



# St Christopher's CE High School

# Transition Form 2023-24

## Pupil Confidential Information

- Please ensure that the following information is entered accurately, in block capitals and black ink.

Pupil Surname:

Pupil Forename:

Chosen Forename:

Middle Name(s):

Gender (at birth):  Male  Female Date of Birth:

Address:   
  
 Postcode:

Previous School Attended:

Place of Worship:

Name(s) of Siblings Attending this School:

## Parent/Carer Confidential Information

- Please give details of the person with parental responsibility who you wish to be contacted first in an emergency.
- The following sections allow you to give details of two further persons who you wish to be contacted in an emergency (please provide all three contacts if you can).

### Emergency Contact 1

Full Name:

Relationship to Pupil:  Date of Birth:

Mobile Number:  Home Number:

Work Number:

Email Address:

Is Contact 1's address the same as child's home address?  Yes  No, please complete address details below.

Address:   
  
 Postcode:

## Parental Information (continued)

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### Emergency Contact 2

Full Name:

Relationship to Pupil:  Date of Birth:

Mobile Number:  Home Number:

Work Number:

Email Address:

Is Contact 2's address the same as child's home address?  Yes  No, please complete address details below.

Address:

Postcode:

### Emergency Contact 3

Full Name:

Relationship to Pupil:  Date of Birth:

Mobile Number:  Home Number:

Work Number:

Email Address:

Is Contact 3's address the same as child's home address?  Yes  No, please complete address details below.

Address:

Postcode:

## School Information

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Many items, including school dinners and trips, are paid for via ParentPay. More information about ParentPay and how we use it can be found in the leaflet enclosed (it is also available on the school website).

### Travel Arrangement (Please tick the usual form of transport to and from school):

Car  School Bus  Taxi  Cycle  Walk  Other

If you are intending to send your child by bus, more information can be found in the leaflet enclosed (it is also available on the school website).

### Meal Arrangement (Please tick the usual meal choice):

School Meal  Packed Lunch  Home for Lunch

## Use of photography and videos in school and opt-in permission

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Occasionally, we may take photographs/video footage of the children at our school. These images may be used for evidence of work, in our school prospectus, in other printed publications that we produce, on our school website, on project display boards in school, on the schools social media channels or for advertising purposes. We may also make video or webcam recordings for assessment of performance, school-to-school conferences, monitoring or other educational use and a photograph of your child is retained in school for identification purposes only.

Occasionally, our school may be visited by the media who will take photographs or film footage of a high profile event, or to celebrate a particular achievement. Pupils will often appear in these images, which may appear in local or national newspapers or on televised news programmes (see conditions of use for more information on use of images by the media).

In order that we can protect your child's interests, and to comply with the Data Protection Act 1998, please read the Conditions of Use before the answering the questions below.

### Conditions of Use

1. The school will not use the personal details or full names (which means first name and surname) of any child or adult in a photographic or pictorial image, on video, on our website, in the school prospectus or in any of our other printed publications.
2. The school will not include personal e-mail or postal addresses or telephone numbers on video, on our website, in our school prospectus or in other printed publications.
3. If we use photographs of individual pupils, we will not use the full name of that child in any accompanying text or caption.
4. If we use the full name of a pupil in the text, we will not use a photograph of that child to accompany the article.
5. We may use group or class photographs or footage with very general labels, such as 'a Science lesson'.
6. We will only use images of pupils who are suitably dressed.

### Notes on use of images by the media

If you give permission for your child's image to be used by the media then you should be aware that:

- The media will want to use any printed or broadcast media pictures that they take alongside the relevant story
- It is likely that they will wish to publish the child's name, age and the school name in the caption of the picture or video (possible exceptions to this are large group or team photographs)
- It is possible that the newspaper will re-publish the story on their website, or distribute it more widely to other newspapers or media organisations
- Websites can be viewed throughout the world and just in the United Kingdom, where UK law applies

I have read and understand the conditions of use above

### Opt-in Permission

Please select all that you wish to provide permission for:

- School may use my child's image for promotion activities in print and online
- School may use my child's image after my child has left the school
- School may retain my child's information after they have left school in order to contact them to join our alumni

Please be aware that you can opt out at any time by contacting the school direct.

## Medical Information

This information is kept for emergency use by school and also retained in case of attendance on an educational visit. Please ensure that any change in medical information/circumstances (e.g. recent illness, medication or injury) which will affect your child's participation in a future educational visit will be notified to school prior to the visit.

Doctor's Name:

Surgery Address:

Postcode:

Telephone Number:

Pupil NHS Card Number:

Can your child swim 25 metres unaided?  Yes  No

Does your child suffer from any of the following conditions? (Choose all that apply)

Asthma  Bronchitis  Chest problems  Diabetes  Fainting  Migraine

Heart trouble  Blood pressure  Tuberculosis

If you have ticked any of the above please provide details below:

Does your child suffer with Epilepsy?  Yes  No

If YES, what specific epilepsy syndrome has been diagnosed for your child?

What is the pattern of any seizure?

Does your child suffer from any other condition requiring medical treatment, including medication?  Yes  No

If YES, please provide details of other medical condition and/or medication

Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?  Yes  No

If YES, please provide details of the allergy/sensitivity to medication, insect bites or food

Has your child been immunised against these diseases? (Select all that apply)

Poliomyelitis       Tetanus (lock jaw)

Give date of Tetanus immunisation (if known):

Is your child taking any form of medication on a regular basis?     Yes       No

If YES, please give full details, indicating the type of medication and dosage:

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?       Yes       No

If YES, please give full details of the above:

Does your child have any critical medical issue we should be aware of that you have not already informed us of above? (Please give full details)

In the case of attendance on a residential educational visit, does your child have any special dietary or childcare needs that you have not already informed school of in your earlier responses?

From time to time, a child may ask us for some common remedies which we are happy to dispense as per the recommended dose. If you are happy for your child to be given these medicines, please indicate by giving your consent for each medicine below (please note that we record who and when we give these medicines to):

Paracetamol       Ibuprofen       Hay fever relief (common over the counter antihistamines)

Do not give my child ANY medicines, unless specifically detailed above.

## Cultural Information

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What is your ethnic group? (Choose one option that best describes your ethnic group or background)

- |   |   |
|---|---|
| <input type="checkbox"/> White - English/Welsh/Scottish/Northern Irish/British    | <input type="checkbox"/> White - Irish  |
| <input type="checkbox"/> White - Gypsy or Irish Traveller                         | <input type="checkbox"/> White - Any other                                      |
| <input type="checkbox"/> Mixed/Multiple ethnic groups - White and Black Caribbean | <input type="checkbox"/> Mixed/Multiple ethnic groups - White and Black African |
| <input type="checkbox"/> Mixed/Multiple ethnic groups - White and Asian           | <input type="checkbox"/> Mixed/Multiple ethnic groups - Any other               |
| <input type="checkbox"/> Asian/Asian British - Indian                             | <input type="checkbox"/> Asian/Asian British - Pakistani                        |
| <input type="checkbox"/> Asian/Asian British - Bangladeshi                        | <input type="checkbox"/> Asian/Asian British - Chinese                          |
| <input type="checkbox"/> Asian/Asian British - Any other                          | <input type="checkbox"/> Black/African/Caribbean/Black British - African        |
| <input type="checkbox"/> Black/African/Caribbean/Black British - Caribbean        | <input type="checkbox"/> Black/African/Caribbean/Black British - Any other      |
| <input type="checkbox"/> Arab   | <input type="checkbox"/> Any other ethnic group                                 |

Home Language:  Religion:

Country of Birth:  Nationality:

## Other Notable Information

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- For example required communications to separated parents.

## Declaration

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- I declare that the information given on this form is a true statement of my child's personal and medical details and, should it change, I will notify the school accordingly

Please download and read this Home School Agreement 2022-23 ([https://bit.ly/HSA\\_2022](https://bit.ly/HSA_2022)).

**Both my child and I have read through the St Christopher's Home School Agreement together, and we both agree to work together with the school.**

**We both accept that by ticking this box  , that we are signing to accept our responsibilities in accordance with the Home School Agreement.**

*Please keep a copy of the agreement. If you have any suggestions to amendments for our Home School Agreement, please contact Mrs Parkinson, Senior Assistant Headteacher through the contact page of our school website.*

- Educational visits: in the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.**

Signed:  Print Name:

Your responsibility to the child:  Parent  Guardian

Date:

From time to time school may wish to send me information about school events that my child may be involved with or publications such as the school's newsletter. I wish to receive this information