



GOOD APPLE AGREEMENT

GOOD APPLE WILL:

- Provide care and support to allow all students to thrive
- Provide an exciting and challenging education suited to the age and ability of the student.
- Ensure lessons are well planned and that the quality of teaching is as high as possible
- Provide opportunities to extend learning both within and out of school, with appropriate feedback.
- Have systems in place to monitor, support, encourage excellent student attendance and behaviour
- Set achievement targets that encourage students to aim high and be positive about the potential of all students.
- Work in partnership with parents/carers to ensure that students needs are met and concerns addressed.

Name of staff member:

Signature: **Date:**

PARENTS AND CARERS WILL:

- Encourage their child to do well and meet all of Good Apple expectations.
- Ensure that their child attends Good Apple regularly, on time and is properly equipped for the day.
- Support Good Apple behaviour and attendance policies.
- Support their child to attend 100% of the time, explain absences and not take holidays in term time.
- Attend meetings requested by Good Apple.
- Accept guidance and advice from Good Apple and other agencies that may be able to help.
- Contact Good Apple if there are any concerns that could affect their child's learning at school.
- Keep Good Apple informed of any changes in their contact details.
- Return permission slips and other information requested promptly.
- Support their child to complete homework and other assignments thoroughly.

Name of Parent/Carer:

Signature: **Date:**

STUDENTS WILL:

- Arrive on time
- Come prepared with all the right equipment, books
- Listen to and follow the instructions, advice and guidance of teachers
- Always try their best and participate fully in lessons
- Avoid distractions and never be a distraction to others.
- Speak politely and treat everyone with courtesy and respect
- Look after our learning environment and help keep classrooms tidy.
- Listen to others, consider their views and opinions.
- Be well mannered open doors, say please, say thank you, good manners cost nothing.
- Join in activities, take up opportunities and hold positions of responsibility.

Name of Student:

Signature: **Date:**

PRIVACY NOTICE – DATA PROTECTION ACT 1998

Good Apple Education is a data controller for the purpose of the Data Protection Act. We collect information from you and may receive information about you from your previous school and the learning Records Service. We hold this personal data and use it to:

- Support your teaching and learning.
- Monitor and report on your progress.
- Provide appropriate pastoral care.
- Assess how well your school is doing

This information includes your contact details, national curriculum assessment results, attendance information and personal characteristics such as your ethnic group, any special educational needs and relevant medical information. If you are enrolling for post 14 qualifications we will be provided with your unique learner number (ULN) by the Learning Records Service and may also obtain from them details of any learning qualifications you have undertaken.

Once you are aged 13 or over, we are required by law to pass on certain information to providers of youth support services in your area. This is the local authority support service for young people aged 13 to 19 in England. We must provide both you and your parents' names and address and further information relevant to the support services role. However, if you are over 16 you (or your Parents) can ask that no information beyond names, address and your date of birth be passed to the support services. Please inform (Mrs Sarah Mould – Data Manager) if you wish to opt-out of this arrangement. For more information about young people's services, please go to the Directgov Young People page at...

<http://www.direct.gov.uk/en/YoungPeople/index.htm> or the LA website shown below.

We will not give information about you to anyone outside the school without your consent unless the law and our rules allow us to.

We are required by law to pass some information about you to the Local Authority and the Department for Education (DFE). If you want to see a copy of the information about you that we hold or share, please contact The head teacher.

If you require more information about how the Local Authority (LA) and/or (DFE) store and use your information, then please go to the following website:

<http://www.education.gov.uk/researchandstatistics/datatdatam/b00212337/datause>

If you are unable to access this website we can send you a copy of this information. Please contact the LA or DFE as follows:

Telephone: 01522 55222

Public Communications Unit Department for Education Sanctuary Buildings Great Smith
London SW1P 3BT

Email: <http://www.education.gov.uk/help/contactus> Telephone: 0370 000 2288

NEW ADMISSION DATA COLLECTION PACK

STUDENT DETAILS

Legal Surname: Legal Foreman:

For examination purposes we need to have a student's full legal name, as it appears on their birth certificate or other legal documents.

Chosen Surname: Chosen Forename:

Middle Name/s: DOB: Gender: M/F

Address:Post Code:

Pupils Previous School:Telephone Number:

Names of siblings currently attending Good Apple:

CONTACT DETAILS

In the event of an emergency we will try to contact the people listed below, **please inform us immediately of any changes to addresses or contact numbers.** Under the Education Act (1996), Schools and the Local Authority must treat all parents equally and allow them electronic access to pupil data (whether they are residing in the same household or not), unless there is a court order limiting an individual's exercise of parental responsibility. If you wish to add any additional emergency contacts please attach a separate sheet following the format below.

Full Name of Father/Guardian:D.O.B.....Priority:

Home Address:Post Code:

Home Phone No: Work Phone No:

Mobile Phone No:Email:

Are there any formal restrictions of parental responsibility for the above person towards this child: YES/NO

(If yes please give details): _____

Name of Mother/Guardian: (Mrs/Miss/Ms).....D.O.B.....Priority:

Home Address:Post Code:

Home Phone No: Work Phone No:

Mobile Phone No:Email:

Are there any formal restrictions of parental responsibility for the above person towards this child: YES/NO

(If yes please give details): _____

EMERGENCY CONTACT

Please provide us with an alternative emergency contact for if we are unable to contact any parents/guardians.

Name of Contact:Priority:

Home Address: Post Code:

Daytime Phone No:

Relationship to Pupil:

LUNCH ARRANGEMENTS

Please circle **ONE** of the Lunchtime arrangements listed below:

I would like my child to:

1. Remain at school and have a **School Meal**.
2. Remain at school and bring **Sandwiches**.

EMERGENCY CLOSURE

In the event of an unplanned closure, if you give your permission, we can release your child to make their own way home. It might be that they always have a house key, or that they only live a short distance away from school. The decision you make should take into account provisions for every day of the school week, and will last for the whole school year. If you do not want your child to make their own way home they will be kept at school or at an alternative safe venue (depending on the circumstances) until one of the contacts listed overleaf is spoken to.

Please indicate your decision below:

In the event of an emergency school closure:

I give my permission for my child to leave school and make their own way home.

wish for my child to remain at school until one of the contacts listed is spoken to.

TRANSPORT TO SCHOOL

Please indicate how your child will travel to school in the morning only. If they will travel to school by different means each day.

WLK	Walk	Walk from home to school when travelling to school	
CYC	Cycle	Cycle from home to school when travelling to school	
CAR	Car/Van	Travel by car the greatest part of the journey	
CRS	Car Share	Travel with a child from a different household for the greatest distance	
PSB	Public service bus	Service used by members of the public	
TXI	Taxi	Taxi journey for the greatest distance	
TRN	Train	Train journey for the greatest distance	

Good Apple Education has cause on many occasions to celebrate the achievements of its students and will take every opportunity to maximise the impact of these success stories through the use of photograph's and moving images.

Many students are involved in various school activities that we record not only for publicity, but also for parents and students to keep, if they so wish.

However before publishing any photographs and moving images involving children, the school must seek your approval, as any photographs and still images selected are likely to appear in school literature, local press and on the schools website for publicity/promotional purposes.

We ask you to indicate below if you **DO NOT** want pictures of your child used in school material.

If you refuse permission, this means that no photos/videos of your child will **EVER** be taken throughout their school life, except for media related to exam course work.

Please tick here if you **DO NOT WANT** child's photograph to be taken in school

SCHOOL BEHAVIOUR POLICY

The Behaviour, Discipline and Anti-Bullying Policy was developed through a process of consultation involving the committee, teaching staff, non-teaching staff a local authority consultant, parents and students. All school policies can be found online at

www.goodappleindependant.co.uk

ETHNIC AND CULTURAL DATA

Students Religion: _____

COLLECTION AND RECORDING OF STUDENTS FIRST LANGUAGE

Please indicate below your child's First Language. This is the language to which they were first exposed to and learned to speak in early childhood and which they may continue to use or be exposed to at home or in your community and is sometimes referred to as the 'home language'. If the student's language is a language other than English, please record this language in the area below. The question is not about how well you speak English. Information about your child's First Language will be passed on to any other school to which you transfer to save you having to be asked for it again.

As a child my son/daughter first learned to speak English	
As a child my son/daughter first learned a language Other than English	
Do not wish to disclose this information	

If you have ticked Other Than English please state what your child's first Language

WHAT IS THE MAIN LANGUAGE THAT IS SPOKEN AT HOME:

Akan/Twi-Fante		Greek		Romany/English Romanes	
Albanian/Shqip		Guajarati		Russian	
Amharic		Hebrew		Serbian/Croatian/Bosnian	
Arabic		Hindi		Sinhala	
Bengali		Igbo		Somali	
Bengali (Sylheti)		Italian		Spanish	
British Sign Language		Japanese		Swahili/Kiswahili	
Caribbean Creole English		Korean		Swedish	
Caribbean Creole French		Kurdish		Tangalog/Filipino	
Chinese		Lingala		Tamil	
Cornish		Luganda		Turkish	
Danish		Manx Gaelic		Urdu	
Dutch/Flemish		Norwegian		Turkish	
English		Panjabi		Urdu	
French		Pashto/Pakhto		Vietnamese	
Gaelic (Scotland)		Persian/Farsi		Welsh/Cymreag	
Gaelic/Irish		Polish		Welsh/Cymreag	
German		Portuguese		Other(please state below)	

Please state home Language if (Other) _____

ETHNICITY

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 nationality or country of birth.** **Please select your child's Ethnicity from the list below:**

Any other Asian background		Other ethnic group		White and Black Caribbean	
Any other Black background		Other mixed background		White and Chinese	
Bangladeshi		Pakistani		White European	
Black - African		Traveller of Irish Heritage		White Other	
Black Caribbean		White - British		White Western European	
Chinese		White - Irish		Yemeni	
Gypsy/Roma		White and Asian		I do not wish to state	
Indian		White and Black African		Other	

If you have ticked other and wish to give further details, please do so below:

NATIONALITY: Please state nationality if other than United Kingdom (as recorded on child's passport/ birth certificate): _____

COUNTRY OF BIRTH: Please state Country of Birth(as recorded on the child's passport/ birth certificate: _____

MEDICAL/ADDITIONAL NEEDS DATA

We are committed to making sure that school is a happy and successful experience for all our children and young people. Where a child has a particular difficulty or need, we will do our best to put measures in place to overcome this. It would therefore be helpful if you could complete this questionnaire, whether or not your child has any difficulties. Please complete one form for each of your children at this school.

We will treat what you have told us here sensitivity. None of the information will be shared with other parents or pupils.

1. Please indicate whether your child has any long-standing illness, health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below? Please select all that apply.

By long-standing we mean anything that has troubled them over a period of at least 12 months or that is likely to affect them over at least 12 months. Please exclude difficulties that you would expect for a child of that age.

Mobility – moving around indoors or outdoors	
Hand movements – touching or holding	
Personal care – going to the toilet or holding	
Eating and drinking without help	
Incontinence – wetting or dirtying	
Taking medication	
Communication- speaking with others, or understanding them	
Learning – numbers, letters, words	
Hearing	
Vision	
Behaviour – very active, has a short attention span, behaves unacceptably	
Has fits or seizures	
Diagnosed with autism or Asperger Syndrome	
Has a life-limiting condition or requires palliative care	
Can be depressed, or anxious, or has an eating disorder	

Any other medical condition: (Please describe)

2. Does your child take medication, use any physical aids or require any special diet or supplements?

YES NO

If yes , please provide further details:

3.If your child takes regular medication, please indicate the days and times this must be taken: Please note medication containing aspirin or ibuprofen is not permitted in school unless it has been prescribed by a GP/Healthcare Professional.

4.If your child did not take this medication, use this physical aid or have a special diet or supplements, would he/she have substantial difficulties with any of the areas of life listed above?

Yes No

If YES, please provide further details:

5.If your child did not take this medication, use this physical aid of have a special diet or supplements, would he/she have substantial difficulties with any of the areas of life listed above?

Yes No

If YES, please provide further details:

6. Has your child seen a professional, such as a paediatrician or a psychologist or a speech and language therapist because of the difficulty? Y N

7. If you have indicated above that your child has difficulties, do these difficulties affect his or her:	Yes	Sometimes	No	Don't Know
Classroom learning				
Interaction with his or her classmates/peers?				
Joining in other school activities e.g. breaks/social and leisure activities?				
Attendance at school				
Day to day life outside school.				

8. Do you give permission for the school to give your child paracetamol for pain relief when required at school – in accordance with the recommended dosage instructions? Parents will be notified by the school prior to the medication being administered.	<u>Yes</u>	<u>No</u>
9. Do you give permission for your child to carry emergency medication i.e. epipen, inhaler, or other medication?		

If YES, please provide further details:

Doctors Surgery: _____ Surgery Phone No: _____

Surgery

Address: _____

Whenever possible medication should be scheduled to be given out of school hours

Please note controlled medication must not be carried in school

- All medication will be stored with the Special Education Needs Coordinator in the Curriculum Support Dept.
- All medication to be administered in school to students under the age of 16 **must** be accompanied with the **written consent** of the parent/guardian to request the relevant school consent form(s) from the Special Educational Needs Coordinator.

- All medication must be sent to school in its original packaging (unboxed tablets will not be accepted) complete with instruction leaflet (when available) and display a visible use by date, and should be labelled with the students name and directions for use.

Only prescribed medication issued in the name of the student is permissible in school.

- Medication will **Only** be administered in accordance with the dosage instructions as stated on the printed Pharmacy label (prescribed) or packing/instruction leaflet (non-prescribed)

PUPILS ACCEPTABLE USE AGREEMENT OF ICT SYSTEMS

This ‘Acceptable Use Agreement’ covers any devices, equipment, internet access and software (ICT equipment) that students are permitted to use and access as part of their learning.

- Any ICT equipment I use is to help my learning and studies only.
- I will not use any ICT equipment to upset or hurt any other person.
- I will not use any ICT equipment to intrude on another person’s privacy.
- I will not send, receive or store any inappropriate material.
- I will treat all ICT equipment with care and respect. If I damage or break anything I will have to pay for it.
- I will treat my usernames and passwords like my toothbrush. I will not share them with anyone else. I will always keep them to myself.
- You are not permitted to use any websites not related to your learning or without permission from your teacher.

What Happens To The Information You Give Us?

We really appreciate your help with this questionnaire. The information will be used by the school to improve the way that information on pupil’s difficulties and disabilities is collected and used in schools to promote the wellbeing of children. No information will be published that would identify your child.

.....
I/we confirm that the details completed in this form are correct to the best of my/our knowledge, and that I/we will inform school of any changes.

SIGNATURE OF FATHER/GUARDIAN: _____

SIGNATURE OF MOTHER/GUARDIAN: _____

Please ensure that you have read and completed:

Pupil Details and Contacts:	Ethnic and Cultural Data
Medical/Additional Needs Information	Transport Form

Privacy Notice (separate sheet):

Please tick here if you **refuse** consent of your child’s data being given to Connexions/Youth Support Services when the reach the age of 13.

