



## Student Information Details

We take the processing of your child's and your data very seriously. Please refer to our GDPR Privacy Notice and Policy for further information on how we process and look after your data.

**Please return this form to: Office Manager, Harrogate High School, Ainsty Road, Harrogate HG1 4AP**

STUDENT DETAILS:		
Forename(s):	Legal Surname:	Preferred Surname:
Date of Birth:	Gender:	Previous School:
Home Address (inc Postcode):		

**Please give details, in order of priority, of all persons who have parental responsibility.**

Parent/Carer Contact Details					
	Full Name/Relationship	Home Address		Number	Tick Main Contact No.
1.	Mr/Mrs/Miss/Ms/Dr Forename: Surname: Relationship:	Address (if different from above) * <sub>1</sub>  <input type="checkbox"/>	Home: Mobile:* <sub>2</sub> Work: Other:	Main email address * <sub>3</sub>	
2.	Mr/Mrs/Miss/Ms/Dr Forename: Surname: Relationship:	Address (if different from above)  <input type="checkbox"/>	Home: Mobile: Work: Other		
Details of another emergency contact (non-parental) responsibility					
3.	Mr/Mrs/Miss/Ms/Dr Forename: Surname: Relationship:	Address (if different from above)  <input type="checkbox"/>	Home: Mobile: Work: Other:		

\*Note 1. In the event of school closure due to unexpected circumstances. Please tick which address the student should go to.

\*Note 2. Mobile numbers will be used to send text messages to the person detailed as number 1 in the parent/carers contact list.

\*Note 3: Email addresses will be used to send student reports and school communications.

Details of Siblings at Harrogate High School	Sibling Year Group

Dietary Needs				
Dietary Needs e.g. Vegetarian, Halal, Nut Allergy				
Meal Arrangement	<input type="checkbox"/> Paid school meal	<input type="checkbox"/> Free School Meal	<input type="checkbox"/> Packed Lunch	<input type="checkbox"/> Mix of paid & Packed Lunch

**To enable us to keep our records accurate and up to date, please inform us of any changes or additions to the above information immediately. Thank you.**

Medical Information		
Medical Practice:		
Address:		
Phone:		
Does your child have?(Please tick)	<input type="checkbox"/> Epilepsy or convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Allergies <input type="checkbox"/> SEN requirements	
If your child has a care plan please provide details/attach this.		
Medical Note(s): Please provide full details of any medical conditions	<input type="checkbox"/> Yes Details:	<input type="checkbox"/> No
Allergies to medication:	<input type="checkbox"/> Yes Details:	<input type="checkbox"/> No

Ethnic/Cultural				
Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as country of birth. Please tick one box only.				
White	Mixed	Asian/Asian British	Black/Black British	Other
<input type="checkbox"/> British	<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/>
<input type="checkbox"/> Irish	<input type="checkbox"/> White/Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/>
<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other black background	
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Any other Asian background		
<input type="checkbox"/> Any other white background				

Is your child's first language English? This is defined as the first language that your child was exposed to in their early years i.e. up to age 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No. Please specify what language is spoken at home.
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Travel Arrangements to/from School
<input type="checkbox"/> Walk <input type="checkbox"/> Car/Van <input type="checkbox"/> Bicycle <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Car Share <input type="checkbox"/> Public Bus <input type="checkbox"/> Train <input type="checkbox"/> Other

Additional Information		
Does either parent/carer work in the armed forces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child has ever been looked after by local authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child has been adopted from care	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If there is any information about family circumstances that would be helpful to know (e.g. recent bereavement, medical history etc.), please contact the appropriate Learning Manager for your child's year group.**

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**Parental Consents for 2019-2020 – We will ask you to review parental consents on an annual basis. Please note you can withdraw, suspend or vary your consent at any time. If you wish to do this please email [admin@harrogatehighschool.co.uk](mailto:admin@harrogatehighschool.co.uk) (doing so will not be of detriment to you or your child) Please let us know if you give permission for the following:**

**Permission for emergency medical treatment**

In the event of accident or illness, we consent to the school seeking the opinion of a fully registered medical practitioner who has a license to practise.

If in the opinion of this practitioner immediate treatment to save life or limb is required, he/she is legally entitled to provide this treatment without parental consent.

I consent to my son/daughter receiving emergency medical treatment

Y	N
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**Paracetamol Permission**

- Consent to my son/daughter being given paracetamol  
(Please see reverse of this form for further information).

Y	N
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**Permission for Finger Scan (Biometric Permission)**

In order for your child to use Cashless Catering and ParentPay we scan your child's finger /thumb. Please be assured that this information remains within school and is secure and will be deleted when you child leaves the school; the biometric information stored is an algorithm and not the actual finger print. If you choose not to consent, the school will provide a 4-digit pass code to your child. Please note a PIN code does not have the same level of security and it will be your child's responsibility to remember the code and keep it secure at all times.

- Consent to finger scan (biometric permission)

Y	N
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**Permission for use of photographs and video**

Some photographs will be taken and stored for identification on our management information system – as these are processed for safeguarding purposes parental consent is not required for this. We may wish to take and store your child's photograph or video for use in the school prospectus, other printed publications, on the school website and other social media. We may also take photos and videos for other educational use, partner organisations and educational publications. Please read the following and indicate whether you consent to the use of photographs as identified.

- Consent to photographs and video - **school publications** (e.g. school website, newsletters)
- Consent to photographs and videos – **social media** (e.g. FaceBook)
- Consent to photographs and videos – **other media** (e.g. newspapers)

Y	N
Y	N
Y	N

**Permission for a Rolling Programme or Series of Local Visits**

I understand that my child may leave the school premises for local educational visits and hereby give my consent for them to participate in such visits. If your child is likely to be involved in adventurous activities, e.g. sailing and canoeing, including residential visits or a visit to another country, we will write separately. These activities are not included in our normal local visits/inter-school programme.

- Consent to rolling programme or series of local visits

Y	N
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**0-19 Prevention Service – For students aged 13 years and over**

The law requires us to pass on certain information to the provider of 0-19 Prevention Service, which in this area is North Yorkshire County Council, who have responsibilities in relation to the education or training of 13-19 year olds. We may also share certain personal data relating to children aged 16 and over with post-16 education and training providers in order to secure appropriate services for them and to track progression, in terms of training and future employment. A parent/guardian can request that only their child's name, address and date of birth be passed to North Yorkshire County Council

- Consent for details to be shared with NYCC
- Consent for name, address and DOB only to be shared with NYCC
- Not relevant, my child is under 13

Y	N
Y	N
Y	N

For General Data Protection Regulations (GDPR) we are required to let you know about how we use and process personal data. The Privacy Notice can be found on the school website <http://www.harrogatehighschool.co.uk/our-school/our-policies> GDPR Privacy Policy Pupils and Parents 2018

- I confirm that I have read and understood the school's Privacy Notice

Y	N
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**Signature:**

**Print Name:**

**Date:**

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### **Non Prescribed Medication**

Use of non-prescribed medication is discouraged but we recognise that pain relief may be required from time to time, to allow an otherwise healthy student with a headache, for example, to remain in school.

Paracetamol is the only non-prescribed pain relieving drug which may be given to students. We will only give paracetamol to your son/daughter if you have given your consent and returned to school the completed 'Student Information Details'. We will only give one dose during the day, and then only if we are satisfied that the student has not taken any other medication within the last 6 hours. If your son/daughter has taken a dose of paracetamol or any other medication before school, please give them a note to show us. Many medicines contain paracetamol and an overdose may be dangerous. We will tell you if we have given your son/daughter a dose of paracetamol and the time at which it was given. This will be notified in writing by the School Health Support Officer and given to your son/daughter and the time at which it was given. A student who makes a second request for pain relief during the day will generally be treated as not well enough to remain at school. We will not give pain relief to a student who makes repeated requests (unless authorised by parents or GP) but we will bring this to your attention. If you would like the school to give your son/daughter paracetamol in the way described above, please indicate your consent in the 'Paracetamol Permission' section (Page 3) included in this form.

Finally, if there are any issues you wish to discuss concerning the above please contact the Health Support Officer on 01423 548800 extension 223.

### **Important Information Available on our Website**

\*All up to date and relevant policies are available for your perusal on the school website:

[http://harrogatehighschool.co.uk/about-us/page.asp?page=Policies\\_and\\_Procedures](http://harrogatehighschool.co.uk/about-us/page.asp?page=Policies_and_Procedures) - Please refer to this for important information regarding:

- Data Protection Act
- Non-prescribed Medication
- Biometric Permission
- School Policies and Procedures