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# HOLYROOD

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ACADEMY

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## Student Information Form – 2023/2024

### CONFIDENTIAL

To be completed by parent/carer

Please complete all pages of form (where applicable) as fully as possible

Please ensure you have read the guidance notes before completing the form.

Guidance notes can be found on the Academy website.

Student Name.....

FOR INTERNAL USE ONLY	
Parental consent complete	
Medical consent complete	
E-Safety Policy Agreement signed	
Home-Academy Agreement signed	

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# HOLYROOD ACADEMY

## STUDENT INFORMATION FORM - 2023/24 CONFIDENTIAL

### 1. STUDENT DETAILS

Legal Surname*		Legal Forename*	
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*\*Legal name is the name that appears on the student's birth certificate – if you enter an alternative name here you must provide additional evidence at the time of admission, ie, where there is more than one person with parental responsibility, written consent from all parental responsibility holders or a Court Order or change of name deed poll*

Chosen Surname if different from above		Middle Names	
Chosen Forename if different from above			

Date of Birth	/	/		Gender – M/F	
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Student's Full Postal Address	
House Number/Name	
Street/Road	
District/Town	
County	
Post Code	

### 2. BROTHERS AND SISTERS CURRENTLY ON ROLL AT HOLYROOD ACADEMY

Surname	Forename	Gender	Date of Birth
			/ /
			/ /
			/ /
			/ /

### 3. PARENT/PARENTAL RESPONSIBILITY

*Name(s) of Parent(s). Indicate here the details of parent(s) with whom the student is living at the address stated at section 1.*

	Parent Name	Parent Name
Title		
Surname		
Forename		
Gender		
Relationship to student		
Place of Work		
Contact Email address*		
Telephone Numbers	Home:	
	Work:	Work:
	Mobile:	Mobile:
<i>Please state order in which parents noted above are to be contacted in event of an emergency.</i>		
Priority e.g. 1,2:	Number	Priority e.g. 1,2:

**\*Please provide at least 1 contactable email address for general distribution, i.e. newsletters, school news, school reports.**

#### 4. PARENTAL RESPONSIBILITY

If the student has a parent or a parental responsibility holder who does not live at the student's address stated at section 1, please give their details below.

Title	Surname			
Forename			Gender	
Relationship to Student				
House Number/Name				
Street/Road				
District/Town				
County				
Post Code				
Place of Work				
Phone	Home		Work	
	Mobile			
Email address				
<i>Please state order in which parent is to be contacted in event of emergency</i>			Priority Number:	

Please enter details of anyone else who has parental responsibility.

Title	Surname			
Forename			Gender	
Relationship to Student				
House Number/Name				
Street/Road				
District/Town				
County				
Post Code				
Place of Work				
Email address				
Phone	Home		Work	
	Mobile			
<i>Please state order in which parent is to be contacted in event of emergency</i>			Priority Number:	

#### **COURT ORDERS:**

Is the student subject to any Court Orders? If yes, please specify the Court Order terms below. This information is confidential, but will help the Academy understand the student's position. **A copy of any Court Orders MUST be provided.**

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#### 5. PEOPLE TO CONTACT IN AN EMERGENCY (other than those in sections 3 and 4)

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to Student		
Address		
Home Tel No		
Mobile Tel No		
Priority Number e.g. 3,4:		

## 6. ADDITIONAL INFORMATION

School meals – Is your child eligible for a free school meal? (see Note 3)	Yes / No
Does your child have any special dietary needs/food allergies? (This information will be shared with our catering providers, Innovate)	Yes / No (If yes, please specify)

Is the parent(s) the child resides with currently serving in the (regular) armed services?	Y / N
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How will your child travel to school? Please circle the most frequently used transport.

Bus (type not known)	Car Share (with child)	Car/van	Cycle	Dedicated School Bus	Other	Public Bus Service	Taxi	Walk
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## 7. DOCTORS INFORMATION

Surgery			
Surgery Address			
Post Code		Telephone Number	

Are your child's immunisations up to date? YES / NO

## 8. PREVIOUS SCHOOL Name and address of last school attended.

Date of Arrival		Date of Leaving	
School Name			
School Address			

## 9. STUDENT'S RELIGION Please circle one from the following list.

Christian	Buddhist	Hindu	Jewish	Muslim
No Religion	Other Religion	Sikh	Jehovah Witness	Roman Catholic

## 10. STUDENT'S FIRST LANGUAGE (if other than English).

Bengali	Hindi	Spanish	Cantonese	Italian
Turkish	Polish	Punjabi	Portuguese	Greek

Other (Please Specify) \_\_\_\_\_

## 11. STUDENT'S ETHNIC GROUP

Please note: Information on student's ethnicity, National identity and first language is requested to enable the Academy to complete statutory returns to the DfE. The categories are set by the DfE. If ethnic background details are not provided for the student, then the Academy may use its best judgement to assess this information.

White British		Any other Asian background	
White Irish		Any other Black background	
Traveller of Irish Heritage		Any other ethnic group	
Any other white background		Black African	
Gypsy/Roma		Black Caribbean	
White & Black Caribbean		Chinese	
White & Black African		Bangladeshi	
White & Asian		Pakistani	
Any other Mixed Background		Indian	

### National Identity

British		Scottish	
Irish		English	
Welsh		Other	

## 12. ACADEMY INFORMATION

Is the student the subject of a Statement of Special Educational Needs within the terms of the Education Act 1996?

Yes		No	
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Is the student receiving help from for example, a social worker, health visitor, speech therapist or any other professional support?

Yes		If Yes, please specify:
No		

Yes		No	
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Is the student a registered carer?

The following information is required for National Returns or to claim charges from another LA.

Is the student in care?	Yes		No		If Yes, which local authority?
Is the student fostered?	Yes		No		
Is the student adopted?	Yes		No		

Please provide information relating to more detailed care arrangements if appropriate.

Signed \_\_\_\_\_ (Parent/Carer) Date \_\_\_\_\_

**It is very important that you keep the Academy updated with all emergency contact and medical information. If you have any changes to report please contact the Academy office as soon as possible on 01460 260100.**

# DATA PROTECTION – CONSENT FORM

## PHOTOGRAPHS AND VIDEO IMAGES CONSENT

Your consent or that of your child, if they are aged 16 or over, is required for the school and the trust to use their image for purposes other than those connected to their education, safety or the operation of the school.

For example, as you will have seen, we celebrate the success of our students in sporting, academic or cultural activities by sharing the information, including photographs, on our websites, in the local press, on our social media platforms (including Facebook, Twitter and Instagram) and in school and trust publications such as our newsletters. Local newspapers often publish articles on their websites as well as in the printed newspaper. Images may be published alongside the student's first name.

**If you do not give consent we will be unable to use your child's photograph/image in this way.**

We also promote the school and its activities using photographs and images of our students in the press, on social media, in school and trust publications, on school displays and, on our websites.

Our use of images means that some photos and video may appear in different formats, for example a printed newsletter may also be accessible online.

We are therefore seeking your consent to use your child's image in the manner and locations described above. You may withdraw your consent at any time prior to the publication of images by giving the school notice in writing to **office@holyrood.uat.ac** marked for the attention of the Data Manager. Images may continue to be used after students have left the school.

**Our student Privacy Statement is available at – [www.uffculmetrust.org/policies](http://www.uffculmetrust.org/policies)**

**I give my consent for my child's image to be used in the manner and locations described above:**

Yes

No

**Name (Please PRINT):**.....

**Signed:** .....

**Date:** .....



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**PARENT/CARER CONSENT – MUST BE COMPLETED FOR ALL STUDENTS**

NAME OF CHILD \_\_\_\_\_ YEAR GROUP \_\_\_\_\_

		<i>Please place a tick in each section</i>	
		YES	NO
<b>Display of work on website</b>	I give permission for my child to have their work displayed on the Academy website		
<b>Acceptable Use of the School's IT System and the Internet (by Students)</b>	I confirm my child and I have read, signed and will adhere to the Online Safety Policy		
<b>Holyrood Academy Home-Academy Agreement</b>	I confirm my child and I have read, signed and will adhere to the Holyrood Academy Home-Academy Agreement		
<b>Cashless Catering Biometric Scan</b>	I give permission for my child's Biometric scan to be taken for use with the cashless catering system		
<b>Possession of Mobile Phones, etc</b>	I have read and understand the basis on which my child can be in possession of a mobile phone, or any other device		
<b>Academy Trips and Other Off- site Activities</b>	I consent, that during my child's time at Holyrood, they can participate in standard activities off the Academy site, but within the County or neighbouring area, e.g., environmental studies, swimming and sporting fixtures, joint activities with other schools/organisations.		

Parent/Carer signature \_\_\_\_\_

Parent/Carer Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

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# PARENT/CARER MEDICAL CONSENT

(Must be signed even if there is no known medical information)

NAME OF CHILD \_\_\_\_\_ YEAR GROUP \_\_\_\_\_

## MEDICAL INFORMATION

Medical conditions - Please provide detailed information of any medical conditions (ADHD, Celiac, allergies, anxiety etc) and any regular medication that they take.

*If there is no known medical information, please tick the box below\**

		<i>Please place a tick in each section</i>	
		YES	NO
<b>Administering Medication</b>	I enclose some <b>named age appropriate boxed</b> medication. I give permission for this medication to be dispensed to my child at the discretion of the First Aider. I understand that any medicine left at the end of the year will need to be collected from the reception during the last two days of term. Any medicines not collected or expired will be safely disposed of.		
<b>Asthma Register</b>	My child suffers from Asthma, please place them on your Asthma Register		
	I enclose a spare named inhaler and give permission for this medication to be dispensed to my child at the discretion of the First Aider. I understand that any medicine left at the end of the year will need to be collected from the reception during the last two days of term. Any medicines not collected or expired will be safely disposed of.		
<b>Display of Information</b>	I consent to my child's severe medical needs (Diabetes, Epilepsy etc) being displayed in staffrooms to aid in the communication of medical information to all staff.		
<b>Medical Care Plans (MCP)</b>	Information provided will be transferred onto the schools computer system to allow appropriate Medical Care Plans (MCP) to be maintained. These MCP are used for school trips and aid the staff to look after your child accordingly. If any changes occur in your child's treatment then <b>you are responsible</b> for informing the school to allow MCP to be updated accordingly.		

*\*I confirm there is no known medical information.*

*I am aware it is my responsibility to inform the Academy if this changes.*

Parents/Carer signature \_\_\_\_\_

Parent/Carer Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

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## Online-Safety Policy (Students)

The school's IT system (inc access to the Internet, e-mail and other digital resources) are there to support your learning. To help keep you safe and everyone else safe and to ensure that you make use of these resources in a way that is appropriate and legal the following rules have been put in place. Please read them carefully and if there is anything you don't understand, please ask your tutor or computing teacher.

I agree that:

- I will never share my password with anyone or use anyone else's password. If I become aware that my own password has become known to someone else, or I find out someone's password I will immediately inform the IT Technical Support Team
- I will never infringe the security or privacy of another user. I will never attempt to access or alter their files or folders, or tamper with their storage area on the school system or any removable media (e.g. flash drive) they may have.
- I will do everything I can to keep myself and others safe on the Internet. I will never disclose or publicise personal information about myself or others (e.g. home address or telephone / mobile number), nor will I respond to requests using SMS or agree to meet with someone.
- I will always treat other IT users with respect and will never harass, threaten, harm, insult or offend them.
- During lessons, I will only use the school's IT systems and equipment for educational purposes linked to the learning objectives of the lesson. I understand I am unable to access the IT rooms at break and lunchtimes as the IT rooms will be locked.
- I will take care of all IT equipment and the IT environment and I will not remove any IT equipment from its current location, either temporarily or permanently. If I find that equipment is damaged or faulty I will report this to a member of staff. I am aware that if I damage equipment intentionally I will be liable for payment for the replacement or repair of the equipment.
- I will not download or bring into school unauthorised programs, or attempt to install or store them on the school's IT system or on any of its equipment.
- I will never knowingly introduce a virus or other malware to the school's systems
- I will not access or download inappropriate (e.g. pornographic, racist or offensive) materials and will ensure that none of my files contains such material. This includes viewing, displaying, downloading, and printing, sending, or otherwise transmitting materials.
- I will switch off or close my screen immediately and report to a teacher if I discover an unsuitable site.
- I will not access Internet chat rooms, social media websites, or messaging services (inc chat sites) using the school's systems.
- I will not access online gaming sites without first obtaining the permission of staff. I understand the equipment in the school is provided for educational purposes.
- I am aware of the 'Report Bullying' Tile on RUnify and know when to use it.
- I will not make audio or video recordings of another student or member of staff without their permission.
- I will never send or forward inappropriate images of myself (or others) to another person and understand that to do so is a criminal offence.

- I will not copy information into assignments without fully acknowledging the source of it. I understand that if I break this rule it could be classed as plagiarism and/or copyright infringement and so have serious consequences, particularly where the work is being submitted for exam purposes.
- I will not copy or distribute any copyrighted material (inc software, video, music etc.) and understand that it is illegal to do so.
- I will only use my school email account for school work and school related activities. When writing, or replying to emails I will always be polite towards others and tolerant of their views in what I say. The same applies to any attachments I may send or share.
- I will only open emails (and any attachments) if they come from someone I already know and trust.
- I will not forward or share chain e-mails, send spam or spoof e-mails or e-mails containing hoax virus warnings.
- Staff may review my files and communications (inc. e-mails) where there are concerns about the content and/or to ensure that the system, equipment and other media are being used responsibly. This may include random checks.

Please remember that if you act in an inappropriate manner your access rights may be withdrawn, which would adversely affect your learning, and further sanctions may also be imposed.

**Acceptance of the Online-Safety Policy (by Students):**

Full Name (Student): \_\_\_\_\_ Year Group: \_\_\_\_\_

Signature (Student): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer's Signature: \_\_\_\_\_



# HOLYROOD ACADEMY HOME- ACADEMY AGREEMENT

*At the heart of our community*

## **THE ACADEMY**

### **As an Academy we will provide:**

- A learning environment and culture that strives for social justice and social mobility.
- High expectations of all students.
- A culture wherein every child and colleague has the opportunity and is proud to aim extremely high.
- Expert teaching for every student, every lesson, every day.
- A school experience that leaves students with memories and qualifications they are proud of.
- A successful and happy environment for everyone at Holyrood.

On behalf of the Holyrood Academy Headteacher

## **GOVERNING BODY**

The Governing body will:

- Ensure that all statutory requirements are fully met.
- Ensure that the quality of education in the school is good and that the school is keeping all children safe.
- Visit the school to monitor the quality of the environment.
- Review and publish all school policies in line with the Trust Scheme of Delegation.

On behalf of the Governing Body

## **STUDENTS**

All students will:

- Follow all reasonable requests from all adults at the first time of asking.
- Ensure disruption free learning for all students and themselves.
- Treat people and property with respect.
- Work hard, Be kind, Join in.

Name of Student \_\_\_\_\_ Signature \_\_\_\_\_

## **PARENTS / CARERS**

Parents and Carers will:

- Support the work of the school, contacting staff where necessary and always working collaboratively with the school to achieve the best for their child(ren).
- Support the school's expectations and position in front of their child(ren) and raise any concerns directly with the school in private.
- Ensure that all communication with school staff is respectful at all times.
- Engage with their child(ren)'s learning by checking homework, reports and attending parent meetings.
- Ensure the good attendance and punctuality of their child(ren).
- Provide their child(ren) with the correct uniform and equipment, or ask the school for support with this if needed.

Parent/Carer Name \_\_\_\_\_ Signature \_\_\_\_\_



END OF DOCUMENT