



New Year 7 Families - September 2020

Documentation to Sign and Return to the school

As explained in the information pack, we do have a lot of forms that we require you to complete and sign before returning to the school. We appreciate that this can be quite a chore but assure you that all of this information is incredibly important for us.

All the enclosed forms, except Form 7, must be completed, signed and returned to the school using the prepaid envelope enclosed by **Friday 15th May 2020**

Copies of these forms can also be found on our website **www.ourladys.hackney.sch.uk/NewYear7** or via the *Admissions* section under **Our School** on the website menu.

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PLEASE NOTE: NO INFORMATION CAN BE CHANGED ON OUR SYSTEMS UNTIL SEPTEMBER 5TH 2019

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FORM 1: REGISTRATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

It is essential that we have accurate contact details. If your daughter is taken ill or has an accident in school it is important that we know how and where to reach you quickly.

Student's SURNAME:	
Student's FIRST NAME:	
Student's DATE OF BIRTH:	Student's COUNTRY OF BIRTH:
Student's HOME ADDRESS:	
POSTCODE:	BOROUGH:

Student's PRIMARY SCHOOL:
Student's PREVIOUS PRIMARY SCHOOL: (if relevant)
ELIGIBLE FOR FREE SCHOOL MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO

Student's Religious Denomination:

<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Other Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Other Religion	<input type="checkbox"/> No Religion
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How did you hear about Our Lady's High School?

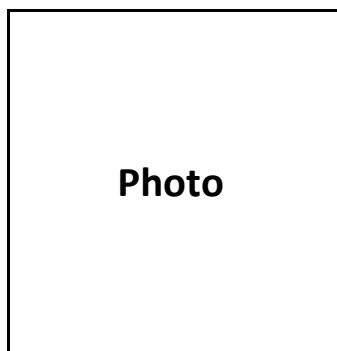
- | | |
|--|--|
| <input type="checkbox"/> Always known about the school | <input type="checkbox"/> Through a pupil here |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Through a parish/church: please specify which _____ |
| <input type="checkbox"/> Website | <input type="checkbox"/> Through primary School |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Advertising (bus, tube, rail) |
| <input type="checkbox"/> Through a friend/relative | <input type="checkbox"/> Advertising (newspaper) |

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CONTACT DETAILS

Parent/ Carer (1)	Parent/ Carer (2)
TITLE: Mr /Mrs /Ms /Miss /Dr/ Other:	TITLE: Mr /Mrs / Ms/ Miss/Dr/ Other:
SURNAME:	SURNAME:
FIRSTNAME:	FIRSTNAME :
RELATIONSHIP TO STUDENT:	RELATIONSHIP TO STUDENT:
ADDRESS: (if different from student)	ADDRESS: (if different from student or parent/ guardian 1)
HOME TELEPHONE:	HOME TELEPHONE:
MOBILE TELEPHONE:	MOBILE TELEPHONE:
WORK TELEPHONE (and extension if required)	WORK TELEPHONE (and extension if required)
HOME EMAIL ADDRESS:	HOME EMAIL ADDRESS:
Between 9am and 4pm can be contacted at: HOME/ MOBILE/ WORK	Between 9am and 4pm can be contacted at: HOME/ MOBILE/ WORK
EMERGENCY CONTACT	
Name and address of another person who has agreed to look after the student until a parent/guardian reaches home:	Telephone number (and extension if any)



Photo

Please attach a small recent photograph of your daughter. Please write her name on the back of the photograph and attach with a staple or paperclip if possible.

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STUDENT ETHNICITY

(please tick one as appropriate)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Gypsy | <input type="checkbox"/> African Asian | <input type="checkbox"/> Afghan |
| <input type="checkbox"/> White - Cornish | <input type="checkbox"/> Roma | <input type="checkbox"/> Kashmiri Other | <input type="checkbox"/> Arab other |
| <input type="checkbox"/> White - English | <input type="checkbox"/> Other Gypsy/Roma | <input type="checkbox"/> Nepali | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> White - Scottish | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Sri Lankan Sinhalese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> White - Welsh | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Sri Lankan Tamil | <input type="checkbox"/> Iranian |
| <input type="checkbox"/> Other White British | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Sri Lankan Other | <input type="checkbox"/> Iraqi |
| <input type="checkbox"/> Any other White Background | <input type="checkbox"/> White and Pakistani | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> White and Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Bosnian- Herzegovinian | <input type="checkbox"/> White and any other Asian background | <input type="checkbox"/> Hong Kong Chinese | <input type="checkbox"/> Kurdish |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Indian | <input type="checkbox"/> Malaysian Chinese | <input type="checkbox"/> Latin/South/Central American |
| <input type="checkbox"/> Greek/Greek Cypriot | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Singaporean Chinese | <input type="checkbox"/> Lebanese |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Mirpuri Pakistani | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Libyan |
| <input type="checkbox"/> Greek Cypriot | <input type="checkbox"/> Kashmiri Pakistani | <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Malay |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Other Pakistani | <input type="checkbox"/> Black African | <input type="checkbox"/> Moroccan |
| <input type="checkbox"/> Kosovan | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black - Angolan | <input type="checkbox"/> Polynesian |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black - Congolese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Serbian | <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Black - Ghanaian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Turkish/Turkish Cypriot | <input type="checkbox"/> Asian and any other ethnic group | <input type="checkbox"/> Black - Nigerian | <input type="checkbox"/> Yemeni |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Asian and Black | <input type="checkbox"/> Black - Sierra Leonean | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Turkish Cypriot | <input type="checkbox"/> Asian and Chinese | <input type="checkbox"/> Black - Somali | <input type="checkbox"/> Refused |
| <input type="checkbox"/> White European | <input type="checkbox"/> Black and any other ethnic group | <input type="checkbox"/> Black - Sudanese | |
| <input type="checkbox"/> White Eastern European | <input type="checkbox"/> Black and Chinese | <input type="checkbox"/> Other Black African | |
| <input type="checkbox"/> White Western European | <input type="checkbox"/> Chinese and any other ethnic group | <input type="checkbox"/> Any other Black background | |
| <input type="checkbox"/> White Other | <input type="checkbox"/> White and any other ethnic group | <input type="checkbox"/> Black European | |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> White and Chinese | <input type="checkbox"/> Black North American | |
| <input type="checkbox"/> Traveller of Irish heritage | <input type="checkbox"/> Other mixed background | <input type="checkbox"/> Other Black | |
| <input type="checkbox"/> Gypsy/Roma | <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Any other ethnic group | |

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FORM 2: MEDICAL INFORMATION

Daughter's SURNAME:

Daughter's FIRST NAME:

Name of GP:

Address of GP
(medical centre/ practice):

Telephone no. of GP
(medical centre/ practice):

Does your daughter suffer from any allergies? NO / YES.

If Yes, please outline these allergies:

Does your daughter suffer from any illness or medical condition that may affect her studies or may need to be medicated or treated during school hours? NO / YES.

If Yes, please outline the nature of the illness/ medical condition:

Does your daughter need to take medication during the school day? NO / YES.

If yes, please outline the medication that needs to be taken:

Parent/Carer NAME:

Parent/Carer SIGNATURE:

Date:

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FORM 3: PERMISSION FOR PARACETAMOL

Daughter's SURNAME:

Daughter's FIRST NAME:

I/We, the parent(s) of the student named above **do/do not** give permission for my/our daughter to receive a Paracetamol in the event of her being in pain. Please tick the appropriate box below:-

YES

NO

Parent/Carer NAME:

Parent/Carer SIGNATURE:

Date:

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FORM 4: MODERN LANGUAGE FORM

Daughter's SURNAME:

Daughter's FIRST NAME:

Language(s) spoken at home other than English:

Language(s) spoken at home:	Language Level:		
	Beginner	Intermediate	Fluent

Language(s) studied in school in Key Stage 2 (Primary School) – please indicate how long your daughter studied each language – one term, one year, three years, etc.

Language(s) studied in Key Stage 2:	Length of time studied:

Your daughter will be timetabled for either French or Spanish classes. The language allocated will be dependent on language spoken at home, languages previously studied in KS2 and number of places available. If you believe that there are any other factors we should consider when allocating your daughter to a language class, please outline them here:

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Parent/Carer NAME:

Parent/Carer SIGNATURE:

Date:

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FORM 5: CONSENT FORM - MEDIA PUBLICATIONS

Daughter's SURNAME:

Daughter's FIRST NAME:

We as a school want to share your daughter's wonderful achievements and from time to time may appear in press releases in local/national press. We also use students' images to help promote the school in advertising and other informative positive ways such as : Hackney Learning Trust and other council websites, social media posts about achievement and advertising for open events. Publishing includes, but is not limited to:

- the school website / VLE,
- the Local Authority website,
- web broadcasting,
- TV presentations,
- Newspapers and advertising
- Schools official Social media platforms such as School Twitter, Facebook and Instagram account.

Photographs and Videos

We assure you that we take very seriously the issue of potential misuse of photographs and videos of our pupils.

If you are not happy for us to use your daughter's image then this will not affect your/your child's place at the School. You are completely free to refuse to provide your consent to any of these things. You do not have to provide reasons for refusing your consent, but we are happy for you to give us additional information if you choose to, so that we understand any concerns that you have and can take appropriate steps where necessary.

The School may provide photographs and videos to the media, or the School may be visited by the media who will take videos and photographs. When these have been submitted to or taken by the media, the School has no control over these.

You may change your mind in relation to any of the consents that you have provided at any time. This includes withdrawing your consent to anything that you have agreed to here.

To withdraw your consent to any of the above, or otherwise amend your position, please write to us at: Mr Duncan Lambe: DLambe@olchs.co.uk

I do/ I do not give permission for images of my daughter to be published:

Parent/Carer NAME:

Parent/Carer SIGNATURE:

Date:

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FORM 6: ICT ACCEPTABLE USE POLICY

Please ensure that both you and your daughter have carefully read through the ICT Acceptable Use Policy.

I have read the ICT Acceptable Use policy and agree to abide by these rules of use.	
Daughter's NAME:	
Daughter's SIGNATURE:	Date:

I have read the ICT Acceptable Use policy and agree to support her to abide by these rules of use.	
Parent/Carer NAME:	
Parent/Carer SIGNATURE:	Date:

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FORM 7: FAMILY PARTNERSHIP MEETING

Daughter's NAME:	
Daughter's SIGNATURE:	Date:

We would like to arrange a 'meeting' between you and one of our Senior Teachers. This is an important part of our induction programme and helps us to support you and your daughter in this transition and get to know your daughter better as you become part of our school community. Ideally we would like to be able to speak with your daughter and you at the same time.

It is likely that we will not be able to arrange these as face to face meetings due to Social Distancing restrictions. Please complete the form below to help us arrange a meeting in the coming months:

Questions	Answers	Comments
Are you happy to have a video meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you happy to have an audio (phone call) meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you happy to meet with us with your daughter included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you familiar with using these apps? <i>Tick those you've used</i>	<input type="checkbox"/> Facetime <input type="checkbox"/> Zoom <input type="checkbox"/> WhatsApp video chat	

We hope these interviews will take place in June.

Which days of the week would suit you best?	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Which time slot would suit you best?	<input type="checkbox"/> 9.00am-11.00am <input type="checkbox"/> 11.00am-1.00pm	<input type="checkbox"/> 1.00pm-3.00pm <input type="checkbox"/> 3.00pm-5.00pm	

Best phone number to use:	
Best email to use:	

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FORM 8: ADDITIONAL SUPPORT

Daughter's SURNAME:
Daughter's FIRST NAME:

Type	Description	Relevant	Details
EAL	EAL - English as an additional language - did your daughter speak another language before she learnt English? Does she speak an additional language, other than English, at home?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No	<i>Other languages:</i>
EHCP	Does your daughter have an Education Health Care Plan? If she does, you will have met with SENCO at your primary school - this has to be applied for and you will have been involved in that process.	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No	<i>Description of needs:</i>
SEN Support	Does your daughter receive additional learning support in her primary school? This will be for an identified need but an EHCP has not been applied for.	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No	<i>Description of support:</i>
Learning support	This could have been small groups work on spelling, writing, numeracy or something similar	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No	<i>Description of support:</i>
Behaviour support	This could have been support in developing anger management strategies, improving concentration or something similar	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No	<i>Description of support:</i>

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Type	Description	Relevant	Details
Social support	This could have been support in developing positive friendships, safe use of social media or similar	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No	Description of support:
Other support - school	Any other support that the school provided for your daughter -such as a counselling or peer mentoring	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No	Description of support:
Other support - out-side	Any other support that an outside agency provided for your daughter - such as CAMHS or Young Hackney	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No	Description of support:
Medical Care Plan	Does your daughter currently have a Medical Care Plan for a serious medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No	Description of medical needs:
Other medical issues	Does your daughter have medical concerns that you would like the school to understand?	<input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> No	Description of medical needs:

Parent/Carer NAME:	
Parent/Carer SIGNATURE:	Date:

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FORM 9: INSTRUMENTAL MUSIC LESSONS (optional)

Daughter's SURNAME:
Daughter's FIRST NAME:

Our Lady's High School offers a wide range of music options for our students, delivered in partnership with Hackney Music Services.

This year students from all year groups have had both success and enjoyment from these lessons, which are delivered in half hour sessions during class time, to individuals or pairs studying the same instrument. We are looking forward to continuing this programme in the coming year.

Fees are £75 in advance each term for 10 sessions of tuition. Students in receipt of free school meals are eligible for a 50% discount.

Please indicate which music choices you are interested in for your daughter using the table below. Please choose one first (1) and one second (2) preference:

Instrument	Violin	Cello	Flute	Guitar	Recorder
<i>Preference</i>					
Instrument	Singing (Pop Blues and Jazz)	Singing (Classical)	Clarinet	Saxophone / other brass	Other - please specify:
<i>Preference</i>					

I have read the ICT Acceptable Use policy and agree to support her to abide by these rules of use.	
Parent/Carer NAME:	
Parent/Carer SIGNATURE:	Date:

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