

# SAVIO SALESIAN COLLEGE

Netherton Way  
Bootle  
L30 2NA

Telephone: 0151 521 3088  
www.saviosalesiancollege.com



## ADMISSION FORM

**Confidential**

### Student details:

Legal Surname:	Legal Forename:
Preferred Surname, if different from above:	Preferred Forename, if different from above:
Gender: MALE:                      FEMALE:	Date of Birth:
Home Address including Postcode:	Primary School Attended:  Any Previous Secondary School Attended:

### Parent(s) / Carer(s) with Legal Parental Responsibility Contact Details:

Name: .....	Name: .....
Home Address, if different from child: ..... ..... .....	Home Address, if different from child: ..... ..... .....
Home Tel .....	Home Tel .....
Work Tel .....	Work Tel .....
Mobile Tel .....	Mobile Tel .....
Email .....	Email .....
.....	.....



## ETHNIC / CULTURAL DETAILS

### Ethnic Origin:

We are legally required by the Department for Children, Schools and Families (DCSF) to provide information about the background of pupils attending Savio Salesian College.

Please tick one of the following boxes to indicate the ethnic background of your child:

Bangladeshi		White British	
Black African		White Irish	
Black Caribbean		White & Black African	
Chinese		White & Black Caribbean	
Gypsy / Roma		Any other Asian background	
Indian		Any other Black background	
Pakistani		Any other Ethnic group	
Refused		Any other mixed background	
Traveller of Irish heritage		Any other white background	

Please state the main language spoken at home, if other than English: .....

Please state the child's country of birth, if other than UK: .....

Please state the child's nationality, if other than UK: .....

### Religion of the student: (please tick appropriate box)

Roman Catholic		Church of England	
Other Religion (name)		No Religion	

### Travel to School: Please tick one box for the main mode of travel:

Walk		School Bus	
Cycle		Taxi	
Car		Train	
Public Bus		Other	

### Service Personnel:

Can you please indicate if the student has a parent(s) or carer who is part of any 'Service Personnel' serving in the regular HM Forces. (This information will be used to help identify both the impact that being a Service child has on your child's education and the impact of catering for large numbers of Service children has on the school.)

Name and relationship to pupil .....

Name and relationship to pupil .....

## PARENTAL CONSENT

<i>Please read carefully and tick the appropriate box</i>	<b>I consent</b>	<b>I do not consent</b>
I hereby give consent for my child to take part in off-site activities organised for students. I understand that my child will be expected to follow all appropriate rules and regulations and that the leader(s) will take action as necessary should breaches occur. A letter giving full details will be given for every school trip and will include a permission slip which must be returned to Student Services to enable your child to take part.		
I hereby authorise any accompanying staff of Savio Salesian College to give consent to such medical treatment as is necessary for my child by a qualified medical practitioner during the event. This may include anaesthetic, if appropriate.		
I give permission for Savio Salesian College to pass on applicable data to Career Connect to enable my child to receive careers advice. This information will NOT be passed to any third parties.		
From time to time Savio Salesian College will take photographs or videos of students whilst working to be used in prospectuses, local newspaper publications, school newsletter or for display in school. Photographs are usually taken to celebrate the students' success in sport, drama, enterprise, examinations or any other area in which they have excelled. Please indicate whether or not you give permission for your child to be photographed/videoed for school purposes.		

## TECHNOLOGY / INTERNET USER AGREEMENT AND PARENTAL ACKNOWLEDGEMENT

The following are not permitted and must not be done:

- Sending or displaying offensive messages or pictures
- Accessing undesirable material
- Violating copyright laws
- Using another's password
- Trespassing in another's folder, work or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes
- Computer hacking

Users are unable to log into the network without first agreeing to the Acceptable Use Policy.

As a user of the school's computer network, I hereby agree to comply with the above-stated rules:

Student signature .....

As the parent/carer of the student signing above, I acknowledge that my child will have restricted access to network computer services, such as email and the internet. I understand that the College has installed a system which only permits access to sites nominated by members of staff.

I accept responsibility for the expectation that my child will follow the above stated rules and guidance in the school's internet policy. I also agree that my child should be vigilant in declaring any dubious material they may encounter. I accept responsibility on behalf of my child for their adherence to the code set out above.

Parental signature .....

## SCHOOL-HOME PARTNERSHIP

We believe that young people develop their potential when parents and teachers have a shared concern for the intellectual, emotional, physical and spiritual development of students.

We invite parents and carers to make a commitment to support our school policies on Attendance & Punctuality, Behaviour, Teaching and Learning. We need parents and carers to commit to attending meetings, especially Parents' Evenings to discuss progress and behaviour.

Parents should be aware that the school will take any reasonable action to ensure the safety of its students. In cases where the school has reason to be concerned that a child may be subject to ill-treatment, neglect or other forms of abuse, staff have no alternative but to follow Sefton Local Authority Child Protection Procedures and inform Social Services of their concern.

Parents will not always be fully informed of concerns unless staff are certain that the safety of the child will not be prejudiced by their doing so.

### **Parent Commitment**

*I agree to support school policies for Attendance & Punctuality, Behaviour, Teaching and Learning*

*I will ensure that my child arrives punctually, in **full school uniform** and with **appropriate equipment** each day*

*I agree to attend Parents' Evenings to support my child's personal development and to help my child achieve their targets*

Signed: \_\_\_\_\_ **Parent / Carer**

### **Student Commitment – My Attitude to Learning**

*I promise that I will:*

- *be respectful and well behaved*
- *contribute to lessons & arrive on time*
- *complete my homework*
- *revise for exams*
- *bring all equipment into school on a daily basis*

*I understand school policy on:*

- *mobile phones*
- *uniform and make up*

Signed: \_\_\_\_\_ **Student**

### **School Commitment**

*We agree to continue to liaise with parents and to share in the task of supporting the personal development of each pupil.*

*We are committed to enabling pupils to achieve their potential.*

Signed: *T. Costello* (Headteacher) **Savio Salesian College**



## CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL

At Savio Salesian College we use a voluntary biometric recognition system. This is only used with the cashless catering system in the canteen.

We find this provides the school with a number of very significant benefits including:

- Reduction in administration time and cost dealing with lost or forgotten cards/passwords/PINs
- Reduction in opportunities for bullying as there is nothing that can be stolen for use by another pupil
- Reduction in the need for cash handling
- Pupils do not have to remember to bring a card
- Reduction in queuing time

In order to comply with the provisions of the Protection of Freedoms Act 2012 (coming into force in September 2013), we need written permission from a parent/carer in order for students to continue to use the biometric system. Please complete the permission slip below.

We will continue to offer an opportunity to opt out for those pupils who would prefer to use alternative forms of identifications.

If you would like more information, please contact the college.

Please complete this form if you consent to the college taking and using information from your child's fingerprint by Savio Salesian College as part of an automated biometric recognition system.

This biometric information will be used by Savio Salesian College for the purpose of the administration of the college canteen. In signing this form, you are authorising the college 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 college at the following address: Savio Salesian College, Netherton Way, Bootle, Merseyside L30 2NA

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

I give consent to information from the fingerprint of my child being taken and used by Savio Salesian College for use as part of an automated biometric recognition system for administration of the college canteen.

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

Signed .....  
Parent/Carer

Print Name .....

## MEDICINES IN SCHOOL

We have recently reviewed our procedures in relation to supporting pupils with medical conditions and those who need occasional pain relief. This is to ensure that we are doing our utmost to keep your child healthy and in school as much as possible. Can you please read the following information and sign the consent.

**1. PRESCRIBED MEDICATION** – the college will store and support with administration of prescribed medication. The medication must be in the original container with your child's name and dosage clearly labelled. Parents/carers must bring the medication in to college and sign the required documentation.

**2. ASTHMA INHALERS** – We have implemented a new emergency inhaler policy, which will allow pupils to have access to a college inhaler (salbutamol) in the event they do not have their own or it has run out. In order for this to be available to your child you must sign to give your consent. We will always inform you if we have had to administer emergency salbutamol to your child. The college can still store an extra inhaler for any pupil diagnosed with asthma or prescribed an inhaler by their GP. However, we encourage all pupils who use an inhaler to carry their own as this minimises the impact of an attack in the college.

**3. PAIN RELIEF** – At times we have pupils in college with a minor complaint such as a headache or stomach pain that can be relieved by taking paracetamol. This can be administered by college, but to do this we need written consent from a parent/ carer. We will also always gain verbal consent by telephone on each occasion before we give your child any pain relief. If your child requires any pain relief other than paracetamol in tablet form you must follow the procedure in point 1 on this page. If you are happy for us to administer pain relief with your consent you must sign the consent below.

**4. IF YOUR CHILD HAS A DIAGNOSED MEDICAL CONDITION** that you are unsure we are aware of, it is important that you let us know. We can then ensure your child is well supported and their medical condition impacts on their education as little as possible. We also have an allocated school nurse, Craig Johnson, who will be happy to support you and your child in any way he can. It is also important that you let us know if there any changes to your child's health.

**5. EMERGENCY CONTACT** – It is a matter of safeguarding that we have a reliable way of getting hold of you in case of an emergency. If you move house or any of your telephone numbers change you must inform us as soon as possible. You can do this by calling Student Services.

If you have any other concerns or queries, please telephone Student Services and you will be put in contact with the appropriate member of staff.

### MEDICATION INFORMATION

I give permission for the college to administer pain relief to my child if needed

I understand I will be contacted on each occasion for verbal consent

Signed .....

Parent/Carer

Print Name .....

*Thank you very much for taking the time to complete this form, please remember to inform us of any future changes*