

The Rosedale Hewens Academy Trust

STUDENT REGISTRATION

Please ✓ as appropriate



PLEASE ENSURE THAT THIS FORM IS FULLY COMPLETED AS THIS MAY RESULT IN A DELAY IN THE APPLICATION PROCESS.
ALL BOXES MUST BE COMPLETED AND ANY SECTIONS NOT APPLICABLE, CROSSED THROUGH.

All information will be treated as confidential

PLEASE PRINT CLEARLY (✓ tick in the boxes and circle answers where applicable) AND SIGN EACH SECTION AS REQUIRED

Identification documents must be seen and verified to progress any application.

CHILD'S DETAILS

Please give full details

Child's Legal Surname:		Legal Forename(s):	
Address:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Postcode:		Home Telephone No:
Child's Date of Birth:	Day / Month / Year	Child's Year Group:	Year 7 / Year 8 / Year 9 Year 10 / Year 11
Position in Family (e.g. 1st of 2 children, etc):		(circle the appropriate answer)	

SIBLINGS

Please give details of brothers and sisters currently attending Schools or Colleges within the Trust

Full Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Day / Month / Year	School/College:	Year Group:
Full Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Day / Month / Year	School/College:	Year Group:
Full Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Day / Month / Year	School/College:	Year Group:

PARENTAL RESPONSIBILITY

Parent(s), guardian(s) or legal carer(s) with whom the child lives

The Trust has a duty to collect the name and address of EVERY PERSON who has parental responsibility for the child under the Children Act [Refer to Section 9]

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer
Surname:		First Name(s):	
Email Address:		Occupation:	
Mobile No:		Telephone No. during Business Hours:	

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer
Surname:		First Name(s):	
Email Address:		Occupation:	
Mobile No:		Telephone No. during Business Hours:	

OTHER LEGAL GUARDIAN(S) OR CARER(S)*Please provide names of any other parent(s), guardian(s) or legal carer(s)*

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Authorised Adults:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Carer
Surname:		First Name(s):	
Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Other _____		<i>(Please state)</i>
Address:			
Mobile No:		Telephone No during Business Hours:	
Email Address:			
Does the above-named have Permission to Collect the Child from College?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the above-named have Permission to Access the Child's Record?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Authorised Adults:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Carer
Surname:		First Name(s):	
Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Other _____		<i>(Please state)</i>
Address:			
Mobile No:		Telephone No. during Business Hours:	
Email Address:			
Does the above-named have Permission to Collect the Child from College?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the above-named have Permission to Access the Child's Record?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

CARE*Please provide details of care arrangements if the child is looked after by Social Services [Refer to Section 8]*

Name of Social Worker:		Contact Telephone No:	
Local Authority Responsible:		Date of Entering Care:	/ / <i>Day Month Year</i>

EMERGENCY CONTACTS*In case of illness or accident, please provide emergency contact details giving as many numbers as possible*

1.	Name		Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer
	Daytime No:		Mobile No:	
2.	Name		Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer
	Daytime No:		Mobile No:	

OTHER EMERGENCY CONTACTS*Please specify the relationship to the child, i.e. aunt, uncle, neighbour, etc.*

1.	Name		Relationship:	
	Daytime No:		Mobile No:	
2.	Name		Relationship:	
	Daytime No:		Mobile No:	

GENERAL PRACTITIONER*Please provide details of the child's doctor (GP)*

Name of Doctor:		Surgery Address:	
Telephone No:			

DENTAL PRACTICE*Please provide details of the child's dentist*

Name of Dentist:		Practice Address:	
Telephone No:			

MEDICAL INFORMATION (It is your responsibility to ensure that the College has the correct medication on site)*Please provide details of any medical conditions that the Trust should be aware of*

<input type="checkbox"/> Asthma [Refer to Section 3]	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Anaphylactic Shock [Refer to Section 4]	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Allergy (please give type)	_____			
<input type="checkbox"/> Other (please give details)	_____			

Signs and Symptoms:	_____		
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Name(s) of Medication:		Special Storage Requirements (if any):	
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SPECIAL EDUCATIONAL NEEDS and DISABILITY (SEND)*Please indicate as appropriate and note that EHCP is (Educational Health Care Plan)*

Does the Child have any Special Educational Needs (other than English as an Additional Language)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details:	_____		
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Does the Child have an EHCP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	_____
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DISABILITY*Please provide details*

Type:		On Children with Disabilities Register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> ASD/Aspergers	<input type="checkbox"/> Eating and Drinking	<input type="checkbox"/> Learning	<input type="checkbox"/> Personal Care	
<input type="checkbox"/> Behaviour	<input type="checkbox"/> Hand Function	<input type="checkbox"/> Medication	<input type="checkbox"/> Vision	
<input type="checkbox"/> Communication	<input type="checkbox"/> Hearing	<input type="checkbox"/> Mobility	<input type="checkbox"/> Other Health Problem	
<input type="checkbox"/> Consciousness	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Palliative Care Needs	<input type="checkbox"/> No Disability	

If Other, please give details:		Special Requirements:	
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EDUCATIONAL BACKGROUND*Please provide details of the child's present or last school or college*

Name of School or College:	_____				
Type:	<input type="checkbox"/> Secondary	<input type="checkbox"/> Primary	<input type="checkbox"/> Special	Local Authority/ Country:	
Address:	_____			From:	Day / Month / Year
	_____			To:	Day / Month / Year
	Postcode:	_____	Home Telephone No:	_____	
Reason for Leaving:	<input type="checkbox"/> Primary to Secondary	<input type="checkbox"/> In-year transfer	<input type="checkbox"/> Moving House	<input type="checkbox"/> Exclusion	<input type="checkbox"/> Other
If Other, please give details:	_____				
Is the Child a Refugee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the Child an Asylum Seeker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCHOOL MEALS

Provision for school meals (If you already qualify, please **tick the box** and provide us with your **eligibility certificate**)

Would you like to pursue free school meals for the child?

Yes

No

MODE OF TRANSPORT

Please indicate how the child will travel between the College and home

Usual Mode of Transport:

Public Transport

Walking

Bicycle

Car

Other

If Other, please give details:

HOME LANGUAGE

Please tick

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Akan | <input type="checkbox"/> Finnish | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Flemish | <input type="checkbox"/> Kurdish |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> French | <input type="checkbox"/> Lingala |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Gaelic (Irish) | <input type="checkbox"/> Luganda |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Gaelic (Scottish) | <input type="checkbox"/> Manx |
| <input type="checkbox"/> British Sign Language | <input type="checkbox"/> German | <input type="checkbox"/> Norwegian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Greek | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> Cornish | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Creole (English) | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Creole (French) | <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Igbo | <input type="checkbox"/> Romany |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese | <input type="checkbox"/> Serbo-Croat |

- | |
|-------------------------------------|
| <input type="checkbox"/> Sinhala |
| <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Tagaloga |
| <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Walloon |
| <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> Other |

If Other, please state:

RELIGION

Please tick

- | | | | |
|---------------------------------------|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Judaism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Islam | <input type="checkbox"/> No Religion |
| <input type="checkbox"/> Other | If Other, please state: | | |

ETHNIC BACKGROUND

Please tick

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. Please study the list below and tick one box only to indicate the ethnic background of the child.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Black - Other | <input type="checkbox"/> Nepali | <input type="checkbox"/> White British - Other |
| <input type="checkbox"/> African Asian | <input type="checkbox"/> Black - Somali | <input type="checkbox"/> Other Ethnic Group | <input type="checkbox"/> White - English |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Pakistan | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Greek - Cypriot | <input type="checkbox"/> Pakistani - Other | <input type="checkbox"/> White - Other |
| <input type="checkbox"/> Asian and Other Ethnic Group | <input type="checkbox"/> Gypsy/Roma | <input type="checkbox"/> Sinhalese | <input type="checkbox"/> White Eastern European |
| <input type="checkbox"/> Asian - Other | <input type="checkbox"/> Indian | <input type="checkbox"/> Sri Lankan Tamil | <input type="checkbox"/> White Western European |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Iranian | <input type="checkbox"/> Traveller of Irish Heritage | <input type="checkbox"/> White and Any Other Ethnic Group |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Turkish/Turkish Cypriot | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Black and any other Ethnic Group | <input type="checkbox"/> Kashmiri | <input type="checkbox"/> White and any other Asian Background | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Kurdish | <input type="checkbox"/> White and Black African | |

If Other, please state:

REASONS FOR APPLICATION AND ADDITIONAL INFORMATION

Continue on separate sheet if necessary

Please explain why you require this place for your child and provide any information you feel may be relevant to enable the Trust to support the child. The Principal will be happy to discuss any special needs or concerns.

DECLARATION

Please sign below

I request that the child (named above) be offered a place at the College and I declare that the information given above to The Rosedale Hewens Academy Trust is correct. If granted a place, I agree to support the Trust in order to uphold rules and discipline. I further agree to ensure that the child attends regularly and is punctual.

SIGNED
(Parent, Guardian or Carer of Applicant):

Date:

/ /
Day Month Year

The Trust reserves the right to make enquiries to check the accuracy of the information provided above. You are advised that if any of the information proves to be false or misleading in any way the Trust may (i) withdraw the offer of admission regardless of whether the child has started studying and (ii) pursue legal action, seeking compensation for loss of expense incurred.

Please inform the Trust immediately of any change of address, telephone number, emergency contact, etc.

PERMISSION/AGREEMENT

Child's Name:

Date of Birth:

/ /
Day Month Year

GENERAL DATA PROTECTION REGULATIONS (GDPR)

Privacy Statement

The Trust must hold personal information about children who attend College on its Student Management Information System and in paper records in order to ensure students' educational and physical wellbeing needs are met. The Principal is responsible for the accuracy and safe-keeping of these records. Parents, guardians and carers of children attending College are required to inform the College of any change in details or circumstances as and when they happen. This is to ensure that all student records kept up to date and accurate. College staff have access to students' personal records to enable them to carry out their duty of care to students and meet their educational needs. From time to time it may become necessary to share information with other professionals involved in a student's care. All persons who have access to students' records have received the appropriate training in data protection and confidentiality issues and are governed by a legal duty to keep such details secure, accurate and up to date.

All student information is held securely and appropriate safeguards are in place to, as far as reasonably possible, prevent accidental loss. In some circumstances the College be required by law to release a student's details to statutory or other official bodies, for example if a court order is presented, or in the case of public educational issues. In other circumstances the parents, guardians or carers of a student may be required to give written consent before information is released. To ensure confidentiality and privacy, College staff will not disclose information over the telephone about a student unless completely satisfied that they are talking to the parent, guardian or carer of the student. Information will not be disclosed to family or friends of students unless with prior written consent from the registered parents, guardians or carers and do not leave messages concerning students with others. Parents, guardians and carers have a right to see their child's record and the information the College holds for them. Please contact the Principal if you would like further details.

SECTION 1

HOME-COLLEGE AGREEMENT ON ADMISSION

A successful education rests on a three-way partnership between the student, his or her parents/guardians/carers and the College. For this partnership to work, each party needs to contribute positively.

AS THE PARENT/GUARDIAN/CARER, I AGREE TO:

- ☆ Meet my responsibilities in law for sending my child to full time compulsory Education and must notify the College of any absence by telephone on the first day and by letter on return to College;
- ☆ Ensure my child attends College regularly, on time, properly dressed in full uniform with the required kit for Physical Education, together with the necessary equipment to engage in all areas of the curriculum;
- ☆ Make the College aware of any concerns that may affect the behaviour of my child;
- ☆ Support my child in his/her homework and ensure it is completed on time;
- ☆ Attend consultation appointments to discuss my child's progress;
- ☆ Avoid taking my child out of College during term time;
- ☆ Support my child to respond positively to the expectations and regulations of the College;
- ☆ Support the rules of the College and ensure that to the best of my ability they are maintained;
- ☆ Take responsibility for my child's online learning where appropriate.

SIGNED (Parent,
Guardian or Carer) :

Date:

/ /
Day Month Year

THE COLLEGE AGREES TO:

- ☆ Care for your child's safety and wellbeing;
- ☆ Promote high standards of work and behaviour and provide clear guidelines to enable their to enjoy learning and achieve;
- ☆ Ensure your child is given opportunities to achieve their full potential as a valued member of the College and be able to make a positive contribution to the wider community;
- ☆ Provide a balanced and appropriate curriculum to meet the individual needs of your child delivered through high quality teaching and learning;
- ☆ Promote moral, cultural and social development as well as academic skills;
- ☆ Contact you if there are any concerns and keep you informed of your child's progress, and how you may help their at home;
- ☆ Be open and welcoming at all times.

SIGNED (College) :

Date:

/ /
Day Month Year

AS THE STUDENT, I AGREE TO:

- ☆ Attend College regularly and report to lessons on time with all the right equipment;
- ☆ Wear the correct College uniform at all times; being aware that whilst wearing my uniform, I am an ambassador for the College and should maintain good discipline and behaviour both on campus and in the wider community;
- ☆ Do all my classwork and homework on time and to the best of my ability;
- ☆ Inform the appropriate member of staff if I have any worries or concerns;
- ☆ Be polite and helpful;
- ☆ Follow the College rules and regulations; recognising that in accordance the policy, students who breach College rules will abide by agreed sanctions including detention;
- ☆ Take full advantage of the opportunities provided; to have a responsible attitude to work, and to respect all other members of the College community regardless of background, ethnicity, gender, age or creed.

SIGNED (Student) :

Date:

/ /
Day Month Year

SECTION 2

HEALTH AND HYGIENE

In Hillingdon, there are well established procedures for keeping a check upon various aspects of each child's health and hygiene. From time to time, routine health checks involving weight, vision, etc., may be carried out together with dental inspections. Periodic hearing tests are also carried out and, when necessary, inspections for head infestation made. If any of these routine procedures indicate that treatment or further action is necessary, you will of course be contacted immediately before any treatment is given.

AS THE PARENT/GUARDIAN/CARER:

- ☆ I agree to my child undergoing the routine health checks organised on behalf of the Trust.
- ☆ I understand that I will be notified immediately if any follow up action is necessary following such a check.

SIGNED: (Parent,
Guardian or Carer):

Date:

/ /
Day Month Year

SECTION 3

ASTHMA

The Trust recognises that asthma is a condition which affects many children and positively welcomes all students with asthma. Accordingly, the Trust seeks to:

- ☆ Enable all students with asthma to participate fully in all College activities;
- ☆ Ensure all members of staff are able to deal with a child who has an asthma attack;
- ☆ Ensure all students with asthma have an inhaler with them at all times and that a spare is kept in the Reception Area.
- ☆ **PREVENTATIVE INHALERS:** No preventative inhalers should be kept on campus. (These are normally brown in colour.)
- ☆ **RELIEF INHALERS:** These are normally blue in colour. Each student should have two relief inhalers on campus; one with them at all times and the other kept safely as a spare. Both inhalers must be clearly labelled with the student's name and dosage. The inhaler kept with the student should remain with them at all times including when participating in Physical Education or other activities, both on campus and on trips, etc. These will be checked for expiry dates and medication levels. Parents, guardians and carers will be notified two weeks before the expiry date, giving sufficient time to replace the inhaler. It is vitally important that inhaler usage is as prescribed by the student's Doctor.

Please note:

- ☆ The Trust should be notified immediately of any change in pattern of a student's use of their inhaler and they are not permitted to share their inhalers.

AS THE PARENT/GUARDIAN/CARER:

- ☆ I have read and understood the above policy guidelines and agree to the procedure being followed.

SIGNED (Parent, Guardian or Carer):		Date:	/	/	
			Day	Month	Year

SECTION 4

ANAPHYLACTIC SHOCK

Type of Allergy:			
Signs and Symptoms:			
Name of Medication 1:		Special Storage Requirements (if any):	
Name of Medication 2:		Special Storage Requirements (if any):	

The Trust recognises that a Health Care Plan is required for students who have the above condition. If the student shows any of the signs and symptoms below, the following procedure must be followed:

- ☆ If the student is experiencing breathing difficulties, an EpiPen will be administered by a trained member of staff;
- ☆ Reception will be notified as soon as possible in order to telephone for an ambulance outlining all of the above information;
- ☆ The office will inform the student's parents/guardians/carers as soon as possible;
- ☆ The member of staff must remain with the student at all times observing the student and offering reassurance;
- ☆ If the student's condition worsens, a second EpiPen may be administered (if available) after 5-10 minutes;
- ☆ If the parent, guardian or carer does not arrive before the ambulance leaves, a member of staff will accompany the student to hospital.

The following members of staff have received the necessary training:

1.		on (date):	/	/	
			Day	Month	Year
2.		on (date):	/	/	
			Day	Month	Year
3:		on (date):	/	/	
			Day	Month	Year
4:		on (date):	/	/	
			Day	Month	Year

AS THE PARENT/GUARDIAN/CARER:

- ☆ I have read and understood the above policy guidelines and agree to staff taking responsibility and administering medication in the event of an allergic reaction taking place.

SIGNED (Parent, Guardian or Carer):		Date:	/	/	
			Day	Month	Year

SECTION 5

EDUCATIONAL EXCURSIONS

From time to time, students will be given the opportunity to participate in local excursions as part of the curriculum. Since it would be impractical to seek parental consent in writing on each and every occasion, please complete the section below.

AS THE PARENT/GUARDIAN/CARER:

- ☆ I agree to my child taking part in any short trips to venues arranged by the Trust.

SIGNED (Parent, Guardian or Carer):		Date:	/	/	
			Day	Month	Year

SECTION 6

EXCEPTIONAL LEAVE

The Anti-Social Behaviour Act (2003) states clearly that a fixed penalty notice will be issued by the Local Authority in the event of students taking unauthorised holidays. Parents, guardians and carers are therefore required to consult with the Trust before booking any holiday during term-time. Please note that the Trust:

- ☆ Requires at least one month's notice in writing stating the reason(s) why a holiday is necessary during term-time;
- ☆ Can only consider a maximum of 10 days leave per academic year;
- ☆ Reserves the right to decline leave of absence in circumstances where non-attendance would be detrimental to the student's overall academic progress.

Exceptional leave will only be granted at the discretion of the Trust and only in special circumstances.

AS THE PARENT/GUARDIAN/CARER:

- ☆ I have read and understood the above policy and guidelines.

SIGNED (Parent, Guardian or Carer):		Date:	/	/	
			Day	Month	Year

SECTION 7

PHOTOGRAPHY

From time to time, photographs and other media images will be taken of students taking part in activities both on campus and in the wider community. These images may be used by the Trust or third parties, in terms of general public interest, including promotional material such as brochures, leaflets, display boards, advertising as well as Trust websites.

AS THE PARENT/GUARDIAN/CARER:

☆ I hereby give permission for photographs and other media images to be taken of my child to be used in terms of general public interest by the Trust or third parties. I am aware these images may be included in promotional material such as brochures, leaflets and display boards as well as Trust websites.

SIGNED (Parent,
Guardian or Carer) :

Date:

/ /
Day Month Year

SECTION 8

NOTIFICATION OF ARRANGEMENTS FOR CHILDREN IN CARE

Does the Child have any Special Educational Needs (other than English as an Additional Language)?

Yes No

When admitting a student who is being cared for under the jurisdiction of Social Services, the Trust should ensure that the following information is collected as part of the admissions process:

- ☆ Carer's address and contact telephone number(s);
- ☆ Parental home address and contact telephone number(s);
- ☆ Name of social worker, Social Work Team and Local Authority together with full contact details;
- ☆ The legal status of the child under the Children Act 1989 and date of entering care.

A separate form is available from Social Services to notify the Local Authority of a placement or change of placement of a looked after child.

AS THE PARENT/GUARDIAN/CARER:

☆ I understand that I may be required to provide further information.

SIGNED (Parent,
Guardian or Carer) :

Date:

/ /
Day Month Year

SECTION 9

GUIDANCE PARENTAL RESPONSIBILITY (THE CHILDREN ACT 1989)

One of the aims of this Act is to help children to be brought up within their family by their parents. To do this, the Act makes it clear who has parental responsibility for children, depending on home circumstances. The Trust needs to be sure that it has information regarding each adult with parental responsibility for the child, so that regular contact can be made concerning the child's progress. Where both parents are married and living together with their child, the position is of course straightforward. Parental responsibility in other family situations may be as follows:

- ☆ In cases where a family breaks up, the Act says that both parents (if they were married when their child was born) are still responsible for their child – the parent who looks after them and the parent who no longer does so. Both parents have an equal right to information from their child's College about their progress, and both have the right to vote in parental ballots – to elect parent governors, for example;
- ☆ If a child is being looked after by one or two carers who are not their parents or legal guardians, the child's natural mother and father may still have parental responsibility unless a court has taken this away;
- ☆ A single mother has parental responsibility automatically, but the unmarried father does not, unless he obtains it with the mother's agreement or by a court order.

AS THE PARENT/GUARDIAN/CARER:

☆ I have read and understood the above guidelines and consent to the information being forwarded.

SIGNED (Parent,
Guardian or Carer) :

Date:

/ /
Day Month Year

SECTION 10

FAIR PROCESSING NOTICE - GENERAL DATA PROTECTION REGULATION (GDPR)

The Local Authority and Department for Education share information about students in order to carry out specific functions such as the assessment of special educational needs. The information may be used to derive statistics to inform decisions on funding for example, and to assess performance. For students approaching or over age 13, the Trust may pass on information to career related organisations. This information includes the name and address of the student and parent/guardian/carer, and any further information relevant to the role of the careers service in order to support young people; helping to achieve potential and realise benefits from education and employment. However parents/guardians/carers or the student, if aged 16 or over, may request that no information other than name and address (for student/parent/guardian/carer) be forwarded to career organisations

AS THE PARENT/GUARDIAN/CARER:

☆ I have read and understood the above guidelines and consent to the information being forwarded.

SIGNED (Parent,
Guardian or Carer) :

Date:

/ /
Day Month Year

Once this form has been completed, please

POST TO:

Julie Pegg (Admissions)
The Rosedale College Academy Trust
c/o Hewens College Campus
Hewens Road, Hayes, UB4 8JP

