUTH YORK MULTI ACADEMY TRUST

FULFORD SCHOOL

Parent and Carer Consent Form

One form must be completed **for each child**

Pupil Details			
Pupil Name (As stated on pupil's Birth Certificate)	Please underline the name by which the pupil is usually known		
Year Group		Pupil DOB	

Parent/Carer 1	
Name (Inc. Title)	
Relationship to pupil	
Address	
	Member of the Armed Forces? Yes / No
Home Phone	
Work Phone	
Mobile Number	
Email	

Parent/Carer 2	
Name (Inc. Title)	
Relationship to pupil	
Address	
	Member of the Armed Forces? Yes / No
Home Phone	
Work Phone	
Mobile Number	
Email	

<u>Non Resident</u> Parent/Carer - in the event of divorce/separation	
Name (Inc. Title)	
Relationship to pupil	
Address	
	Member of the Armed Forces? Yes / No
Home Phone	
Work Phone	
Mobile Number	
Email	

<u>Non Resident</u> Parent Partner	
Name (Inc. Title)	
Relationship to pupil	
Address	
	Member of the Armed Forces? Yes / No
Home Phone	
Work Phone	
Mobile Number	
Email	

EMERGENCY RELEASE CONTACTS

I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I/we cannot be contacted. *I can confirm that the nominated person/people is/are aware that I have submitted this information:*

1 Yes/No

2 Yes/No

Emergency Release Contact 1	
Name	
Relationship to pupil	
Address	
Home Phone	
Work Phone	
Mobile Number	

Emergency Release Contact 2	
Name	
Relationship to pupil	
Address	
Home Phone	
Work Phone	
Mobile Number	

Communication Permissions

<i>For each item, please indicate your consent by ticking either Yes or No:</i>	Yes	No
Non-Statutory Communication (e.g. newsletters / updates)		
School may contact me via Email		
School may contact me via Telephone		
School may contact me via SMS Text Message		
School may contact me via Post		
Non-Statutory Information Sharing		
Parent/carer contact information may be shared with our home-school communication company (currently Group Call) – N.B. this will be required to communicate most text information		
Parent/carer contact information may be shared with our Parent-Teacher Association		

CONSENT OPTIONS and FURTHER INFORMATION

<i>For each item, please indicate your consent by ticking either Yes or No:</i>	Yes	No
Activities		
Supervised visits/sports events to local destinations away from the main school site		
Supervised one-day non-residential visits within the UK (These visits would still be subject to standard school letter/permission slips)		
Medical		
My child to be given first aid by a trained member of staff during any on-site or off-site activity		
My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity		
<p>GP's Practice:</p> <p>GP's Telephone number:</p>		
Staff to administer prescription medicines, as specified on signed medication forms and in line with the school's medicines policy		
Does your child have any medical conditions we should be aware of? If yes, please give details:		
Does your child have any allergies we should be aware of? If yes please give details:		

	Yes	No
Is there any special information regarding home background or pupil's character which will call for care and attention at Secondary School? If yes, please give details:		
Is your child in receipt of Free School meals?		
Academic ability information will be collected from your child's Primary School. Does your child receive any additional help in school? If yes please give details:		
Previous Schools (most recent first)		

Permissions for Information and Images (including photographs and video recordings)
Please note: Images used for identification within school, or images/voice recording for video/audio course work will not be processed based on consent.

Child's name/image to be used as part of internal school media e.g. wall displays/class and in-school activities / newsletters	Y	N
Child's name/image to be used in external media: e.g. Local/National newspaper press release/Facebook/Twitter/You Tube (Social Media)	Y	N
Local Newspaper press release	Y	N
National Newspaper press release	Y	N
Social Media	Y	N

Personal Images (e.g. images taken by families during school performances / sports events)

The Information Commissioner's Office classes such images as 'personal use' and do not cover them within GDPR regulations. As a school, we remind all visitors that **such images must remain personal** and should not be shared widely (including via social media. We would also request that anyone undertaking any photography of this nature respects the views and wishes of other parents and students. Further information is available via: <https://ico.org.uk/for-the-public/schools/photos/>

Ethnic Group	Please tick as appropriate
I do not wish an ethnic background category to be recorded	
Bangladeshi	
Black African	
Black Caribbean	
Chinese	
Gypsy	
Gypsy/Roma	
Indian	
Pakistani	
Roma	
Traveller of Irish Heritage	
White British	
White Irish	
White Northern Irish	
White & Asian	
White & Black African	
White & Black Caribbean	
White European	
White other	
White Western Europe	
Any other background	

Religion
Home Language
First Language
Country of Birth

Is your child entitled to Pupil Premium funding? If yes, please give details	Y / N
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Are there any sibling's already attending Fulford School? If yes, please give details (name/year)	
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- The information in this form will be used throughout your child's time at school.
- You may withdraw your consent at any time by informing the school Office Manager in writing via office@fulford.york.sch.uk or Fulford School, Fulfordgate, Heslington Lane Fulford, York YO10 4FY.
- Please sign and date the form before returning it to the school office.
- Please ensure that **all** legal parents/carers sign and date the form below. Should this be problematic, please contact the school office.

Signed		Date	
Name			

Signed		Date	
Name			

Working Together Agreement

A copy of this document is enclosed for you to sign and return. Details of the commitments being made by the student, the school, parents and carers are as follows:

Fulford School will:

Provide a secure learning environment which promotes a sense of tolerance and understanding amongst all students.
Provide a high quality education appropriate to the needs of each student and provide a broad and balanced curriculum.
Encourage students to be involved in extracurricular activities.
Keep a record of attendance and contact parents promptly if truancy is suspected or if non-attendance is not confirmed in writing.
Check punctuality and inform parents if their child is frequently late.
Supply a uniform list each year and ensure that every student wears the correct uniform.
Provide parents and students with a homework timetable and ensure homework is set and marked within a reasonable time frame.
Provide students with a planner for the recording of homework and achievement and check and sign it on a regular basis.
Provide progress reports for each student.
Hold a subject based parents evening once a year for each year group.
Use Class Charts to praise and sanction students.
Send a newsletter regularly to all parents throughout the year.
Acknowledge within two working days any complaint or request for information from parents and provide a considered response as soon as is practicable within the circumstances.

As a student of Fulford School, I will

Through active participation try to make the most of all the opportunities that Fulford School offers.
Respect the needs and values of others.
Attend school as required and ensure that letters concerning absences reach my Form Tutor.
Bring all necessary equipment for my lessons, respect school books and equipment.
Arrive at school on time and be punctual for my lessons and general school activities.
Wear full uniform and take a pride in my appearance.
Complete all the homework set to the best of my ability and hand it in on time.
Take my planner to all lessons and use it to help my organisation.
Ensure my planner is checked and signed by my parents/carers weekly.
Use Class Charts to monitor my homework and achievements.
Take my report to my parents/carers and take note of my teachers' comments and respond to them.
Take home information about parents' evenings, organise appointments and hand in replies.
Ensure that general and personal letters reach my parents/carers.
Follow the code of conduct

As parents/carers of a student at Fulford School, I/we will

Encourage a positive attitude to school and take an interest in all that my/our child undertakes at Fulford School.
Encourage respect for the needs and values of others.
Take all reasonable measures to ensure that she/he attends school every day with correct equipment and inform school of the reason for any absence on the first day of absence and in writing on his/her return.
Ensure that my/our child arrives at school on time.
Provide the full uniform.
Provide a suitable place for homework and offer support and encouragement.
Use Class Charts to monitor my child's homework, achievements and sanctions.
Check and sign my/our child's planner each week.
Respond to my/our child's report with a written statement as appropriate.
Attend the appropriate parent teacher consultation evening.
Take note of letters and respond promptly to general and personal letters from Fulford School.
Ensure that our child follows the school's code of conduct.

Educational success requires the co-operation and commitment of students, parents and teachers. To demonstrate this commitment, each party is asked to sign this agreement.

We are / I am committed to the Fulford School "Working Together" agreement

Student Name (Block Capitals)

..... (Student)

..... (Parent/Carer)

..... (For Fulford School)

Home to School Travel – Behavioural Policy

Name of Pupil.....

Form.....

Normal means of travelling to and from school (please circle as appropriate)

Walk

Cycle

Bus

Train

Car

I, the above named student, have read and understood the Behavioural Policy for Home to School Travel and will endeavour to abide by it at all times when travelling to and from school.

Signed.....

Date.....

I/We, the parent(s)/carer(s) of the above named student acknowledge our son's/daughter's support and our support for the Behavioural Policy for travelling to and from school

Signed.....

Date.....

Signed.....

Date.....

Please also print names:

Computer and Internet Permission Form

Student

As a user of the Fulford School Network and associated services, I agree to comply with the rules, as explained within the Acceptable Use Policy:

Student Name

Student signature Date

Parent/Carer

As the parent or legal carer of the student signing above, I grant permission for my son or daughter to use the School IT services. I understand that students will be held accountable for their own actions. I also understand that some material 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

Resource Centre Permissions

Please return to the School Office

I/We do/do not give permission for my/our son/daughter to borrow items with a 'PG' classification from the Resource Centre.

Student Name

Parent/Carer Date

(Signed)

FULFORD SCHOOL PARENT TEACHER ASSOCIATION

Registered Charity Number: 1089847

200 CLUB

An annual payment of £12 entitles a member to one number in a monthly draw—that's twelve opportunities to win each year! The winning number is chosen at random and the winner receives one half of the monthly income. The other half goes towards PTA funds to support requests for equipment from all school departments. The 200 Club aims to have 200 members - please help us achieve that by joining. Please set up a Standing Order using the information given below and let us know you have done that by completing and returning the tear off slip. Although Standing Order is our preferred method of payment we can also accept payment by cheque. Please make it payable to **Fulford School Parent Teacher Association**. You can have more than one number! It is £12 for each one. Thank you for your support.

Please send your completed details (and cheque if appropriate) to the PTA at the school office in an envelope marked PTA 200 Club, Fulford School. We will only use your details to administer your participation in the 200 Club. Please see the website for our Privacy Notice.

STANDING ORDER INFORMATION

Please contact your bank either via online banking, telephone banking or in person to set up an annual standing order to: **Fulford School Parent Teacher Association**

The bank details for our organisation are as follows:

Bank:	Santander	Account Number:	98053304
Address:	Bootle, Merseyside, L30 4GB	Sort Code:	09-01-51

The amount should be **£12 payable once a year for each number**

The payment should be timed to arrive in our account **any time from 01 September to 30 November**. You will then be entered in all draws for the next calendar year.

Please return this slip to the PTA 200 Club via the school office

I wish to become a member of the Fulford School Parent Teacher Association 200 Club, and confirm:

I have set up an annual Standing Order for £_____ (£12 per number) effective from Sept / Oct / Nov / Dec or

I have enclosed a cheque for £_____ (£12 per number)

Full name(s): _____

Signature(s): _____

Address: _____

Postcode: _____

Telephone: _____ Email: _____

Name of Child(ren): _____ Form(s): _____

Date: _____

THANK YOU FOR YOUR SUPPORT