



**ACADEMIC YEAR 2021/2022**

Revised: Nov 2020  
To be revised: Nov 2021

**FPSS SIXTH FORM ADMISSION FORM**

Furze Platt Road, Maidenhead, Berkshire, SL6 7NQ  
Tel: 01628 625308 | Email: office@furzeplatt.com | Web: www.furzeplatt.com



**Please fill out in BLOCK CAPITALS and return this completed form to:  
Sixth Form at Furze Platt Senior School**

Furze Platt Senior School: a company limited by guarantee. Registered Office: Furze Platt Road, Maidenhead, Berkshire, SL6 7NQ  
Registered in England: Company Number 7834715

STUDENT INFORMATION									
Please state the name of the <b>SCHOOL</b> and <b>ITS LOCATION</b> that the student <b>CURRENTLY ATTENDS</b> .									
<b>CURRENT SCHOOL:</b>					<b>TOWN:</b>				
Legal <b>SURNAME</b> on <u>birth certificate</u> :			Legal <b>FORENAME</b> on <u>birth certificate</u> :			Legal <b>MIDDLE NAME(S)</b> on <u>birth certificate</u> :			
<b>CHOSEN SURNAME</b> (if different):			<b>CHOSEN FORENAME</b> (if different):			Please note: Name on birth certificate will always be used for exam and other official purposes unless changed via Deed Poll. Evidence would need to be supplied.			
<b>GENDER*:</b>	Male	Female	<b>PREFERRED GENDER**:</b>		*Please write down their gender as stated on their birth certificate – DfE required. **If your child identifies by another gender please indicate here. If not, please leave blank.				
<b>DATE OF BIRTH</b> (DD/MM/YYYY):		/		/	2	0			
<b>ADDRESS</b> at which the <b>STUDENT PERMANENTLY LIVES</b> :									
<b>ADDRESS LINE 1:</b>									
<b>ADDRESS LINE 2:</b>									
<b>TOWN:</b>					<b>POSTCODE:</b>				

SIBLINGS									
Please insert <b>DETAILS</b> of any <b>BROTHERS OR SISTERS (FULL OR HALF)</b> currently <b>ATTENDING FURZE PLATT SENIOR SCHOOL</b> and <b>LIVING</b> at the <b>SAME ADDRESS</b> as the <b>STUDENT</b> .									
<b>FORENAME:</b>					<b>SURNAME:</b>				
<b>DATE OF BIRTH</b> (DD/MM/YYYY):		/		/	2	0		<b>HOUSE/FORM:</b>	
<b>FORENAME:</b>					<b>SURNAME:</b>				
<b>DATE OF BIRTH</b> (DD/MM/YYYY):		/		/	2	0		<b>HOUSE/FORM:</b>	

**PLEASE CONTINUE OVERLEAF.**

The Data Protection Act 2018 (also known as the General Data Protection Regulation (GDPR)) took effect in May 2018. Successful admissions: This information will be added to the student's file. The retention period is calculated based on the date of birth of the pupil + 25 years. The file will follow the pupil if he/she transfers to another school. Unsuccessful admissions: The retention period is until any appeals process is completed. All files/forms are then securely destroyed. The information will be used only internally and will not be passed on to other parties not outlined in the Privacy Notice.

**IMPORTANT NOTICE ABOUT PARENTAL RESPONSIBILITY**  
 Pages 2 and 3 of our application asks you to indicate those contacts that have parental responsibility over the above named child. Parental responsibility is the legal name for the rights and responsibilities, as defined in section 3(1) of the Children Act 1989. Parents with parental responsibility have the authority to make important decisions that affect their child and are entitled to all information that the school holds about their child.

<b>PARENT/CARER INFORMATION – CONTACT 1</b>																			
<b>SURNAME:</b>				<b>FORENAMES:</b>						<b>TITLE:</b> Mrs/Ms/Miss/Mr									
<b>RELATIONSHIP TO STUDENT:</b>								<b>PARENTAL RESPONSIBILITY FOR STUDENT?</b>				Yes				No			
<b>SERVING IN ARMED FORCES?</b>				Yes		No		Refused		<b>CONTACTABLE IN EMERGENCY?</b>				Yes		No			
<b>ADDRESS at which PARENT/CARER NUMBER 1 LIVES (if same as the student's address please state 'as on page 1'):</b>																			
<b>ADDRESS LINE 1:</b>																			
<b>ADDRESS LINE 2:</b>																			
<b>TOWN:</b>																			
<b>POSTCODE:</b>								<b>HOME PHONE:</b>											
<b>WORK PHONE:</b>								<b>EXT:</b>				<b>MOBILE:</b>							
<b>EMAIL ADDRESS:</b>																			

<b>PARENT/CARER INFORMATION – CONTACT 2</b>																			
<b>SURNAME:</b>				<b>FORENAMES:</b>						<b>TITLE:</b> Mrs/Ms/Miss/Mr									
<b>RELATIONSHIP TO STUDENT:</b>								<b>PARENTAL RESPONSIBILITY FOR STUDENT?</b>				Yes				No			
<b>SERVING IN ARMED FORCES?</b>				Yes		No		Refused		<b>CONTACTABLE IN EMERGENCY?</b>				Yes		No			
<b>ADDRESS at which PARENT/CARER NUMBER 2 LIVES (if same as the student's address please state 'as on page 1'):</b>																			
<b>ADDRESS LINE 1:</b>																			
<b>ADDRESS LINE 2:</b>																			
<b>TOWN:</b>																			
<b>POSTCODE:</b>								<b>HOME PHONE:</b>											
<b>WORK PHONE:</b>								<b>EXT:</b>				<b>MOBILE:</b>							
<b>EMAIL ADDRESS:</b>																			

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<b>DECLARATION OF ANYONE WITH ADDITIONAL PARENTAL RESPONSIBILITY</b>													
Please note – the school has a <b>LEGAL OBLIGATION</b> to <b>PROVIDE PROGRESS REPORTS</b> on the student to <b>ANYONE</b> with <b>PARENTAL RESPONSIBILITY</b> . If such persons are not detailed in the previous two Parent / Carer Information sections please provide their details below.													
SURNAME:			FORENAMES:						TITLE: Mrs/Ms/Miss/Mr				
RELATIONSHIP TO STUDENT:			PARENTAL RESPONSIBILITY FOR STUDENT?						Yes		No		
SERVING IN ARMED FORCES?			Yes	No	Refused		CONTACTABLE IN EMERGENCY?			Yes		No	
ADDRESS LINE 1:													
ADDRESS LINE 2:													
TOWN:													
POSTCODE:						HOME PHONE:							
WORK PHONE:													
EXT:													
MOBILE:													
EMAIL ADDRESS:													

<b>ADDITIONAL EMERGENCY CONTACT</b>													
Please note – this section is for any other emergency contact in addition to the persons who you have provided details for in the previous sections. All emergency contacts must be aged 18+ and the contact numbers provided must be in the UK.													
<b>DETAILS FOR ADDITIONAL EMERGENCY CONTACT 1:</b>													
SURNAME:			FORENAMES:						TITLE: Mrs/Ms/Miss/Mr				
RELATIONSHIP TO STUDENT (if applicable):			PARENTAL RESPONSIBILITY FOR STUDENT?						Yes		No		
<b>ADDRESS at which ADDITIONAL EMERGENCY CONTACT 1 LIVES:</b>													
ADDRESS LINE 1:													
ADDRESS LINE 2:													
TOWN:													
POSTCODE:						HOME PHONE:							
WORK PHONE:													
EXT:													
MOBILE:													

<b>FREE SCHOOL MEALS</b>													
If your son / daughter has EVER BEEN IN RECEIPT OF FREE SCHOOL MEALS please TICK HERE.													

PLEASE CONTINUE OVERLEAF.

<b>STUDENT MEDICAL INFORMATION</b>												
Please provide the following details of the <b>MEDICAL PRACTICE</b> the <b>STUDENT</b> is <b>REGISTERED WITH</b> .												
<b>NAME OF MEDICAL PRACTICE:</b>												
<b>STUDENT'S NATIONAL HEALTH SERVICE NUMBER:</b>					-				-			
Does the <b>STUDENT HAVE</b> or <b>HAVE THEY EVER EXPERIENCED</b> any of <b>THE FOLLOWING</b> (please <b>TICK ALL THAT APPLY</b> ):												
	<b>DIABETES</b>		<b>ANY LONG TERM ILLNESS/INJURY/DISABILITY</b>									
	<b>HEART DISEASE</b>		<b>EPILEPSY</b>									
	<b>SEVERE MUSCULAR/JOINT PROBLEMS</b>		<b>SEVERE ALLERGIC REACTION – EPIPEN</b>									
	<b>SEVERE ASTHMA – SIGNIFICANT INTERFERENCE WITH DAILY LIFE</b>		<b>ALLERGY</b>									
	<b>MILD ASTHMA</b>		<b>OTHER</b>									
If you have <b>TICKED ANY OF THE ABOVE</b> , and your child has had recent surgery and/or are taking long term medication please <b>GIVE DETAILS BELOW</b> (please continue on a separate piece of paper if required). If you have ticked any of the above we may ask you to complete an individual healthcare plan for your child.												
<b>DOES THE STUDENT REQUIRE ANY MEDICATION DURING THE SCHOOL DAY?</b>								Yes		No		
If you have answered yes to the above question, please give further details of medication and the frequency below. You will be required to come into school to complete a medication consent form.												
<b>COULD THE STUDENT'S CONDITION EVER REQUIRE ADDITIONAL OR EMERGENCY MEDICAL ATTENTION IN SCHOOL?</b>								Yes		No		
If you have answered yes to the above question, please give further details below.												
<b>DETAILS OF STUDENT'S LAST TETANUS INJECTION DATE (MM/YYYY):</b>				/	2	0			<b>OR, HAS THE STUDENT HAD ONE IN THE LAST 10 YEARS?</b>		Yes	No

**STUDENT MEDICAL INFORMATION CONTINUES OVERLEAF.**

Please note that any medication held by the school for students must be prescribed by a doctor, in the original container, and clearly marked with the student's name. Parent / Carers must ensure the medication is in date. Parent / Carers will have to sign the medication form and also need to dispose of the medication after the prescribing period is complete. **The school will only hold medication for one month after this date, after which it will be disposed of.**

It is the responsibility of the Parent / Carer to inform the school of any changes to the above information whether temporary or permanent. I, as the Parent / Carer of the above student admit to the information given as being true and correct and take full responsibility for any incident arising where information has been withheld.

<b>SIGNED (PARENT / CARER):</b>		<b>PRINT NAME:</b>	
<b>RELATIONSHIP TO STUDENT:</b>			
Please <b>DECLARE</b> any of the <b>STUDENT'S SPECIAL EDUCATIONAL NEEDS AND DISABILITIES ON PAGES 7 AND 8</b> of this document.			

### STUDENT ETHNICITY

Our ethnic background describes how we think of ourselves. Ethnicity is a personal awareness of a common cultural identity and relates to how a person feels and not how others perceive them. It is a subjective decision as to which category a person places himself or herself in. This may be based on many things, including your skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. Please **TICK ONE** ethnicity.

This is a fixed statutory list provided by the Royal Borough of Windsor and Maidenhead.

**Please note: If this section is left blank, White - English will be entered as a default.**

<input type="checkbox"/>	← WHITE - CORNISH	<input type="checkbox"/>	← GYPSY / ROMA	<input type="checkbox"/>	← NEPALI	<input type="checkbox"/>	← AFGHAN
<input type="checkbox"/>	← WHITE - ENGLISH	<input type="checkbox"/>	← WHITE AND BLACK CARIBBEAN	<input type="checkbox"/>	← SRI LANKAN SINHALESE	<input type="checkbox"/>	← ARAB
<input type="checkbox"/>	← WHITE - SCOTTISH	<input type="checkbox"/>	← WHITE AND BLACK AFRICAN	<input type="checkbox"/>	← SRI LANKAN TAMIL	<input type="checkbox"/>	← EGYPTIAN
<input type="checkbox"/>	← WHITE - WELSH	<input type="checkbox"/>	← WHITE AND PAKISTANI	<input type="checkbox"/>	← SRI LANKAN OTHER	<input type="checkbox"/>	← FILIPINO
<input type="checkbox"/>	← OTHER WHITE BRITISH	<input type="checkbox"/>	← WHITE AND INDIAN	<input type="checkbox"/>	← OTHER ASIAN	<input type="checkbox"/>	← IRANIAN
<input type="checkbox"/>	← WHITE - IRISH	<input type="checkbox"/>	← WHITE AND ANY OTHER ASIAN BACKGROUND	<input type="checkbox"/>	← BLACK CARIBBEAN	<input type="checkbox"/>	← IRAQI
<input type="checkbox"/>	← TRAVELLER OF IRISH HERITAGE	<input type="checkbox"/>	← OTHER MIXED BACKGROUND	<input type="checkbox"/>	← BLACK - ANGOLAN	<input type="checkbox"/>	← JAPANESE
<input type="checkbox"/>	← ALBANIAN	<input type="checkbox"/>	← ASIAN AND ANY OTHER ETHNIC GROUP	<input type="checkbox"/>	← BLACK - CONGOLESE	<input type="checkbox"/>	← KOREAN
<input type="checkbox"/>	← BOSNIAN-HERZEGOVINIAN	<input type="checkbox"/>	← ASIAN AND BLACK	<input type="checkbox"/>	← BLACK - GHANAIAI	<input type="checkbox"/>	← KURDISH
<input type="checkbox"/>	← CROATIAN	<input type="checkbox"/>	← ASIAN AND CHINESE	<input type="checkbox"/>	← BLACK - NIGERIAN	<input type="checkbox"/>	← LATIN / SOUTH / CENTRAL AMERICAN
<input type="checkbox"/>	← GREEK CYPRIOT	<input type="checkbox"/>	← BLACK AND ANY OTHER ETHNIC GROUP	<input type="checkbox"/>	← BLACK - SIERRA LEONIAN	<input type="checkbox"/>	← LEBANESE
<input type="checkbox"/>	← GREEK	<input type="checkbox"/>	← BLACK AND CHINESE	<input type="checkbox"/>	← BLACK - SOMALI	<input type="checkbox"/>	← LIBYAN
<input type="checkbox"/>	← ITALIAN	<input type="checkbox"/>	← CHINESE AND ANY OTHER ETHNIC GROUP	<input type="checkbox"/>	← BLACK - SUDANESE	<input type="checkbox"/>	← MALAY
<input type="checkbox"/>	← KOSOVAN	<input type="checkbox"/>	← WHITE AND ANY OTHER ETHNIC GROUP	<input type="checkbox"/>	← OTHER BLACK AFRICAN	<input type="checkbox"/>	← MOROCCAN
<input type="checkbox"/>	← PORTUGUESE	<input type="checkbox"/>	← WHITE AND CHINESE	<input type="checkbox"/>	← BLACK EUROPEAN	<input type="checkbox"/>	← POLYNESIAN
<input type="checkbox"/>	← SERBIAN	<input type="checkbox"/>	← INDIAN	<input type="checkbox"/>	← BLACK NORTH AMERICAN	<input type="checkbox"/>	← THAI
<input type="checkbox"/>	← TURKISH	<input type="checkbox"/>	← MIRPURI PAKISTANI	<input type="checkbox"/>	← OTHER BLACK	<input type="checkbox"/>	← VIETNAMESE
<input type="checkbox"/>	← TURKISH CYPRIOT	<input type="checkbox"/>	← KASHMIRI PAKISTANI	<input type="checkbox"/>	← HONG KONG CHINESE	<input type="checkbox"/>	← YEMENI
<input type="checkbox"/>	← WHITE EUROPEAN	<input type="checkbox"/>	← OTHER PAKISTANI	<input type="checkbox"/>	← MALAYSIAN CHINESE	<input type="checkbox"/>	← OTHER ETHNIC GROUP
<input type="checkbox"/>	← WHITE EASTERN EUROPEAN	<input type="checkbox"/>	← BANGLADESHI	<input type="checkbox"/>	← SINGAPOREAN CHINESE	<input type="checkbox"/>	← REFUSED
<input type="checkbox"/>	← WHITE WESTERN EUROPEAN	<input type="checkbox"/>	← AFRICAN ASIAN	<input type="checkbox"/>	← TAIWANESE		
<input type="checkbox"/>	← WHITE OTHER	<input type="checkbox"/>	← KASHMIRI OTHER	<input type="checkbox"/>	← OTHER CHINESE		
<input type="checkbox"/>	<b>OTHER – PLEASE STATE:</b>						

**PLEASE CONTINUE OVERLEAF.**

**STUDENT LANGUAGE/S**

Please **INDICATE** the **STUDENT'S FIRST LANGUAGE** with the **NUMBER 1**, this is the **LANGUAGE MOST SPOKEN** by the student. Please **INDICATE** the **STUDENT'S HOME LANGUAGE** with the **NUMBER 2**, this is the **LANGUAGE** that is **MOST SPOKEN** by the student **AT HOME**.

**Please note: If this section is left blank, English will be entered as a default.**

← ENGLISH	← FRENCH	← NORWEGIAN	← SINHALA
← AFRIKAANS	← GERMAN	← PASHTO/PAKHTO	← SLOVAK
← AKAN	← GREEK	← PANJABI	← SPANISH
← ALBANIAN	← GUJARATI	← PANJABI (ANY OTHER)	← SUDANESE
← ARABIC	← HEBREW	← PANJABI (GURMUKHI)	← SWEDISH
← ARABIC (ANY OTHER)	← HINDI	← PANJABI (MIRPURI)	← TAGALOG/FILIPINO
← BENGALI	← HUNGARIAN	← PANJABI (POTHWARI)	← TAMIL
← BENGALI (SYLHETI)	← INDONESIAN	← PERSIAN/FARSI	← TELUGU
← BOSNIAN	← ITALIAN	← POLISH	← TURKISH
← BULGARIAN	← JAPANESE	← PORTUGUESE	← URDU
← CHINESE	← KASHMIRI	← ROMANIAN	← YORUBA
← CZECH	← LITHUANIAN	← ROMANY	
← DANISH	← MACEDONIAN	← RUSSIAN	
← DUTCH/FLEMISH	← MANDARIN / PUTONGHUA	← SERBIAN	
← EBIRA	← MALAY/INDONESIAN	← SHONA	
OTHER – PLEASE STATE:			

**STUDENT RELIGION**

Please select the religion most appropriate to the student.

**Please Note: If left blank 'No Religion' will be entered as default.**

← ANGLICAN	← CHURCH OF IRELAND	← JEWISH	← SIKH
← BAPTIST	← GREEK ORTHODOX	← METHODIST	← UNITED REFORMED CHURCH
← BUDDHIST	← HINDU	← MUSLIM	← REFUSED
← CHRISTIAN	← ISLAM	← PRESBYTERIAN	
← CHURCH OF ENGLAND	← JEHOVAH'S WITNESS	← ROMAN CATHOLIC	
OTHER - PLEASE STATE:			

**PLEASE CONTINUE OVERLEAF.**

<b>STUDENT SPECIAL EDUCATIONAL NEEDS &amp; DISABILITIES (SEND)</b>				
If, prior to joining Furze Platt Senior School, the student has been identified as having any of the Special Educational Needs and Disabilities (SEND) below it will help us as a school to be informed so that we can put in place any necessary strategies to help the student achieve to the best of their ability. Please <b>CIRCLE</b> Yes or No as appropriate.				
<b>ABBREVIATION</b>	<b>EDUCATIONAL NEED/ DISABILITY</b>	<b>DESCRIPTION</b>	<b>HAS THE STUDENT BEEN IDENTIFIED AS HAVING THIS SEND?</b>	
<b>SpLD</b>	<b>SPECIFIC LEARNING DIFFICULTIES</b>	SpLD is an umbrella term used to cover a range of frequently co-occurring difficulties, more commonly Dyslexia. Dyslexia affects reading and spelling, verbal memory and verbal processing speed but other skills often remain within the 'normal' range.	Yes	No
<b>MLD</b>	<b>MODERATE LEARNING DIFFICULTIES</b>	Students described as having MLD have developmental delay resulting in attainments significantly below expected. Generally they will have difficulty with: language, self-esteem, concentration and social skills	Yes	No
<b>SLD</b>	<b>SEVERE LEARNING DIFFICULTY</b>		Yes	No
<b>PMLD</b>	<b>PROFOUND &amp; MULTIPLE LEARNING DIFFICULTY</b>		Yes	No
<b>SEMH</b>	<b>SOCIAL, EMOTIONAL AND MENTAL HEALTH</b>	These students may be withdrawn or disruptive. They may have depression, high anxiety, communication problems, anti-social behaviour, anger and/or threat of violence. These students find it difficult to cope with unstructured activities.	Yes	No
<b>SLCN</b>	<b>SPEECH LANGUAGE COMMUNICATION NEEDS</b>	These students have specific language impairment, including difficulty in understanding and/or making others understand information conveyed through spoken language. They find it hard to understand or use words in context. Words and grammatical patterns may be used incorrectly. They have difficulty in recalling words and therefore have reduced vocabulary.	Yes	No
<b>HI</b>	<b>HEARING IMPAIRMENT</b>	Students with hearing impairments range from those who have mild hearing impairment to those who are profoundly deaf; it can be permanent or temporary.	Yes	No
<b>VI</b>	<b>VISUAL IMPAIRMENT</b>	Some children are born blind; others lose their sight partially or completely as a result of accidents or illness.	Yes	No
<b>MSI</b>	<b>MULTI-SENSORY IMPAIRMENT</b>		Yes	No
<b>PD/ OTH</b>	<b>DISABILITY</b>	A student's physical disability/other difficulty may be a result of illness or injury which may have short or long term consequence.	Yes	No
<b>ASD</b>	<b>AUTISTIC SPECTRUM DISORDER</b>	ASD can be defined as three different areas of difficulties called the Triad of Impairments. These are difficulties in social interaction, language as used in social communication and the use of symbolism or imagination.	Yes	No
<b>DOES YOUR CHILD HAVE A STATEMENT (EHCP) ISSUED FROM SEPTEMBER 2014?</b>			Yes	No

**STUDENT SPECIAL EDUCATIONAL NEEDS & DISABILITIES (SEND) CONTINUES OVERLEAF.**

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<b>STUDENT SPECIAL EDUCATIONAL NEEDS &amp; DISABILITIES (SEND) – CONT.</b>		
<p><b>DOES YOUR CHILD HAVE ANY CURRENT ACCESS ARRANGEMENTS FOR GCSE EXAMS OR STUDY?</b></p> <p>Access Arrangements are pre-examination adjustments for candidates based on evidence of need and normal way of working. Access Arrangements allow candidates/learners with special educational needs, disabilities or temporary injuries to access assessments without changing the demands of the assessment. For example, extra time, readers, scribes and Braille question papers. This access arrangement will require re-validating and proof from your current school.</p>	Yes	No
<p>If the answer to any of these questions is Yes, please provide further details:</p>		
<div style="border: 1px solid black; height: 584px;"></div>		
<p>Please ensure you discuss with the Special Educational Needs Co-ordinator (SENCo) any special arrangements which need to be made for the student while in school. They can be contacted via their email address <a href="mailto:senco@furzeplatt.net">senco@furzeplatt.net</a>.</p>		

**PLEASE CONTINUE OVERLEAF.**



**CONSENTS**

The consents below will be effective for the whole of the time that the student attends Furze Platt Senior School unless you notify the school otherwise. You may withdraw your consent at any time by contacting the Data Manager at Furze Platt Senior School in writing. Please specify which consent you wish to withdraw. If the withdrawal of consent relates to the sections titled Internet Consent, Photographic, Video and Voice Consent or Biometric Consent, where practical any publications or material containing the image/voice of the student will be recalled and withdrawn. We do not sell on to third parties any student data.

**Please indicate below whether you consent by CIRCLING Yes or No.**

**MEDICAL EMERGENCY CONSENT**

In the unlikely event of a medical emergency, and a parent / carer being unavailable, I consent to the school acting and making decisions as appropriate.	Yes	No
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**PE – EXTRA CURRICULAR SPORTS ACTIVITIES/MATCHES CONSENT**

I consent to my child taking part in after-school sports practices and team fixtures. I understand that some of these matches will involve travelling to other schools.	Yes	No
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**INTERNET CONSENT**

I consent to my child receiving both general internet access and access to the school's intranet for educational purposes. I understand that access to these facilities significantly enhances the quality of education the school provides.	Yes	No
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Furze Platt Sixth Form uses several online platforms and support tools to enhance the learning of its students. We set homework electronically and communicate predominantly with students via email when they are not in school. To ensure the best communication with students, it is helpful to know what sources of IT students have at their disposal at home. Please indicate which devices students have personal access to at home: phone, laptop, desktop, tablet.

**PHOTOGRAPHIC, VIDEO & VOICE CONSENT (IMAGE AND / OR NAME)****The Data Protection Act 2018**

To comply with The Data Protection Act 2018, Furze Platt Senior School needs your permission before we can photograph or make any recordings of your child. Please answer all the questions below.

The recorded image / voice / biometric data may be used only for the mentioned event(s) or activity (ies). The biometric data we collect is an encrypted digital image of your child's fingerprint, for sole use of cashless catering. Please contact the Head of Operations and Business Development if you have any concerns about this form of data capture.

- |   |     |    |
|---|-----|----|
| <b>A)</b> I consent to the school using my child's image to celebrate their success in publications including newsletters, brochures, publicity, information videos, and school displays. | Yes | No |
| <b>B)</b> I consent to the school using my child's details on the school's website.   | Yes | No |
| <b>C)</b> I consent to my child's image being used in outside publications including local newspapers, and to their name being provided to accompany such image.                          | Yes | No |
| <b>D)</b> I consent to my child being featured on local TV and radio and to their name being provided to accompany any broadcast items.   | Yes | No |
| <b>E)</b> I consent to my child featuring in videos for 'in-school training purposes' only.   | Yes | No |

**BIOMETRIC CONSENT**

I consent to the use of Biometric Data to enable my child to have access to the school's cashless catering system. Our School caterers are Innovate.	Yes	No
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**OFF SITE ACTIVITIES CONSENT**

Each year we run a number of educational trips and visits. Parents will receive a letter at the time of the trip seeking permission and asking them to confirm that their emergency contact numbers and their child's medical details are up to date.

- |   |     |    |
|---|-----|----|
| <b>A)</b> I consent to my child participating in trips/outside activities organised by the school.  | Yes | No |
| In addition, we ask all parents to read the statements below carefully and to indicate that they understand the conditions that are in place for all off site activities. |     |    |
| <b>B)</b> I will ensure that my child understands that any rules and instructions given by staff must be obeyed.  | Yes | No |
| <b>C)</b> I undertake to inform the Trip Leader of any changes in the health and fitness of my child prior to the date of departure.                                      | Yes | No |
| <b>D)</b> I accept full financial responsibility if my child has to return home before the end of the trip because of inappropriate behaviour.                            | Yes | No |
| <b>E)</b> I am in agreement that those in charge may give permission for my child to receive medical treatment in an emergency.   | Yes | No |

**PLEASE CONTINUE OVERLEAF.**

The Data Protection Act 2018 (also known as the General Data Protection Regulation (GDPR)) took effect in May 2018. Successful admissions: This information will be added to the student's file. The retention period is calculated based on the date of birth of the pupil + 25 years. The file will follow the pupil if he/she transfers to another school. Unsuccessful admissions: The retention period is until any appeals process is completed. All files/forms are then securely destroyed. The information will be used only internally and will not be passed on to other parties not outlined in the Privacy Notice.

<b>ADDITIONAL ONLINE SERVICES FOR PARENTS/CARERS</b>		
<b>AN EMAIL ACCOUNT IS ESSENTIAL TO USE THE SYSTEMS BELOW.</b> Below is a list of additional and essential online services we provide regarding the student while they are with us at Furze Platt Senior School:		
<b>1) PARENTAL COMMUNICATIONS AND ONLINE PAYMENT FACILITIES (PARENTMAIL)</b>	<b>CONSENT?</b>	
This is a service which provides parent / carers, with parental responsibility, with emails from us. It is a free, fast and convenient way to stay informed and make online payments.	Yes	No
<b>2) ONLINE REPORTING SERVICE (GO 4 SCHOOLS)</b>	<b>CONSENT?</b>	
This service provides parent / carers with parental responsibility information about attendance, assessment and behaviour. It is also used to publish student progress reports securely online. The username will be the parent / carer's email address and a password will be generated via Go 4 Schools upon registering as a first-time user and requesting a password.	Yes	No
<b>3) HOMEWORK</b>	<b>CONSENT?</b>	
The homework module allows parent / carers to access details about home learning which has been set for the student including deadlines for submitting home learning.	Yes	No
<b>4) PARENTS' EVENING BOOKING SYSTEM</b>	<b>CONSENT?</b>	
This is an online booking system to enable parent / carers to organise appointments with teachers prior to parent evenings. Access is managed via the <a href="http://www.furzeplatt.com">www.furzeplatt.com</a> website under News & Events. You do not need a username or password to log into this system.	Yes	No
<b>INFORMATION REQUIRED TO ACTIVATE ADDITIONAL ONLINE SERVICES FOR PARENT / CARERS</b>		
The parent / carer with number one and two parental responsibility provided on pages 2 and 3 will be automatically subscribed to the services mentioned above. Usernames and passwords will be sent to the number one parental responsibility address. Where parents live apart from one another, a separate password and username will be provided.		

<b>PARENT / CARER SIGNATURE</b>										
I confirm that I have completed all areas of this document to the best of my knowledge, and by signing agree to the consents circled YES on pages 9 and 10.										
By signing the declaration below I agree that I have read and understood the following:										
<b>DIRECTIONS – RBWM Supporting Young People in Education, Employment and Training</b>										
For a young person aged 13 years or over, we are required, by law, to pass on pupil information to the RBWM Youth Support Service, Directions Service to enable them to provide appropriate support. We provide the student's name and the current address of where the student lives, date of birth and any further information relevant to the service.										
Further information regarding this requirement can be found in our Privacy Notice. Our full Privacy Notice is available to view on our website <a href="http://www.furzeplatt.com">www.furzeplatt.com</a> under our 'Contact Us' tab.										
<b>SIGNATURE OF PARENT / CARER RESPONSIBLE FOR THE STUDENT:</b>										
<b>PRINT NAME:</b>		<b>DATE</b> (DD/MM/YYYY:			/		/	2	0	