

LEGAL SURNAME:		LEGAL FIRST NAME(S):	
PREFERRED SURNAME (if different from above):		PREFERRED FIRST NAME(S) (if different from above):	
Date of Birth:		Previous Schools With Dates:	
Home Address:		Home Tel No:	
Post Code:			
Is your child in the care of the Local Authority?		Yes	No
If 'Yes' please state the name of the foster carer/establishment			
Is your child privately fostered?		Yes	No
If 'Yes' please state the name of the foster carer and relationship to the child			
Carer Address Details (Complete if different from home address stated above)		Phone Number:	
		Work/Daytime phone number (if different from above):	
Do you have parental responsibility for your child?		Yes	No
Name Of Father*/Carer* (* Please Circle)		Name Of Mother*/Carer (* Please Circle)	
Mr		Mrs/Ms	
Address: (if different from above)		Address: (if different from above)	
Post Code:		Post Code:	
Work/daytime Tel No:		Work/daytime Tel No:	
Mobile Tel No:		Mobile Tel No:	
Email address:		Email address:	
Do you have parental responsibility for your son?		Do you have parental responsibility for your son?	
Yes	No	Yes	No
*if you have circled "carer" above, please provide details (e.g. foster carer or other)			
It is vitally important that we have the contact details for THREE people in the event of an emergency. As well as the name(s) of parent/carers above, please provide the names and details of an additional TWO people who we can contact in an emergency.			
NAME	RELATIONSHIP TO CHILD	TEL NO	
1.			
2.			

Some children take on a caring role at home and are therefore classed as 'young carers'. This could be because they look after younger siblings from time to time, take their younger siblings to school, or that they help to care for their parent(s)/carer(s) because they are in ill health/disabled. Do you consider your child to be a young carer?

Does your child take on a caring role in the home?

Yes

No

If so please give details:

Number of brothers, if any, and their ages:

Number of sisters, if any, and their ages:

SEN INFORMATION

Does your son have a diagnosed Special Educational Need?
(please tick)

Yes

No

(If yes please give details including the date of diagnosis and by whom):

MEDICAL INFORMATION

Family Doctor:

Tel No:

Address of Doctor:

Postcode:

Medical Condition(s): (Please note down anything that the school needs to be made aware of)

Please note down any medication to be taken in school, at what time, with the dosage required (please include any specific instructions, if needed).

Name/type of medicine etc:

Dosage/other information:

When did your son last have a tetanus injection?

Date:

Any Special Dietary Needs/ Allergens:

Do you consider your child to be a disabled person? (Tick applicable)

Yes

No

Prefer not to say

If 'Yes' please provide more information including additional support or aids currently in place

Are you currently working with 'Children's Services? (Please tick all that apply)

EHAT

Child in Need

Child Protection

Looked After Child

No - none of these

Mode of Transport To School (Please tick):

Walking

Bus

Car

RACIAL ORIGIN (please tick appropriate ethnic origin)

White

Asian or Asian British

Black or Black British

Chinese or other ethnic group

Mixed

White British

Asian British

African

Chinese

White & Asian

White Irish	Bangladeshi	Black British	Gypsy	White & Black Caribbean
Polish	Indian	Caribbean	Irish Traveller	White & Black African
Slovakian	Pakistani	Nigerian	Roma	Other mixed background
Czech Republic	Any other Asian background	Somali	Yemeni	
Any other White background		Any other Black background	Other(give details)	
Prefer not to say				

LANGUAGES

Languages understood by your son
 If English **IS NOT** the primary language spoken at home, please state the language which is:

RELIGION/BELIEF (Tick applicable)

Buddhist	Christian
Hindu	Jewish
Muslim	Sikh
No religion/belief	Any other religion/belief (please specify below)
Prefer not to say	Other (please detail)

Any special Religious requirements – prayer/diet/dress:

LUNCHTIME ARRANGEMENTS – PLEASE TICK WHICH IS APPLICABLE

Free School Meal (Claim reference number if known)	School Meal	Packed Lunch
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BIOMETRIC DATA

Biometric Data:

In giving your consent, you are agreeing to the school using a scan of your child's finger to identify them when using our cashless catering system. (Please see our Protection of Biometric Data Policy for more details). **Please note you are free to withdraw your consent at any time** and should notify us in writing if you wish to do so. (Please tick Yes or No)

Yes		No	
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Photographs/audio/video footage:

In giving your consent, you are agreeing to the school using audio clips / images/ video footage of your child in this way for the duration of his school career and until six years after he leaves West Derby. However, **please note that you will be free to withdraw your consent at any time** and should notify us in writing if you wish to do so. Withdrawal of consent will apply to any future projects.

NB:

- Programmes for performances would be provided to any individuals who attend the performances and would be theirs to keep.
- Audio clips from performances would be shared with those who were involved and their families
- Audio and visual (a trailer) for the performance would be released through our Twitter (X) account.
- Video footage of the actual performances would be shared with those who were involved and their families
- Audio clips are often used in music assessments. Audio clips of assessments could be shared with any parent/pupil who requests it.

Please tick the boxes to give your approval.

	Please place a tick or a cross in each appropriate box (a tick to consent, a cross to not give consent)						
Forum	Audio	Video	Images	Forum	Audio	Video	Images
School website				School X Feed (formerly Twitter)			
School Reach More Parents App (formerly Weduc)				School presentations			

	Please place a tick or a cross in each appropriate box (a tick to consent, a cross to not give consent)						
	Audio	Video	Images	Forum	Audio	Video	Images
Video footage of the actual performances where he is involved				Local/National Media			
School prospectus	N/A	N/A		School newsletters	N/A	N/A	
School displays	N/A	N/A		Programme for school performances where he is involved	N/A	N/A	
Audio clips of performances where he is involved		N/A	N/A	Audio clips of pupils' assessments		N/A	N/A

I give permission for my son's name to be published in programmes for performances where he is involved (Please tick)

Yes		No	
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Consent for whole school life trips and visits: In giving your consent, you are happy for your child to: take part in offsite educational activities; be given first aid or urgent medical treatment if required while participating in offsite educational activities. Prior to the activities taking place you will be given full details of the proposed visit and will have the opportunity to withdraw your child from the activity.

Please note the following important information:

The offsite activities covered by this consent form are:

- Sporting fixtures during the school day
- Sporting fixtures outside the school day
- Low risk offsite activity local to the school
- Routine educational visits to low risk venues during the school day
- Routine educational visits to low risk venues that extend beyond the school day
-

Activities not covered by this form are:

- Swimming
- Hazardous activities such as canoeing or climbing
- Residential activities

(*Please tick all that apply)

I give consent to trips and visits for my son for his whole school life	*I agree	*I do not agree
My child may be transported by school minibus or coach as necessary	*I agree	*I do not agree
I give permission for my child to receive medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present	*I agree	*I do not agree
I give permission for my child to leave direct from home sporting fixtures if it is convenient for him to do so (West Derby School, Maiden Lane, Hughenden Rd or Holly Lodge School)	*I agree	*I do not agree
I give permission for my child to make his own arrangements to travel home from away fixtures. In signing this form I am giving permission for other parents, guardians and friends to take and transport my child home. My child must inform the member of staff that he is making his own arrangements to travel home	*I agree	*I do not agree

Career Connect (Youth Support Services) Agreement: We provide the date of birth, name and address of your child and of name and address of parent/carer, and any further information relevant to the Career Connect (Youth Support Services) role (i.e. telephone number, ethnicity). However, a pupil (if over 16) or their parent(s) can ask that no information beyond names, addresses and the date of birth be passed to them. For example no sharing of telephone numbers and ethnicity. * Please tick one.

*I agree to all relevant details being shared with the Youth Support Services	
*I only wish to have my child's name, date of birth and address shared with the Youth Support Services	

Additional Questions:

Transition Day Information

It is the Year 6 Transition Day on Wednesday 3rd July 2024. Please complete the sections below providing details relating to your child being collected from West Derby School at the end of the day.

Please make a selection by ticking the appropriate bullet point

- I will collect my son
- I give permission for my child to make his own way home
- My child will be collected by someone else (please provide their details below)

If your child is being collected by someone other than you, please provide their details including their relationship to your child

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Signature of Parent/Carer:

Date:.....

Name of Parent/Carer:

NB in respect of sharing pupil data:

We will from time to time be asked to share pupil data with third parties; in cases where this is a non-statutory requirement we will seek your permission first. Please see our privacy notice for further information at www.westderbyschool.org