

Consent

At All Saints, we use information about your child in a number of different ways, and we'd like your consent for some of the ways we use this personal data, these out in more detail below.

If you're not happy for us to use information in the ways we list below, that's no problem - we will accommodate your preferences.

Similarly, if you change your mind at any time, you can let us know by emailing finance.allsaints@schools.sefton.gov.uk, calling the school on 0151 257 5566, or just popping in to the school office.

If you have any other questions, please get in touch.

We sometimes take photographs of pupils. We use these photos to help us to give people an idea of what life at our school is like, for example in the newsletter and on the school website. Additional consent is needed e.g. for emergencies / first aid consent.

Please tick the relevant boxes:	Tick (v)
Data Exchange for example, when your child moves to high school we will send their records on to the new setting or we will share information with health professionals for the purpose of contacting you regarding health initiatives such as immunization. High schools may also request your details to send out marketing relevant to your child such as open days for Year 6.	
I am happy for my child to attend educational school visits, this includes walking in the local area, travelling by coach, school minibuses or in staff vehicles. The school will inform you of any school visits that are taking place throughout the year.	
I am happy for my child to use the internet in school. This can be to use educational websites or for research purposes. All internet use is monitored and website access is filtered.	
I am happy for the school to take photos of my child.	
I am happy for the school to take videos of my child.	
OR I am NOT happy for the school to take or use photos or videos of my child.	
I am happy for photos of my child to be used for progress tracking, for example early years online tracking available for school staff and parents to view with a secure login and password.	
I am happy for the school to display my child's work.	
I am happy for photos of my child to be used in the media, for example local newspapers.	
I am happy for photos of my child to be used in printed school materials, for example, the school prospectus.	
I am happy for photos of my child to be used in internal displays.	
I am happy for photos of my child to be used in the school newsletter.	
I am happy for photos of my child to be used on social media, for example Twitter.	
I am happy for my child to receive first aid should they need it in school. Any treatment given will be recorded and copy will be sent home. In the event of serious injury or illness the school will contact you immediately and act on your behalf until medical help arrives.	

Medical Overview

Name of child:

Does your child have any medical condition(s) which school need to be aware of? Please give details:

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

Does your child require any inhalers or **prescribed** medication to be kept in school? Please list:

.....
.....

Does your child have any allergies which we need to be aware of? (*For example: grass, nuts etc.*) Please list:

.....
.....

Does your child have any dietary requirements? Please list:

.....
.....

Does your child wear glasses? If yes, please give details of when the glasses should be worn:

.....

Do you give consent for your child to have First Aid administered during school time? Please tick: **Yes** **No**

Does your child have any allergies to first aid equipment? (*For example: plasters, antiseptic wipes etc.*) Please list:

.....

If an emergency situation occurs with your child, the school will always make every effort to contact parents on the list of emergency contacts. If this is not possible, do you give permission for the school take the necessary action e.g. visit to casualty and taking urgent advice from a doctor etc.? Please tick: **Yes** **No**

Doctor's name: Address: Postcode:
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Emergency contacts (other than parents):

Name:	Name:
Address: Postcode:	Address: Postcode:
Landline tel. no.:	Landline tel. no.:
Mobile tel. no.:	Mobile tel. no.:
Relationship to child:	Relationship to child:

Signature of Parent/Guardian: Date:

Request for Ethnicity of Pupil

Please look at the lists below and **tick one box** to indicate the ethnic background of the named child.

Name of child:

White

- British
- Irish
- Traveller of Irish heritage
- Gypsy/ Roma
- Any other White background

Mixed

- White and black Caribbean
- White and black African
- White and Asian

Asian or Asian British

- Indian
- Pakistan
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other black background

Chinese

Any other ethnic background

I do not wish an ethnic background category to be recorded

Country of Birth:

Date of Entry into UK:

Child's First Language:

Child's spoken level of English: Beginner / Intermediate / Fluent

Parent's First Language:

Parent's spoken level of English: Beginner / Intermediate / Fluent

For Office Use Only:

Notes:

Date Received:

Year/Class:

PUPIL PREMIUM

We need information about you and your child, to provide the best education and support by making sure we receive all the government funding to which we and your child are entitled. Please complete this form and return as soon as possible.

ABOUT YOUR CHILD/CHILDREN

Child's Last Name	Child's First Name	Child's Date of Birth			Name of preschool, nursery, childminder
		D	M	Y	
		D	M		

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1	Parent/Guardian 2																																								
Last name																																										
First Name																																										
Date of Birth	Date / Month / Year	Date / Month / Year																																								
National Insurance Number*																																										
National Asylum Support Service (NASS) Number*	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			/			/															<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			/			/														
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Daytime Telephone Number																																										
Mobile Number																																										
Address																																										
	Postcode:	Postcode:																																								

* Complete as appropriate

Signature of Parent/Guardian: Date: