**Personal Information & Parental Consent – Boarding Pupils**

**2020-21**

**Pupil Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please ensure you have read the Boarding Handbook prior to completion**

**Personal Information**

|  |  |
| --- | --- |
| Surname: | Forename: |
| Other Names: | Chosen Name: |
| Date of Birth: | |
| Address: | Postcode: |
| Home Telephone: |
|  |  |
| Brother(s) attending Campbell College: |  |
| Name | Year |
|  |  |
|  |  |
|  |  |
|  |  |

The following information is required for the Department of Education’s Annual Statistical Returns:

|  |  |
| --- | --- |
| Ethnicity:  *(White / Chinese / Hong Kong / Mixed Ethnic Group / Korean / Pakistani / Indian / Black Caribbean / Black African / Cantonese / Other)* |  |
| Religious Denomination:  *(If no religion, please state)* |  |
| Home Language: |  |
| EU Citizen / Non EU Citizen: |  |

**Emergency Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **1st Contact Priority** | | | |
| Full Name: | Dr / Mr / Mrs / Miss / Ms | | |
| Relationship to Child: |  | | |
| Normal Address:  *(if different from pupil’s)* |  | Home |  |
| Work |  |
| Mobile |  |
| Email Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2nd Contact Priority** | | | |
| Full Name: | Dr / Mr / Mrs / Miss / Ms | | |
| Relationship to Child: |  | | |
| Normal Address:  *(if different from the pupil’s)* |  | Home |  |
| Work |  |
| Mobile |  |
| Email Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3rd Contact Priority** | | | |
| Full Name: | Dr / Mr / Mrs / Miss / Ms | | |
| Relationship to Child: |  | | |
| Normal Address:  *(if different from the pupil’s)* |  | Home |  |
| Work |  |
| Mobile |  |
| Email Address: |  | | |

**Learning Support**

|  |
| --- |
| If your son has special educational needs, please outline below e.g. if he attended a reading unit or received outreach/ peripatetic literacy support. Please state if he has a diagnosis of Dyslexia, ADHD, ASD or other learning needs. (Please attach relevant reports where possible.) |
|  |
| I enclose evidence/reports: Yes / No |

**Parental Responsibility**

Please refer to the Education Authority’s Parental Responsibility guidance provided.

1. The following adults live with the child and act as parent:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Relationship to Child | Parental Responsibility (Yes or No) | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. The following adults have parental responsibility, but do not live with the child:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Relationship to Child | Parental Responsibility (Yes or No) | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Are there any Court Orders which relate to the child? **Yes** □ **No** □

*(eg: Custody Orders, Contact Orders, Residence Orders under the Children (Northern Ireland) Order 1995)*

If yes, please state what they are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information will be transferred into the school’s computer system. Under the Data Protection Act, anyone named above has the right to know that information about them has been collected, and given an opportunity to check its accuracy.

Signature of someone with parental responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ParentMail**

At Campbell College, we use ParentMail to communicate messages to parents quickly and effectively, via email and text message. It is also used for payments for school trips. There is no charge for this service.

As it is registered with the Data Protection Registrar, ParentMail guarantees that all information supplied will be kept confidential, and no advertising is associated with the service.

Do you give permission for the contact details as detailed in the previous section to be registered with ParentMail? **Yes** □ **No** □

Do you give permission for the College’s Marketing & Development Office to contact you with information?

**Yes** □ **No** □

**Storage and Use of Visual Images**

I have read the policy and procedures and the Electronic Safety Policy and agree/disagree to the following:

I give consent for my child’s image to be used in the College prospectus and other printed publicity material such as the school magazine in order to record and celebrate his success.

**Yes** □ **No** □

I give consent for my child’s image to be used on the College online resources, including School Ezines, Website, Facebook, Campbell Community Hub, Twitter, You-Tube, Vimeo or video recordings which may be used to record and celebrate occasions in the school year. This may also include recordings taken for assessment and teaching purposes. **Yes** □ **No** □

I give consent for my child’s photograph to appear in the media including newspapers.

**Yes** □ **No** □

I understand that I have the right to change my mind and withdraw consent and will contact the College if this is the case.

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Old Campbellian Society**

I give permission for my son’s name, year and admission number to be held in the Old Campbellian Database once he leaves the College:

**Yes** □ **No** □

**E-Safety & Acceptable Use of Internet Agreement**

**Pupil Agreement**

I have read the Electronic Safety Policy (incorporating the policy on the use of the internet, college network and electronic devices) and agree to follow these rules and guidelines. All of these guidelines apply while I am a pupil at Campbell College and all policies related to behavioural conduct also apply.

**Year: \_\_\_\_\_\_**

**Signature: \_ Date:**  **\_\_\_\_\_**

*(pupil)*

**Parent / Guardian Agreement**

As the parent / guardian of the above pupil I give Campbell College permission to issue him with a network user account. I give permission for him to gain access to the Internet through the network facilities provided by Campbell College.I certify that he and I have read and understand the information contained in the agreement and agree to abide by all rules set out in this document. I understand that some material on the Internet is highly objectionable and accept responsibility for setting the standards he should follow when using the Internet.

**Yes** □ **No** □

**Signature:**

**Date:**

**Biometric Identification**

I have read the information on the cashless catering system and consent to my child being included in the Biometric Registration process. I understand if I do not wish my child to be included he will receive a 6-digit pin number for use instead.

**Yes** □ **No** □

**Signature:**

**Date:**

Private Musical Tuition

Please ensure you have read the appropriate section in the Handbook before completion.

I wish to accept private weekly tuition on behalf of my son and in doing so, agree to abide by the following conditions:

1. I understand that my son will be required to practise this instrument for 20 minutes each day and I am prepared to oversee this practice daily. This time commitment will increase with standard.
2. I am prepared to purchase any necessary sheet music and study books as recommended by the tutor.
3. As part of the Musical Tuition Agreement, I understand that my son will also be required to participate weekly in a school instrumental/choral group when ability allows him to do so. Pupils should attend all rehearsals and concerts of that group, and failure to do so will result in the termination of this agreement, unless my child is absent from school on that particular day. Junior ensembles meet on Monday from 3.30pm – 4.30pm, and Senior ensembles meet on Tuesday from 3.30pm – 4.45pm. Rehearsal times for these instrumental/choral groups will be confirmed with your son.
4. I understand that if I wish my child to cease lessons, then I should inform the Head of Music, in writing, at least four lessons in advance. I understand that payment for this notice period is due regardless of whether or not the final four lessons are attended.
5. I understand that the fee for a private lesson, lasting 30 minutes is £14.75. Alternatively, if the lesson is shared with another pupil, the fee is £10.75, and if shared with two others, £8.75.
6. I understand that lessons are to be paid for in advance at agreed intervals with each individual tutor (eg. every month / every ten lessons / every term), and payment should be made no later than two weeks after the invoice date.
7. I understand that my child will be excused from a different class each week to be taught by a specialist Instrumental Teacher. It is the child’s responsibility to ascertain the time and location of the weekly lesson. This information will normally be displayed on the Music Dept notice boards. If my child is absent from school on a day on which he receives a lesson, I may cancel that lesson by informing the Music Department before 8.45am. A lesson may only be cancelled on the grounds of ‘Absent from School’ and I will not presume that the Music Dept staff know about every school trip or special event throughout the year. (In the case of a ‘Class Test’ the instrumental tutor will re-arrange the lesson time).
8. I understand that I will be charged for missed lessons unless:
   * The tutor fails to attend.
   * I inform the Music Department before 8.45am that my child is absent from school.
   * Prior notice of a class test or school trip/event is provided.
9. I am prepared to pay musical examination fees if and when my child is recommended by the tutor to enter such examinations (additional fees are payable for Piano Accompaniment and Aurals training).
10. I understand that my child’s instrument should be stored safely at the beginning of the school day on which he receives a lesson, and that it is not to be left in school overnight.
11. I am prepared to encourage my child to attend weekly Theory Classes in order to acquire ‘Grade 5 Theory’ which is required for practical exams above Grade 5 standard. These classes cost £6.25 per lesson, and are payable to the tutor in advance. Lesson times will be confirmed with your son.

**Pupil Name:**

**Instrument:**

**Parent Signature:**

**Date:**

**Parent Declaration**

On the above named Pupil being admitted to Campbell College, we agree that he shall be subject to all the Rules and Regulations of the School for the time being as sanctioned by the School Authorities and that we will, in all matters relating to the said Pupil’s connection with the School, be subject to the said Rules and Regulations.

We agree to accept responsibility for the payment of all fees and extras incurred due to the College in respect of the education of the above named Pupil. We understand that pupils will not be allowed to return to the College if the previous year’s fees remain unpaid.

We further agree to give a term’s notice in writing before the withdrawal of the above named Pupil from the School, or to pay one term’s fees in lieu of such notice.

***We accept that it is our responsibility to inform the school of any changes to the information stated within this booklet, as soon as possible.***

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother *(or Female Guardian with Parental Responsibility)*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father *(or Male Guardian with Parental Responsibility)*