

All schools are required by law to keep on record details of students admitted. We should therefore be grateful if you would complete, sign and return this booklet.

Student First Name(s):

Student Surname:

(Children should be registered by the surname on their birth certificate unless their name has been legally changed)

Preferred First Name (if different from legal name):

Preferred Surname (if different from legal name):

Date of Birth: Gender:

Your son/daughter's birth certificate will need to be checked before admission, along with a copy of the Deed Poll, if applicable. Please note that any official certificates (SATs, GCSEs and A Levels) will be issued with your son/daughter's legal name.

Home Address:

.....

Post Code:

DETAILS OF THOSE WITH LEGAL PARENTAL RESPONSIBILITY: (Please read the notes on page 2)	
<p>Mother:</p> <p>Mrs/Miss/Ms First Name</p> <p>Surname</p> <p>Address.....</p> <p>.....</p> <p>Postcode:</p> <p>Telephone numbers:</p> <p>Mobile:</p> <p>Home:</p> <p>Work:</p> <p>Place of Work:</p> <p>Email Address:</p>	<p>Father:</p> <p>Mr First Name</p> <p>Surname</p> <p>Address.....</p> <p>.....</p> <p>Postcode:</p> <p>Telephone numbers:</p> <p>Mobile:</p> <p>Home:</p> <p>Work:</p> <p>Place of Work:</p> <p>Email Address:</p>

DETAILS OF TWO PERSONS WILLING TO BE CONTACTED IN CASE OF EMERGENCY IF PARENTS ARE NOT AVAILABLE:	
<p>First Name Mrs/Miss/Ms/Mr</p> <p>Surname</p> <p>Address.....</p> <p>.....</p> <p>Postcode:</p> <p>Telephone numbers:</p> <p>Mobile:</p> <p>Home:</p> <p>Relationship to child:</p>	<p>First Name Mrs/Miss/Ms/Mr</p> <p>Surname</p> <p>Address.....</p> <p>.....</p> <p>Postcode:</p> <p>Telephone numbers:</p> <p>Mobile:</p> <p>Home:</p> <p>Relationship to child:</p>

* **Note: Those with Parental Responsibility as defined by The Children Act 1989**
Under the above Act the people with legal authority for the child are:

- (a) Married/separated/divorced parents – both parents have parental responsibility, even if they do not live with the child.
- (b) Unmarried parents – only the mother has parental responsibility unless the father is named on the Birth Certificate or has obtained it by agreement or via a Court Order.
- (c) Other people – only have parental responsibility through Court Orders, etc. Step-parents do not have parental responsibility automatically but are still ‘parents’ while they live with the child. There may, however, be times when the signature of those with parental responsibility will be required.
- (d) Local authority – where named in a child’s care order.

Please attach a copy of any court orders relating to your child. Please tick if attached

Safeguarding

Thomas Becket Catholic School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Is the student open to any of the following:	
Child in Need Plan (CIN)	
Child Protection Plan (CP)	
Looked After Child (LAC)	
Strengthening Families (SF)	
Early Help (EHA)	
None	

Has the Student or their family ever had any involvement with Social Care? Yes / No

If ‘yes’ Please give details:

.....

Has the student ever received any support from other agencies?	
CIRV	
Youth Offending Team	
ENDASS	
Sunflower Centre	
Service 6	
NO	
Other – Please give details	

Has the student been subject to any previous traumas? Yes / No

If ‘yes’ please give details:

.....

Are there any family circumstances we need to be aware of? Yes / No

If ‘yes’ please give details:

.....

Is the student a Young Carer? Yes / No

If 'yes' please give details:

Professional Meetings

Do you give permission for your son/daughter to be discussed at Professional Meetings, including School Based Reviews and Multi-Agency Meetings to support their learning? Yes / No

Information relating to children not living permanently with their parents in Northamptonshire (including children of Service personnel)

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, giving the address of the person with whom the child normally resides:

.....

With whom does the child normally spend his/her holidays?

Signature of person with legal responsibility:

Please print name: Date:

Does your child have an EHCP? Yes / No

Is your child classed as SEN support (K)? Yes / No / Unsure

Does your child have a formal SEN diagnosis? Yes / No

If 'yes' please give details, eg ADHD, ASD, Dyslexia, Other:

.....

Should you need to provide further information please add to Additional Notes on Page 17

School Meals

Is your child entitled to free school meals? Yes No If 'yes', date approved:

If 'no' School Meal Packed Lunch

Communication with Parents/Carers

Thomas Becket Catholic School uses the electronic delivery of School communications, including reports and assessments, through the use of SMS, email and online access to documents, as the school believes that this will be more effective, efficient and environmentally friendly. Parents/Carers will be given access to the school's electronic information system, where you will be able to view your child's attendance, assessment data, rewards, sanctions and timetable on a daily basis.

Data Protection - Privacy Notice for pupils, students, learners and trainees

The information you supply will be used by the Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. For more information about how your information is processed and shared refer to the Extended Privacy Notice available on Gov.UK.

Students, as data subjects, have certain rights under the Data Protection Act, including a general right of access to personal data held on them. If you wish to access your personal data, or you wish your parents to do so on your behalf, then please contact the relevant organisation in writing:

- The School at Thomas Becket Catholic School, Kettering Rd North, Becket Way, Northampton NN3 6HT
- Northamptonshire County Council - northamptonshire.gov.uk
- the QCA's Data Protection Officer at QCA, 83 Piccadilly, London, W1J 8QA;
- Ofsted's Data Protection Officer at Alexandra House, 33 Kingsway, London WC2B 6SE;
- LSC's Data Protection Officer at Cheylesmore House, Quinton Road, Coventry, Warwickshire CV1 2WT;
- the DCSF's Data Protection Officer at DCSF, Caxton House, Tothill Street, London, SW1H 9NA.

In order to fulfil their responsibilities under the Act the organisation may, before responding to this request, seek proof of the requestor's identity and any further information required to locate the information requested. Separately from the Data Protection Act, regulations provide a student's parent (regardless of the age of the student) with the right to view, or to have a copy of, their child's educational record at the school. If you wish to exercise this right, you should write to the school.

Why we collect and use pupil information.

The personal data collected is essential, in order for the school to fulfil their official functions and meet legal requirements.

We collect and use pupil information, for the following purposes:

- a) To support pupil learning
- b) To monitor and report on pupil attainment progress
- c) To provide appropriate pastoral care
- d) To assess the quality of our services
- e) To keep children safe (food allergies, or emergency contact details)
- f) To meet the statutory duties placed upon us

Under the General Data Protection Regulation (GDPR) the lawful bases we rely on for processing pupil information are:

- For the purposes of **(a), (b), (c) & (d)** in accordance with the legal basis of public task: collecting the data is necessary to perform tasks that schools are required to perform as part of their statutory function
- For the purposes of **(e)** in accordance with the legal basis of Vital interests: to keep children safe (food allergies, or medical conditions)
- For the purposes of **(f)** in accordance with the legal basis of Legal obligation: data collected for DfE census information
 - Section 537A of the Education Act 1996
 - The Education Act 1996 s29(3)
 - The Education (School Performance Information (England) Regulations 2007
 - Regulations 5 and 8 School Information (England) Regulations 2008
 - The Education (Pupil Registration) (England) Amendment Regulations 2013

In addition, concerning any special category data:

- Conditions a, b, c and d of GDPR – Article 9

Who we share pupil information with:

We routinely share pupil information with:

- School/Colleges that the pupil attends after leaving us
- Our local authority
- Youth support services (pupils aged 13+)
- The Department for Education (DfE)
- National Health Services

Why we routinely share pupil information.

We do not share information about our pupil with anyone without consent unless the law and our policies allow us to do so.

Youth support services

Pupils aged 13+

Once our pupils reach the age of 13, we also pass pupil information to our local authority and /or provider of youth support services as they have responsibilities in relation to the education or training of 13–19-year-olds under section 507B of the Education Act 1996.

This enables them to provide as follows:

- Youth support services
- Careers advisors

The information shared is limited to the child’s name, address and date of birth. However, where a parent or guardian provides their consent, other information relevant to the provision of youth support services will be shared. This right is transferred to the child/pupil once he/she reaches the age 16.

Pupils aged 16+ We will also share certain information about pupils aged 16+ with our local authority and/or provider of youth support services as they have responsibilities in relation to the education or training of 13–19-year-olds under section 507B of the Education Act 1996.

This enables them to provide services as follows:

- Post-16 education and training providers
- Youth support services
- Careers advisers

Data is securely transferred to the youth support service via a secure file transferring system and is stored within local authority software.

For more information about services for young people, please visit our local authority website <https://www3.northamptonshire.gov.uk>

Department for Education

We are required to share information about our pupils with the Department for Education (DfE) either directly or via our local authority for the purpose of data collections, under:

- Section 537A of the Education Act 1996
- the Education Act 1996 s29(3)
- the Education (School Performance Information (England) Regulations 2007
- regulations 5 and 6 School Information (England) Regulations 2008
- the Education (Pupil Registration (England) Amendment) Regulations 2013

All data is transferred securely and held by DfE under a combination of software and hardware controls, which meet the current government security policy framework

HEALTH / MEDICAL INFORMATION

Please complete and sign this form, which will be kept in a separate file for emergency purposes.

Details of the Student's Doctor:

Name:

Surgery:

.....

Postcode: Telephone Number:

My son/daughter is allergic to:

.....

My son/daughter suffers from:

.....

Date of my son/daughter's last anti-tetanus injection:

CONSENT

Please tick as appropriate

In the event of my son/daughter requiring emergency treatment and the Headteacher (or his representative) being unable to contact me, I give consent for the member of staff accompanying my son/daughter to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my son/daughter.

Yes

No

I agree to my son/daughter being treated with alcohol-free antiseptic wipes at the School, should the need arise.

Yes

No

Signature: Date:

(Parent/Carer)

MEDICAL DETAILS

Does your son/daughter:	Yes	No
1. Have any health conditions, severe headaches, fit, blackouts (e.g., heart condition, asthma, bronchitis) or disability (e.g. diabetes, deafness)	<input type="checkbox"/>	<input type="checkbox"/>
2. Has it lasted or is it expected to last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this have a substantial effect on your child's ability to carry out day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Take regular medication? If so please give details below of medication/tablet	<input type="checkbox"/>	<input type="checkbox"/>
5. Regularly need to use an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have an allergy?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any recent contact with contagious diseases and infections?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above questions, your son/daughter may have met the Disability Discrimination Act 2005 definition which means that you have certain rights under the law. Please tick the boxes below that more accurately describe your son/daughter's health condition or disability. The information will help us to identify what we need to do to support your child at the school.

Does/will your child have difficulty with:	Yes	No
• Moving about the School and going on School visits	<input type="checkbox"/>	<input type="checkbox"/>
• Use of hands and fingers (e.g., to hold a pen or pencil)	<input type="checkbox"/>	<input type="checkbox"/>
• Lifting, carrying or moving objects (e.g., carrying bag)	<input type="checkbox"/>	<input type="checkbox"/>
• Washing, going to the toilet, controlling the need to go to the toilet, dressing etc	<input type="checkbox"/>	<input type="checkbox"/>
• Expressing themselves or understanding what others are saying	<input type="checkbox"/>	<input type="checkbox"/>
• All of the work in the school including reading, writing, number work or understanding information	<input type="checkbox"/>	<input type="checkbox"/>
• Hearing or eyesight	<input type="checkbox"/>	<input type="checkbox"/>
• Making friends, relating to adults, behaving appropriately in the school	<input type="checkbox"/>	<input type="checkbox"/>
• A medical need which has lasted or is expected to last more than 12 months and takes regular medication (<i>please give details under any other information</i>)	<input type="checkbox"/>	<input type="checkbox"/>
• Complex health needs requiring daily assistance in order to maintain optimum health such as physiotherapy at the school	<input type="checkbox"/>	<input type="checkbox"/>
Any other information we need to know about your child's condition:		
.....		

Thomas Becket Catholic School wishes to ensure that there is good communication between the school and all families. Please give details below if you require support in any of the following ways:

- Information sent from the school in alternative formats e.g. Braille, large print
- Specific access requirements to the school buildings or to enable you to take part in consultation meetings e.g. interpreters for British Sign Language, loop system, explaining things over the phone.

.....

.....

SF MONITORING QUESTIONNAIRE

This form must be completed by a Parent/Carer

Notes for Parents

All schools are required by the Department for Children, Schools and Families to collect information on students’ ethnic background, home language, religion, whether their parents are Service Personnel and the method of travel to school they use. Parents/Carers of all students are being asked to tick **one** box on each section of this form. Please also tick whether a parent/carers or student filled in the form.

Ethnicity

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.

It is recommended that young people over the age of 11 years old have the opportunity to decide their own ethnic identity. Parents/Carers are asked to support or advise those children aged over 11 in making his decision, wherever necessary. Students aged 16 or over can make this decision for themselves.

Please study the list below carefully and tick one box only to indicate the ethnic background of the student named. Should you not wish an ethnic category to be recorded please tick the box at the end of the questionnaire.

<input type="checkbox"/>	Afghan	OAFG	<input type="checkbox"/>	Nepali	ANEP
<input type="checkbox"/>	African Asian	AAFR	<input type="checkbox"/>	Other Asian	AOTA
<input type="checkbox"/>	Albanian	WALB	<input type="checkbox"/>	Other ethnic group	OOEG
<input type="checkbox"/>	Any other black background	BOTH	<input type="checkbox"/>	Other mixed background	MOTM
<input type="checkbox"/>	Arab	OARA	<input type="checkbox"/>	Other White British	WOWB
<input type="checkbox"/>	Asian and any other ethnic group	MAOE	<input type="checkbox"/>	Pakistani	APKN
<input type="checkbox"/>	Bangladeshi	ABAN	<input type="checkbox"/>	Portuguese	WPOR
<input type="checkbox"/>	Black – African	BAFR	<input type="checkbox"/>	Sri Lankan – Other	ASRO
<input type="checkbox"/>	Black and any other ethnic group	MBOE	<input type="checkbox"/>	Sri Lankan - Sinhalese	ASNL
<input type="checkbox"/>	Black Caribbean	BCRB	<input type="checkbox"/>	Sri Lankan Tamil	ASLT
<input type="checkbox"/>	Bosnian - Herzegovinian	WBOS	<input type="checkbox"/>	Thai	OTHA
<input type="checkbox"/>	Chinese	CHNE	<input type="checkbox"/>	Traveller of Irish Heritage	WIRT
<input type="checkbox"/>	Chinese + any other ethnic group	MCOE	<input type="checkbox"/>	Turkish	WTUK
<input type="checkbox"/>	Croatian	WCRO	<input type="checkbox"/>	Turkish Cypriot	WTUC
<input type="checkbox"/>	Egyptian	OEGY	<input type="checkbox"/>	Vietnamese	OVIE
<input type="checkbox"/>	Filipino	OFIL	<input type="checkbox"/>	White Other	WOTW
<input type="checkbox"/>	Greek	WGRK	<input type="checkbox"/>	White – English	WENG
<input type="checkbox"/>	Greek Cypriot	WGRC	<input type="checkbox"/>	White – Irish	WIRI
<input type="checkbox"/>	Gypsy / Roma	WROM	<input type="checkbox"/>	White – Scottish	WSCO
<input type="checkbox"/>	Indian	AIND	<input type="checkbox"/>	White – Welsh	WWEL
<input type="checkbox"/>	Iranian	OIRN	<input type="checkbox"/>	White + any other Asian background	MWAO
<input type="checkbox"/>	Iraqi	OIRQ	<input type="checkbox"/>	White and any other group	MWOE
<input type="checkbox"/>	Japanese	OJPN	<input type="checkbox"/>	White and Black African	MWBA
<input type="checkbox"/>	Kosovan	WKOS	<input type="checkbox"/>	White and Black Caribbean	MWBC
<input type="checkbox"/>	Kurdish	OKRD	<input type="checkbox"/>	White and Indian	MWAI
<input type="checkbox"/>	Latin/South/Central American	OLAM	<input type="checkbox"/>	White and Pakistani	MWAP
<input type="checkbox"/>	Lebanese	OLEB	<input type="checkbox"/>	White Eastern European	WEEU
<input type="checkbox"/>	Malay	OMAL	<input type="checkbox"/>	White Western European	WWEU
<input type="checkbox"/>	Other – Please State.....				
<input type="checkbox"/>	I do not wish an ethnic background category to be recorded				

Country of Birth

Please indicate your child’s country of birth

National Identity

Please tick one box to indicate your child’s national identity

<input type="checkbox"/>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Welsh
<input type="checkbox"/>	English	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Other – Please State.....

Home Language

Please indicate the language spoken at home of the student:

How would you describe your child's understanding of English?

- **Witten:** Fluent / Basic / Emerging
- **Spoken:** Fluent / Basic / Emerging

First Language

A student's first language is defined as any language other than English that a child was exposed to during early development and continues to be exposed to in the home or community. If a child was exposed to more than one language (which may include English) during early development, a language other than English should be recorded, irrespective of the child's proficiency in English.

In the case of an older student who is no longer exposed to the first language in the home, to determine which language should be recorded, and who now uses another language, the school should consult with the student or parent.

<input type="checkbox"/> Acholi	<input type="checkbox"/> German	<input type="checkbox"/> Polish
<input type="checkbox"/> Akan/Twi-Fante	<input type="checkbox"/> Greek	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Albanian/Shqip	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Roman/English Romanes
<input type="checkbox"/> Amharic	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Russian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hindi	<input type="checkbox"/> Serbian/Croatian/Bosnian
<input type="checkbox"/> Bengali	<input type="checkbox"/> Igbo	<input type="checkbox"/> Sinhala
<input type="checkbox"/> Bengali (Sylheti)	<input type="checkbox"/> Italian	<input type="checkbox"/> Somali
<input type="checkbox"/> British Sign Language	<input type="checkbox"/> Japanese	<input type="checkbox"/> Spanish
<input type="checkbox"/> Caribbean Creole English	<input type="checkbox"/> Korean	<input type="checkbox"/> Swahili/Kiswahili
<input type="checkbox"/> Caribbean Creole French	<input type="checkbox"/> Kurdish	<input type="checkbox"/> Swedish
<input type="checkbox"/> Chinese	<input type="checkbox"/> Lingala	<input type="checkbox"/> Tagalog/Filipino
<input type="checkbox"/> Cornish	<input type="checkbox"/> Luganda	<input type="checkbox"/> Tamil
<input type="checkbox"/> Danish	<input type="checkbox"/> Manx Gaelic	<input type="checkbox"/> Turkish
<input type="checkbox"/> Dutch/Flemish	<input type="checkbox"/> Nepali	<input type="checkbox"/> Urdu
<input type="checkbox"/> English	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Finnish	<input type="checkbox"/> Other than English	<input type="checkbox"/> Welsh/Cymraeg
<input type="checkbox"/> French	<input type="checkbox"/> Panjabi	<input type="checkbox"/> Yoruba
<input type="checkbox"/> Gaelic (Scotland)	<input type="checkbox"/> Pashto/Pakhto	<input type="checkbox"/> Lithuanian
<input type="checkbox"/> Gaelic/Irish	<input type="checkbox"/> Persian/Farsi	<input type="checkbox"/> English Additional Language
<input type="checkbox"/> Romanian	<input type="checkbox"/> Other – Please State:	<input type="checkbox"/> EAL

Religion

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Islam	<input type="checkbox"/> Sikh
<input type="checkbox"/> Catholic	<input type="checkbox"/> Jewish	<input type="checkbox"/> Refused
<input type="checkbox"/> Christian	<input type="checkbox"/> Orthodox	<input type="checkbox"/> No Religion
<input type="checkbox"/> Hindu	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Other – Please State.....

Travel Method

Please indicate your child's most common method of travel to the school (please tick **one** box only).

<input type="checkbox"/> Car/Van	<input type="checkbox"/> Public Bus
<input type="checkbox"/> Cycle	<input type="checkbox"/> Route Number
<input type="checkbox"/> Dedicated School Bus (contract bus)	<input type="checkbox"/> Walk

Service Children In Education

Please indicate if your child has a parent(s) who is Service personnel, serving in regular HM Forces military units of all forces and exercising parental care and responsibility. The information will be of use to help identify both the impact that being a Service child has on their education and the impact that catering for large numbers of Service children has on the school.

Yes No

Child in Public Care: Yes No If 'yes' which LEA?

PERMISSION TO LEAVE THE SCHOOL PREMISES FOR SCHOOL ACTIVITIES

Please complete and sign this form, which will be kept in a separate file

I give permission for my child to leave the school premises, under proper supervision when relevant for learning or School activities.

Student Name:

Signed: **Date:**

(Parent/Carer)

Providing information to Connexions services providers

For students approaching or above age 13, the school is also required to pass on information to NCC/Connexions services providers on request. This information includes the name and address of the student and parent, and any further information relevant to the NCC/ Connexions services' role, which is to support young people, helping them to achieve their potential and to realise benefits from education and training. However, parents, or the student themselves if aged 16 or over, can ask that no information beyond name and address (for student and parent) be passed on to NCC/ Connexions. Please tick the boxes below if you give or withhold your consent for the school to pass information to Connexions.

Yes

No

The LEA/NCC and TBCS may supply to Connexions services providers information which they have about your child, but will not pass on any information they have received from the School if you (or your child if aged 16 or over) have notified the School that Connexions should not receive information beyond name and address.

Signed: **Date:**

(Parent/Carer)

Schooling details

Name of previous school: _____

Address: _____

County/Education Authority: _____

Date started: _____ Date left: _____

Reason: _____

Name(s) of sibling(s) who are attending, or have attended Thomas Becket Catholic School:

PARENT'S CONSENT FORM

Consent Form for The Use of Biometric Information in School

Please complete this form if you consent to the school taking and using information from your child's biometric fingerprint by Thomas Becket Catholic School as part of an automated biometric recognition system. This biometric information will be used by Thomas Becket Catholic School for the purpose of the library and canteen accounts.

In signing this form, you are authorising the school to use your child's biometric information for this purpose until he/she either leaves the school or ceases to use the system. If you wish to withdraw your consent at any time, this must be done so in writing and sent to the school at the following address:

Thomas Becket Catholic School
Becket Way
Kettering Road North
Northampton
NN3 6HT

Once your child ceases to use the biometric recognition system, his/her biometric information will be securely deleted by the school.

Having read guidance provided to me by Thomas Becket Catholic School, I give consent to information from the biometric fingerprint of my child:

Name of Child:

Being taken and used by Thomas Becket Catholic School for use as part of an automated biometric recognition system for the school library and canteen accounts.

I understand that I can withdraw this consent at any time in writing.

Signature: **Date:**
(Parent/Carer)

Please indicate which of the following you give permission for:

- Copyright Permission *
- Internet Access
- Photograph Student inc online **
- Sex Education Lessons
- Data Exchange
- School Visit
- SIMS/Internal photography **only** ***
- Examinations
- Off Site Sporting Activity ****

* Work may be photocopied for display and/or internal publication.
** Including photos when participating in School activities (This may include photographs taken by other parents at School plays and events). Photographs are used internally & externally and, on the internet, social media and school website.
*** Photograph will **only** be used internally in school and on the school information management system (SIMS)
**** Page 15 Sporting Activity

Please note no personal information and/or identification of any student other than their first name may be contained in School website, whether in conjunction with a published photograph or not. Please also note that websites/social media can be viewed throughout the world and not just in the United Kingdom where UK law applies.

I have read and understood the school's policy on using photographic images. I understand that my decision on whether to give consent will remain valid throughout my child's time at the school and one year after they leave, unless I notify the school to the contrary in writing. Any consent will automatically expire after this time. I promise that if I, or friends or members of my family, take photos of video recordings of any School event, these will be kept for family use only.

Signed: **Date:**
(Parent/Carer)

Curriculum Information

Year 7 Musical instrument your child would like to learn to play:

.....
.....
.....

Home/School Agreement

AS TEACHERS AT THE SCHOOL WE WILL:

- Care for your son/daughter's safety and happiness
- Encourage high standards of behaviour from your son/daughter
- Provide a balanced curriculum to meet the needs of your son/daughter
- Praise, reward and encourage your son/daughter to do their very best so we can develop your son/daughter's talents and abilities as fully as possible
- Keep you informed about your son/daughter's progress in particular, and about School matters in general
- Help your son/daughter leave the school well equipped to make the most of the career opportunities available
- Be available to discuss your son/daughter's progress / any concerns

AS A PARENT I WILL:

- Ensure that my son/daughter attends the school regularly, on time and properly equipped
- Take an active and supportive interest in my son/daughter's work and progress, including home learning
- Attend Parents' Evenings and other discussions about my son/daughter's progress
- Support the School's strict policies and regulations on behaviour and uniform including a) up to 1 hour detentions without notice
- Check and sign the "Student Planner" each week
- Let the School know of any concerns or problems that might affect my son/daughter's work or behaviour
- Avoid holidays in term time
- Ensure my son/daughter abides by the School's Mobile Phone Policy
- Log into our online homework platforms to monitor your child's progress
- Keep contact details up-to-date and let reception staff know if our details change
- Encourage your child to take part in at least one extracurricular activity per week.
- To abide by the school policies and rules.

AS A STUDENT OF THE SCHOOL I WILL:

- Attend the School regularly and arrive on time
- Bring all the equipment and kit that I need for everyday
- Wear the correct School uniform and be tidy in appearance
- Complete all my class work and home learning as well as I can
- Be respectful, be polite and be helpful to other students and the teachers
- Care for the School environment and help to keep the school free from litter and graffiti
- Abide by the school mobile phone policy
- To abide by all school policies and rules

We understand and support the Home / School Agreement

Student Name: **Date:**
(Write in capital letters)

Parent/Carer Signature: **Date:**

For the School: **Date:**

E-Safety and Responsible Network/Internet Use Rules

We use the school computers and Internet for learning. These rules will help us to be fair to others and keep everyone safe. I understand that the School ICT systems may not be used for private purposes, unless specific permission has been granted by the Principal or Science/ICT Faculty Leader.

- When using the network and Internet, I will use only my login and password and I will not share these with anyone
- I will not interfere with other people's files. Nor will I do anything on the network that might corrupt the system. If I see such activity, I will report it immediately to the Science/ICT Faculty Leader or Technician
- I will not put CDs into the CD drive without asking permission from my teacher
- If I bring a USB device into the school with work on it, I will always check with my teacher before inserting it into the USB socket. If my USB device contains music that I want to listen to I will always ask my teacher before doing so. I will not transfer music files to my user area
- When on the Internet at the School
 - I will not download any files without permission from my teacher
 - I will not use Internet chat rooms or social networking services
 - I will not pass my personal details on to anyone
 - I will not use the facilities for personal financial gain, gambling, political purposes or advertising
 - I will not play games unless I have been given permission to do so by my teacher
 - I will not knowingly access any illegal Web sites
 - I will report any inappropriate sites to my teacher
 - I will respect copyright and intellectual property rights by not copying anything found on the Internet without permission from my teacher
- When using email
 - I will only email people I know, or when my teacher has given me approval
 - My messages will be polite and sensible
 - I will not send anonymous messages or chain letters and will tell my teacher if I receive any of these
 - If I see anything I am unhappy about, I will tell my teacher
 - I will not open any attachments without asking my teacher's permission
- If I cause deliberate damage to any ICT equipment my parents/carers will be informed, and I will be charged for a replacement

I understand that if I break any of these rules, my access to the network and/or Internet may be withdrawn.

I understand that the school may check my computer files and may monitor the Internet sites I visits.

Student Name:	
Student's Agreement I have read and understand the school rules for e-Safety and Responsible Network/Internet. I will use the computer system and Internet in a responsible way and obey these rules at all times.	
Signed:	Date:
Parent/Carer's Consent for Internet Access I have read and understand the school rules for e-Safety and Responsible Network/Internet Use and give permission for my son/daughter to access the Internet. I understand that the school will take all reasonable precautions to ensure 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 agree that the school is not liable for any damages arising from use of the Internet facilities.	
Parent/Carer Name:	
Signature:	Date:

Regular Participation in Inter-Schools Sports Activities

The school takes part in a number of inter-school sports activities during the year. These include fixtures, festivals, galas and tournaments across a wide range of sports and other activities. In the last year the school has completed friendly fixtures, league and cup competitions and we anticipate running a similar programme in the coming year.

The school needs to ensure that all the young people involved in inter-school sport are safe and that their parents/carers know where they are and what time they are likely to return to the school. At all times the young people on the sports activity will be supervised by a suitably qualified member of staff from the school; transport to and from the event will be to the standard required by the LEA; all activities will be referred/umpired by suitably qualified teachers or nominated representatives, *e.g., Qualified Football referees*. If your son/daughter is included in the team for a particular event we will let you know at least 2 days in advance giving approximate time for return. In the event of a late return, *i.e., in the event of an injury requiring medical attention*, we will contact you with a revised time of arrival.

If your son/daughter is likely to be involved in adventurous activities, *e.g., sailing or canoeing*, included on a residential visit or visit to another country, we will write to you separately. These activities are not included in our normal inter-school sports programme.

Your son/daughter is likely to be involved in a number of these activities and we are seeking your permission to allow your son/daughter to take part in these activities during the coming year.

Please complete the accompanying sheet remembering to let us know if there are any changes to your son/daughter's medical conditions.

PARENTAL PERMISSION TO PARTICIPATE IN INTER-SCHOOL SPORTS ACTIVITIES

I have read the letter asking me to permit my son/daughter to take part in inter-school sports activities. I understand this does include a wide range of sports activities and does not include adventure activities, residential visits or foreign visits.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

I agree and understand that as the nature of some visits involves an element of remote supervision my son/daughter will not be directly supervised at all times and that appropriate arrangements will have been made and agreed during the planning stage.

I give / do not give permission for to take part in inter-school sports activities during their time at Thomas Becket Catholic School.

Signed: Date:
(Parent/Carer)

Examination Agreement

Student Name:

Students/parents/carers will:

- Be responsible for checking that exam entries are correct and complete and to inform the Exam Manager of any changes
- Reimburse the school if they withdraw from or change an exam entry within 6 weeks of exam
- Keep safe & use the personalised exam timetable provided by the Exam & DataHub
- Be prompt to exams
- Be dressed in full school uniform
- Be fully equipped for exams
- Attend all exams on the first time of entry
- If ill, contact the Exam Manager prior to the exam to discuss what arrangements are possible to enable attendance
- Reimburse school for exams missed for unacceptable reasons (see below)
- Share costs with school **when appropriate** for exams missed for other reasons
- Consent for enquiries about results to be made at the school's discretion.

I confirm that I have read and understood the 'Guidance for Students & Parents' and agree that the key points as summarised above are fair and reasonable. I will support these guidelines during all examination series my son/daughter participates in at Thomas Becket Catholic School.


Student signature: **Date:**

Parent/Carer signature: **Date:**

Thomas Becket Catholic School will:

- Enter students for exams when they are judged to be able to achieve in an exam
- Ensure entries are correct and made within exam board timescales
- Keep students fully informed regarding their entries and timetables
- Cater for all special arrangements a student is entitled to
- Provide suitable venues for students to sit their exams
- Run exams smoothly, calmly and to schedule.
- Support students who wish to do an exam when they are ill or injured in the most appropriate way, including applying for Special Consideration.
- Recoup fees from candidates who do not have an acceptable reason (see below) for missing an exam or change their entries 6 weeks before an exam.

**** PLEASE NOTE: FOLLOWING THE EXAMINATION SEASON CERTIFICATES MUST BE COLLECTED WITHIN 12 MONTHS OF THE EXAM. ALL CERTIFICATES AFTER THIS TIME WILL BE CONFIDENTIALLY DESTROYED. YOU WILL BE CHARGED FOR REPLACEMENT CERTIFICATES FROM THE EXAMINATION BOARD SHOULD YOU REQUEST THEM AFTER THIS TIME.**

Signed:  (for and on behalf of Thomas Becket Catholic School)

We wish our students every success and thank you for your continued support.

Please Note: ** Unacceptable reasons include (but are not confined to); overslept, forgot, did not want to do it, missed the bus, mis- read my timetable, didn't realise I had an exam; minor illness such as headache, period pains, hay fever, cough, colds, tummy ache, etc**

Thomas Becket Catholic School

Becket Way, Northampton NN3 6HT

Tel. 01604 493211 Fax 01604 497300

Website: www.thomasbecket.org.uk

Email: office@thomasbecket.org.uk

PRIEST / ADDITIONAL INFORMATION

Please complete all sections fully

Surname:	Address:
Christian Name(s):	
Date of Birth:	Postcode:
Gender: Male / Female	Home Telephone:

Please state which year group your child will go into

This section to be fully completed for all Catholic applicants

Is your child a baptised Catholic?	Yes	No
Parish and Address:		
Name of Parish Priest:		
Date and Place of Baptism:		
Date and Place of First Holy Communion:		
Date and Place of Confirmation (if appropriate):		

This section to be fully completed by all non-Catholic applicants

Is your child a baptised Christian?	Yes	No
If yes, please state denomination.		
Parish and Address:		
Name of Vicar or Minister:		
Date and Place of Baptism:		

Date and Place of First Holy Communion (if appropriate):
Date and Place of Confirmation (if appropriate):
If your child is a member of a non-Christian faith please give details, including the name and address of a suitable referee:

Does the child have a Statement of Special Educational Needs?	
Yes	No
Does your child have a sibling at this school?	
Yes	No
Current Primary School:	
Is English an additional language (EAL) – if so please specify home language thank you.	
Would you like a further viewing of the school?	

Names of Parents/Guardians (Block Letters) 1. (Mr/Mrs/Miss/Ms) _____ 2. (Mr/Mrs/Miss/Ms) _____	MOBILE: Email & DAYTIME TEL NO:
	MOBILE: Email & DAYTIME TEL NO:
Signed: _____ [Parent/Carer]	Date: _____

Please note that this form is for information only. It should not be regarded as confirming entry to Thomas Becket Catholic School. Parents of students transferring in September will receive notification of acceptance or otherwise via the LA at the appropriate time. Parents of students transferring at any other time will be notified directly by the school.