



Harrogate High School Student Information Details

Please return the completed form to the 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	Address (if different from above) * ₁	Home:		
	Forename:		Mobile: * ₂		
	Surname:		Work:		
	Relationship:		Other:		
	<input type="checkbox"/>		Main email address * ₃		
2.	Mr/Mrs/Miss/Ms/Dr	Address (if different from above)	Home:		
	Forename:		Mobile:		
	Surname:		Work:		
	Relationship:		Other		
	<input type="checkbox"/>				
Details of another emergency contact (non-parental) responsibility					
3.	Mr/Mrs/Miss/Ms/Dr	Address (if different from above)	Home:		
	Forename:		Mobile:		
	Surname:		Work:		
	Relationship:		Other:		
	<input type="checkbox"/>				

*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/carer contact list.

*Note 3: Email addresses will be used to send important information.

Details of siblings at Harrogate High School	
Sibling Name/s	
Sibling Year Group	

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.

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.

Dietary Needs				
Dietary Needs Eg 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

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No. First Language is:
Country of Birth * ₃		
Nationality * ₃		

Note *3 As per birth certificate/passport

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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

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			

Parental Consents for 2016-2017 (please tick the relevant column)	YES	NO
<p>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.</p>		
<p>Paracetamol Permission I consent to my son/daughter being given paracetamol (Please see reverse of this form for further information).</p>		
<p>Permission for Finger Scan (Biometric Permission) In order for your child to use Cashless Catering and Parentpay we scan their finger /thumb. Please be assured that this information remains within school and is secure; 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.</p>		
<p>Permission for use of photographs and video We take the issue of Data Protection very seriously and would never knowingly use an image of a child without prior consent. Agreement is given for photographs/video footage to be used by Harrogate High School in any form and in any medium which reasonably promotes the aims of the school. This may include partner organisations and educational publications. The photographs/video footage will not be used for any other purpose. I understand that images may continue to be used until otherwise advised.</p>		
<p>Permission of a Rolling 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.</p>		
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 - Please refer to this for important information regarding:

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

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