
HOLYROOD

ACADEMY



Student Information Form – 2022/2023

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 - 2022/23 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 will need to 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, Aspens)	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		

Is the student a registered carer?

Yes		No	
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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.

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
Publishing Students' Photographs and Naming of Children in the Media	I consent to my child's named image being used during and after their time at Holyrood for: Academy Publicity Purposes, Media Purposes (including online publications), and Internet Use (including Academy Social Media Accounts) <i>Please note this list is not exhaustive.</i>		
Display of work on website	I give permission for my child to have their work displayed on the Academy website		
Acceptable Use of the School's IT System and the Internet (by Students)	I confirm my child and I have read, signed and will adhere to the E-Safety Policy		
Holyrood Academy Home-Academy Agreement	I confirm my child and I have read, signed and will adhere to the Holyrood Academy Home-Academy Agreement		
Cashless Catering Biometric Scan	I give permission for my child's Biometric scan to be taken for use with the cashless catering system		
Possession of Mobile Phones, etc	I have read and understand the basis on which my child can be in possession of a mobile phone, or any other device		
Academy Trips and Other Off- site Activities	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
Administering Medication	I enclose some named age appropriate boxed 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.		
Asthma Register	My child suffers from Asthma, 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.		
Display of Information	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.		
Medical Care Plans (MCP)	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 you are responsible to 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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E-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 ICT 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 ICT 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. At break and lunchtimes students I may use the facilities for personal purposes provided they meet the other sections of the policy
- 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.
- 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 system.
- 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 It' button 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 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.
- I will only open emails (and any attachments) if they come from someone I already know and trust.
- I will not forward 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 E-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 students with a safe, well-ordered and caring environment in which to learn.
- Provide a welcoming environment for everyone, ensuring their knowledge, expertise and opinions are valued.
- Have a clear published Behaviour Policy in place to encourage good behaviour.
- Value and respect each student as an individual.
- Provide an appropriate curriculum to meet the needs of all students.
- Provide the best possible facilities for effective learning with high quality teaching and support.
- Set each student appropriate learning targets and assess progress regularly.
- Encourage all students to achieve their best in all aspects of Academy life.
- Record and reward each student's efforts and progress.
- Provide parents / carers with regular progress updates and meetings, and keep them informed about the Academy life.
- Monitor and ensure good attendance and punctuality.
- Listen to and respond promptly to concerns, and contact parents / carers should a problem arise.

On behalf of the Holyrood Academy Headteacher

GOVERNING BODY

As a Governing Body we will:

- Ensure statutory requirements, including Health & Safety and Safeguarding regulations are fully met.
- Ensure the budget is used efficiently to maximise the best possible learning environment.
- Visit the Academy to monitor the quality of the environment.
- Review and publish all required Academy policies.
- In consultation with students, parents / carers and staff monitor and review all aspects of the Academy's work and development.

On behalf of the Governing Body

EVERYONE

And together we will:

- Ensure a happy, safe and caring environment
- Co-operate with and respect others feelings and rights
- Strive for maximum progress and success in all we do at the Academy.

STUDENTS

As a student I will:

- Respect and help to look after our Academy environment and facilities.
- Follow the Academy's Behaviour Policy and help others to do so.
- Show respect to others, both in and outside the Academy, as in the student code of conduct.
- Co-operate with Academy staff and other students.
- Have a positive attitude towards the Academy and my learning.
- Work to the best of my ability, taking responsibility for my progress.
- Do my best to be organised with my learning, both in the Academy and at home.
- Follow the Academy uniform requirements.
- Strive for maximum attendance, arriving on time and correctly equipped for learning.

Name of Student _____ Signature _____

PARENTS / CARERS

As a parent / carer I will:

- Encourage a positive attitude towards the Academy.
- Support the work of the Academy, contacting staff as necessary.
- Show my child that I am interested in their learning, progress and achievement, by giving praise, support and encouragement.
- Attend parents' meetings.
- Provide the correct Academy uniform, kit and equipment.
- Ensure my child's good attendance and punctuality.
- Keep the staff informed about any problems which might impact in the Academy and affect learning.
- Ensure my child completes homework.

Parent/Carer Name _____ Signature _____

END OF DOCUMENT