



Maidenhill School Data Collection Booklet – 2023

**Please complete this booklet and return to:
School Office, Maidenhill School, Kings Road,
Stonehouse, GL10 2HA
by Friday 26th May 2023**

Student Legal Surname	
Student Preferred/Chosen Surname (if different)	
Student Legal First Name	
Student Preferred/Chosen First Name (if different)	
Student Middle Name(s)	

(Office Use Only) Primary School:	CTF Imported: Learning Community:
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Maidenhill School – Data Collection Sheet



Please complete information below about your child and return to school using enclosed envelope

Student Gender at Birth	Male / Female
Student Date of Birth	/ /
Student Home Address	
	Postcode
Home Landline Telephone	()

Please give details of **everyone** who has parental responsibility and anyone else you wish to be contacted in the event of an emergency. Place them in the order you wish them to be contacted.

	Mr/Mrs/Miss/Ms/Dr/Revd	Mobile Telephone	Relationship to Student
1			
	Full Name	Email Address	Home Address
	Postcode	Home Telephone	Work Telephone

	Mr/Mrs/Miss/Ms/Dr/Revd	Mobile Telephone	Relationship to Student
2			
	Full Name	Email Address	Home Address
	Postcode	Home Telephone	Work Telephone

	Mr/Mrs/Miss/Ms/Dr/Revd	Mobile Telephone	Relationship to Student
3			
	Full Name	Email Address	Home Address
	Postcode	Home Telephone	Work Telephone

	Mr/Mrs/Miss/Ms/Dr/Revd	Mobile Telephone	Relationship to Student
4			
	Full Name	Email Address	Home Address
	Postcode	Home Telephone	Work Telephone

Typical Meal Arrangements (one tick per day as appropriate):

	Monday	Tuesday	Wednesday	Thursday	Friday
School Meal					
Packed Lunch					
Home					

Please list any dietary needs (including allergies and foods not to be eaten due to religious reasons):

Name of Medical Practice:
Name of GP:
Address:
Postcode:
Telephone Number: ()

Medical Condition(s)	Formally Diagnosed?	Under Investigation?

For more serious medical conditions, please complete an IHCP form (contained in this booklet)
 If your child has asthma, please complete an Asthma Care Plan (also contained in this booklet)

Is your child a Young Carer? Yes / No

Ethnicity (tick as appropriate):

<input type="checkbox"/>	Any Other Asian Background	<input type="checkbox"/>	Other Gypsy/Roma	<input type="checkbox"/>	White Welsh
<input type="checkbox"/>	Any Other Black Background	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any Other Ethnic Group	<input type="checkbox"/>	Other White British	<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	Black African	<input type="checkbox"/>	Roma	<input type="checkbox"/>	White and Chinese
<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	White Eastern European
(continues over page)					
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White English	<input type="checkbox"/>	White Other
<input type="checkbox"/>	Gypsy	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Western European
<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>	White Northern Irish	<input type="checkbox"/>	Would Prefer Not to Say
<input type="checkbox"/>	Indian	<input type="checkbox"/>	White Scottish	<input type="checkbox"/>	

First Language:

Asylum Seeker: Yes / No

National Identity (tick as appropriate):

<input type="checkbox"/>	British	<input type="checkbox"/>	Prefer Not to Say
<input type="checkbox"/>	English	<input type="checkbox"/>	Scottish
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Welsh
<input type="checkbox"/>	Other	<input type="checkbox"/>	

Home Language:

English as an Additional Language? Yes / No

Traveller Status	Yes / No
	If yes (please tick):
	<input type="checkbox"/> Gypsy/Roma (Housed)
	<input type="checkbox"/> Gypsy/Roma (Travelling)
	<input type="checkbox"/> Occupational (Traveller)
	<input type="checkbox"/> Traveller (Other)

Travel to School Arrangements (tick main/one form of transport):

<input type="checkbox"/>	Car Share	<input type="checkbox"/>	Dedicated School Bus	<input type="checkbox"/>	Taxi
<input type="checkbox"/>	Car/Van	<input type="checkbox"/>	Other	<input type="checkbox"/>	Train
<input type="checkbox"/>	Cycle	<input type="checkbox"/>	Public Bus	<input type="checkbox"/>	Walk

Does either parent **currently** serve in the armed forces? Yes / No

Has either parent served in the armed forces **at any time during the past 6 years**? Yes / No

Is student currently in care/looked after? Yes / No
If yes, which Local Authority?
Has the student previously ever been looked after? Yes / No
Is there a Special Guardianship Order in Place? Yes / No

Please attach photocopies of any Special Guardianship or Looked After paperwork.

Any Other Brief Notes:

The data being collected, controlled and processed is in line with General Data Protection Regulations (GDPR). The school has a duty to protect this data and keep it up to date. The school is required to share some of the data with The Education Authority and with The Department of Education.

Signed		
Relationship to Student		Date: / /

HOME SCHOOL AGREEMENT

The staff and governors at Maidenhill School will do our best to:

- o Provide a safe and caring environment.
- o Encourage all students to take responsibility for their own actions, feel proud of their achievements and enjoy being a student at the school.
- o Acknowledge achievements and progress through praise and rewards.
- o Contact parents/carers promptly if there is cause for concern.
- o Provide a broad and balanced curriculum which will meet the needs of all students.
- o Give constructive feedback to students about how to improve their work.
- o Offer guidance, advice and mentoring when needed.
- o Insist that all students observe Maidenhill's expectations to 'Be kind, work hard and look smart' and adhere to our anti-bullying policy.
- o Keep parents/carers informed about students' progress by providing regular reports and reviews and a Parents' Evening each year.
- o Encourage parents/carers to attend school events and welcome parents'/carers' involvement in the life of the school.

Head Teacher Signature: 

As a parent/carer I will do my best to:

- o Ensure that my child attends school regularly, on time and properly equipped.
- o Avoid taking holidays during term time.
- o Take an active and supportive interest in my child's life at school.
- o Encourage my child to follow the "Maidenhill Expectations" of all students as listed in the 'Behaviour for Learning' policy, in classrooms and in the student planner, to 'Be kind, work hard and look smart' and support the school's sanctions if my child makes poor choices.
- o Ensure that my child wears full and correct school uniform at all times.
- o Attend Parents' Evening and support other school activities.
- o Ensure my child has the necessary facilities to complete independent study tasks/projects and encourage them to complete it to the best of their ability and on time.
- o Use Satchel:One to monitor my child's independent study
- o Let the school know of concerns, problems or changes of circumstances which may affect my child's work or behaviour.
- o Inform the school promptly of any changes to my contact details.
- o Phone the school on the first day if my child is absent and then on subsequent days of any further absence.
- o Work in partnership with school staff in a positive, constructive and respectful manner.
- o Contact school directly with any concerns, and not use social media for this purpose.

Parent/Carer Signature

As a student of the school I will do my best to:

- o Attend school regularly and on time.
- o Behave well on the journey to and from school.
- o Follow the “Maidenhill Expectations” of all students regarding their Behaviour for Learning as outlined in all classrooms and in planners and to uphold school’s expectations to ‘Be kind, work hard and look smart’.
- o Wear the correct school uniform smartly at all times.
- o Follow the school’s expectations regarding mobile phone use.
- o Be polite and considerate to all members of the school community.
- o Take responsibility for my own learning and actively participate in lessons.
- o Ensure that my behaviour has a positive impact on other students’ learning and progress.
- o Respond to any feedback from my teachers about how to improve my work.
- o Complete all my classwork and independent study on time and as well as I can.
- o Talk with my parent(s)/carer(s) and school staff about any concerns in school.
- o Refuse to take part in bullying or anti-social behaviour, including on social media.
- o Pass all letters, notes, reviews and reports to my parent(s)/carer(s) on the day they are issued.
- o Show my parent/carer my planner every week.
- o Respect the environment of the school and its neighbourhood, and help to keep it clean and tidy, free from litter and graffiti.
- o Represent the school in a positive way on my way to and from school, in the local community, when participating in school activities or visits, and on social media.

Student Signature



Failure to complete and return this form will mean that your child will NOT be allowed to use the internet in school

INTERNET PERMISSION FORM

Student

As a school user of the internet, I agree to follow the rules on its use. I will use the school network, including email and the internet in a responsible way and observe all the restrictions explained to me by the school. I understand that if I use the internet or email in an unacceptable or inappropriate way, I will not be able to use the internet in school and this will have a huge impact on my work. I recognise how important it is to not share my username and password with others.

I will report any incidents of internet misuse to a member of staff.

Student Signature: **Date:**

Parent/Carer

As the parent or legal guardian of the student signing above, I grant permission for my child to use electronic mail and the internet. I understand that students will be held accountable for their own actions. I also understand that some material on the internet may be unacceptable and inappropriate for school purposes. Whilst I know that school will take all reasonable precautions to ensure that students cannot access inappropriate materials, I understand that the school cannot be held responsible for the nature or content of materials accessed through the internet.

I accept responsibility for setting standards for my child to follow when selecting, sharing and exploring information and media. I agree that the school is not liable for any damages arising from use of the internet facilities.

Parent/Carer Signature: **Date:**

TRANSPORTATION OF STUDENTS BY PRIVATE CAR

Generally students are transported on school activities by coach, minibus, service bus or rail. Occasionally private cars belonging to members of staff or parents are used.

Without your agreement there may be some activities that your child may not be able to take part in.

I am willing for my child to take part in activities organised by the school which may involve being transported in teachers' or parents' cars.

Parent/Carer Signature: **Date:**

Body Piercing

In accordance with our school uniform rules, students are only permitted to wear one stud in each ear lobe. All other piercings must be removed for school.

I understand that if my child is considering having a piercing done, then it must be done at the start of the summer holiday so that jewellery can be removed for the start of term in September. I understand that if jewellery cannot be removed, my child will not be able to attend lessons.

Parent/Carer Signature: Date:

Photos

Yes, I give my consent for pictures (digital and video images) to be used to celebrate achievements and for educational or publicity purposes. (This may include images for displays, coursework, website, Twitter, newsletter, local press and other promotional materials).

Parent/Carer Signature: Date:

After-School Activities

I understand that there will be a variety of opportunities on offer to my child such as after-school clubs, activities, sports practices and matches. I understand it is my child's responsibility to keep me informed if he/she is staying late after school and to inform me if it is cancelled or re-scheduled.

Parent/Carer Signature: Date:

Cashless Catering

I give permission for my child to be registered on the school's Biometric Cashless Catering System with immediate effect.

I understand I may withdraw my child's registration in writing at any time.

Child's First Name	
Child's Preferred Surname	
Child's Legal Surname	
Year Group	
Relationship To Child	

I wish my child / do not wish my child * to be registered for biometrics
(* delete as appropriate)

Signature:
(Person with parental responsibility)

Printed Name:

Date:

(Please only complete this form if you wish to apply for music lessons)

Agreement and Application for Instrumental/Vocal Lessons 2023-2024

Parent Agreement

I have read the details about instrumental and vocal lessons and would like my child

(Student Name).....

to receive instrumental/singing lessons at school.

Please state instrument(s)/singing.....

Please tick lesson option:

Individual 30-minute lesson	£160.00	
Individual 30-minute lesson with bursary	£130.00	
Individual 20-minute lesson	£105.00	
Individual 20-minute lesson with bursary	£75.00	
Shared lesson	£80.00	
Shared lesson with bursary	£50.00	

If my child decides they no longer wish to have instrumental/vocal lessons, I **will give one terms' notice and fees will not be refundable.**

Confirmation of Bursary

I have applied for and been granted Free School Meals and attach a photocopy of my letter of entitlement from Shire Hall.

Yes/No

I attach a photocopy of all pages of the Inland Revenue form, which begins TC60_ to show that I am receiving Child Tax Credit and that my Child Tax Credit added to my annual income is below £16,190.

Yes/No

I certify that the information given is correct to the best of my knowledge and belief. I understand if my benefit stops I have to inform Maidenhill School **immediately.**

Signed: Date:

(Parent/Carer)

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(Please only complete this form if you wish to apply for a grant)

Maidenhill School Application for Secondary School Uniform Grant School Year 2023 – 2024

School Uniform Grants may be paid to parents/carers whose children are **currently receiving free school meals** and transferring to secondary education, i.e. into Year 7, in September 2023.

A) Claimant's Details:

If this claim is eligible for payment, a letter will be issued (per entitled child) to the person named below. Please ensure that your details are written clearly.	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Revd <input type="checkbox"/>	
Surname:	Address:
Forename:	
Telephone Number:	
Relationship to Child(ren):	Postcode:
Email Address:	

B) Child's Details:

<i>Year 7 students only – i.e. transferring to the first year of Maidenhill School in September 2022</i>			
Surname	Forename	Date Of Birth	Current Primary School

C) Declaration:

Declaration by Claimant:

I certify that the information and evidence provided on, or with, this form is correct.
I agree that Maidenhill School may make further checks to validate this claim.
Any grant received will be spent on school uniform for the child(ren) named here.
I agree for this information to be shared with Batemans Sports Limited for auditing purposes only.

Signed:

Please return your completed form by **Wednesday 28th June 2023**

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(Please only complete this form if your child has been diagnosed with asthma)

Asthma Declaration

I (Parent/Carer's name) confirm that my child
..... is :-

- a) *Able to take responsibility for the administration of their own reliever in school (blue) inhaler when required* or
b) *Unable to take responsibility for the administration of their own reliever inhaler (blue) and will require assistance from parent/carer during school hours*

Asthma Care Plan

Student's Name Date of Birth.....

Address.....
.....

Home Telephone Mobile

Emergency Contact Number.....

GP Name Telephone Number

Regular treatment to be given during school hours

Name of medication	Dosage	When to be taken

Reliever medication to be given as required

Name of medication	Dosage	When to be taken

Treatment to be taken before exercise

Name of medication	Dosage	When to be taken

Asthma triggers (if known)

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I understand that it is my responsibility to ensure medication kept in school is "in date" and to inform the school should there be any changes in my child's medication, or what they take, when.

I give consent for school staff, in extreme cases, to administer an emergency reliever inhaler.

Signed (Parent/Carer) Date.....

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(Please only complete this form if your child has a serious health condition)

MAIDENHILL SCHOOL
Individual Health Care Plan

To be completed by Parent/Carer and where appropriate health care professionals

Photograph of
student (school will
affix)

Date:

Student Name:

Year Group:

Tutor Group:

Date of Birth:

Condition(s):

Student's individual symptoms:

Daily care requirements: (e.g. before sport/lunchtimes)

What constitutes an emergency? What action is necessary?

Follow-up care:

Add: Any other specific details/requests:

CONTACT INFORMATION

Family Contact 1

Name:

Relationship to student:

Home:

Mobile:

Work (no. and times):

Family Contact 2

Name:

Relationship to student:

Home:

Mobile:

Work (no. and times):

Student's Responsibilities:-

- Inform staff of the condition at the beginning of the year and inform any cover teacher that takes a lesson throughout the year using the medic-alert card / note in planner issued by the school.
- Alert the teacher of any potential hazard e.g. rubber gloves (latex allergies), wasp/bees in room, specific chemicals in Science (asthma) , extreme cold (PE).
- Follow the care requirements outlined in this IHCP, including the taking of medications.
- Come to reception at appropriate time to take any necessary medications.

Parent's Responsibilities:-

- Ensure all medical details/emergency contact numbers are kept up-to-date at all times.
- Ensure medicines are in-date, labelled and in original pharmaceutical container, with instruction for administration, dosage and storage.
- Ensure any stock of medication kept in school is replenished and kept "in-date".
- Proper disposal of any medication that exceeds its "use-by" date or that is no longer needed.
- Recognise that staff at school are not health professionals but will always make their best endeavours.
- Review and sign completed risk assessments.

- Ensure consideration has been given, and where necessary liaise with transport provider, to ensure safe transit between home and school.

School's commitment:-

- Copies of this IHCP to be kept in Reception, in the Links Centre, in P.E office and on student's file.
- Supervise the taking of any medication outlined in this agreement.
- Respond as efficiently as possible to any emergency outlined in this agreement.
- Inform parent when emergency medication has been given or if medication has been refused.

Special Agreement:-

I hereby confirm that the details outlined on this form are accurate and I acknowledge my responsibilities outlined in both this IHCP and the School Policy on Supporting Students with Medical Needs. By signing this IHCP I give my permission for any listed medication to be administered by school staff.

Signed: _____ Date: _____
(student)

Signed: _____ Date: _____
(person with parental responsibility)

Signed: _____ Date: _____
(on behalf of Maidenhill School)

Date for Review:

Copies to Reception/LINKS/PE Office/Student Record

ADMINISTRATION OF MEDICATION

Pupil Medical Record in the Study Support Setting

Data Protection Act. The information being collected on this form will only be used for the purposes of school administration under Department of Education and Skills guidelines. The data will not be disclosed without your written consent to any external sources other than in an emergency, or to the Local Education Authority.

Student's Name:

Date of Birth:

Address:

Class/Tutor Group:

Diagnosis:

Medication:

Name of drug:

Form (e.g. tablet, liquid):

Strength:

Any known allergies:

Quantity of medication given to school:

How much to give (dose):

Administration route:

When to be given (frequency and time):

Start date and finish date:

Any other instructions:

Emergency contact phone number of parent/carer:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer the medication in accordance with the School and LEA Guidance. I will inform the school in writing immediately if there is any change in dosage or frequency of the medicine. I also give consent for appropriate medical attention to be sought as required in an emergency.

Parent/Carer's signature:

Print Name:

Date:

School Coordinator's Signature: