

Student Information Pack



Please complete all of this booklet and return to school as soon as possible.

Aspire

Apply

Achieve







Darland High School





Please complete all sections of this form.

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Legal Forename:	Preferred Forename:		
Legal Surname:	Preferred Surname:		
Middle Name(s):	Gender:		
Date of Birth:	Current Primary School:		
Address:	Child Hwb / Google Email:		
	Do you give permission for your child to take part in transition focused activities on google classroom at Darland? Y/N		
Please give details if child lives at multiple addresses.			
Please give details of all perso	ns who have legal parental responsibility.		
Please list contacts in order for contacting in an emergency. In each case please state, whether the person has parental responsibility by ticking the PR box below.			
person has parental respo	onsibility by ticking the PR box below.		
person has parental response. Priority 1:	Full Name:		
-			
Priority 1:	Full Name:		
Priority 1: Relationship to child:	Full Name: Home Number:		
Priority 1: Relationship to child: PR:	Full Name: Home Number: Mobile Number:		
Priority 1: Relationship to child: PR: Occupation:	Full Name: Home Number: Mobile Number: Work Number:		
Priority 1: Relationship to child: PR: Occupation:	Full Name: Home Number: Mobile Number: Work Number:		
Priority 1: Relationship to child: PR: Occupation:	Full Name: Home Number: Mobile Number: Work Number:		
Priority 1: Relationship to child: PR: Occupation: Home Address:	Full Name: Home Number: Mobile Number: Work Number: Email:		
Priority 1: Relationship to child: PR: Occupation: Home Address:	Full Name: Home Number: Mobile Number: Work Number: Email: Full Name:		
Priority 1: Relationship to child: PR: Occupation: Home Address: Priority 2: Relationship to child:	Full Name: Home Number: Work Number: Email: Full Name: Home Number:		





Please list anyone else you wish to be contacted in an emergency

Priority 3:	Full Name:	
Relationship to child:	Home Number:	
	Mobile Number:	
Occupation:	Work Number:	
Home Address:	Email:	
Priority 4 :	Full Name:	
Relationship to child:	Home Number:	
	Mobile Number:	
Occupation:	Work Number:	
Home Address:	Email:	
<u> </u>		
<u>Siblir</u>	ng Data	
Please list any siblings that attend/have attended Darla	nd High School:	
Name: DOB:		
Name: DOB:		
Name: DOB:		
<u>Medical I</u>	<u>nformation</u>	
Medical Practice:	Address:	
Doctors Name:	Contact Number:	
Medical Condition/Allergies:		
Does your child have Asthma?: Yes/No	Does your child have a medical care plan?: Yes/No	







Welsh Language

Option	Delete as applicable
My child speaks Welsh fluently	Yes / No
My child speaks Welsh but not fluently	Yes / No
My child cannot speak Welsh	Yes / No

Please sign/tick relevant boxes.					
I understand that this image will only be used for the following purposes.					
1. Electronic and printed information, d	L. Electronic and printed information, displays and exhibitions relating to the activity shown in the picture.				
2. Any similar campaign or related area	2. Any similar campaign or related area.				
3. With your consent full names will be supplied to the media.					
I understand this image will NOT be used for	r				
1. Anything which may be viewed as negative in tone or may cause offence, embarrassment or distress to your child.					
I hereby give permission for my child's full name to be used in any school publication in the press and social media. I hereby give consent for my child's full name to be used. I do not give consent for my child's name to be used.					
I hereby give permission to allow my child's photo and video to be published in relevant social media and other press activities	Yes I give my consent for the picture to be used	No I do not give consent for the picture to be used.			
At Darland we pride ourselves on using the latest technology to enable your child to access the full educational experience at Darland and often use social media to celebrate their successes. We also operate a cashless dining					

system. To access these please give permission for the following .

We fully comply with all GDPR legislation, please see school website/ policies for further information.

I hereby give permission for my child to have an IT account at Darland High School.	Yes I give permission for my child to have an IT account including email.	I do not give permission for my child to have an IT account including email.
I hereby give permission for my child's biometric (fingerprint) data to be used by Darland High School.	Yes I give permission for my child's fingerprint to be used.	No I do not give permission for my child's fingerprint to be used. I would prefer my child to have a swipe card to access cashless dining.

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Darland High School AGREEMENT

1.	THE PARENT/CARER OF	(Please print)		
	We will do our upmost to:			
•	ensure that my child attends school regularly and is punctual.			
•	support the school's policies and rules.			
•	ensure that my child complies with school uniform expectation	s and is properly equipped.		
•	give support with homework and other opportunities for learning at home.			
•	attend Parents' Evenings, Information Evenings and discussions relevant to my child's progress and tell the school about any concerns or problems that might affect work or behaviour.			
2.	THE SCHOOL			
	The School will:			
•	ensure that every child has access to a broad curriculum.			
•	ensure that high standards are expected and maintained.			
•	set, mark and monitor homework.			
•	arrange Parents' Evenings, as well as contacting parents if there is a problem with school work, behaviour, attitude, punctuality or equipment.			
•	keep parents informed through regular text messages, e-mails	and parents' app.		
•	make every effort to provide a safe and caring environment.			
3.	THE PUPIL			
	I will:			
•	attend school regularly and on time.			
•	wear the correct school uniform and be tidy in appearance.			
•	always be equipped for lessons and do my classwork and home	work to the best of my ability.		
•	have respect for others and their property and not prevent other pupils from working.			
•	follow the school's rules of Ready, Respectful and Safe			
•	keep the school free from litter and graffiti.			
Signe	ned:	(Parent/Carer)		
Signe	ned:	(Headteacher)		
Signe	ned:	(Pupil)		



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Parent/Carer Consent Routine Offsite visits

Your Child's name:

I hereby agree to my child participating in routine visits off the school site. These visits might include the following, or similar, activities: sporting events; environmental studies and other extra curricular activities.

These will normally take place at the following, or similar, locations: around the local area; other schools etc.

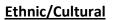
I understand that:

- Such visits will normally take place within the school normal hours, but that if, occasionally, they are
 likely to extend beyond this, adequate advance notice will be given so that I may make appropriate
 arrangements for my child's return home;
- My specific permission will be sought for any visits beyond those listed above or which could involve commitment to extend journeys, times and expenses;
- All reasonable care will be taken of my child during the visit;
- My child will be under an obligation to obey all directions given and to observe all rules and regulations governing the visit and will be subject to all normal school discipline procedures during the visit;
- I must inform the school of any medical or psychological condition or physical disabilities that may effect them during the visit;
- All young people who are covered by the Local Authority's third party public liability insurance in
 respect of any claim arising from an accident caused by a defect in the school premises or equipment or attributed to negligence by the Council or one of its employees. Please note that this insurance policy does not include personal accident or personal belongings cover for your child.

Full name of Parent/Carer:
Signature of Parent/Carer: Date: Date:
Address:



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How would you describe your child's national identity?				
Welsh		Northern Irish		
English		British		
Scottish		Other:		
What is your child's religion?				
No Religion		Jewish		
Christian (all denominations)		Muslim		
Buddhist		Sikh		
Hindu		Any other religion, please describe:		
What is your child's ethnic group?				
White	1	Asian/ Asian British		
Welsh		Indian		
English		Pakistani		
Scottish		Bangladeshi		
Northern Irish		Chinese		
British	Any Other Asian Background, please describe below			
Irish		Other		
Gyspy or Irish Traveller	py or Irish Traveller Black/ African/ Caribbean/ Black British			
Any other White background, please describe below :		African		
Other:		Caribbean		
Mixed/ Multiple ethnic groups		Any other Black/ African/ Caribbean background please describe below		
White and Black Caribbean		Other		
White and Black African	!	Other Ethnic Group		
White and Asian		Arab		
Any other Mixed/Multiple ethnic background, please describe below		Any other Ethnic group, please describe below		
Other:	1	Other		