

Lancaster Royal Grammar School

East Road Lancaster LA1 3EF



For office use only
SERCO id
Brother
Form
DoE
BHouse

Information for School Records

Please complete all of this form and return to the School Office as soon as possible.
Please note: The School is registered under the Data Protection Act and this information will be incorporated into the School's database

Surname of Pupil: _____

Forenames: _____

Forename known by: _____ Date of Birth (dd-mm-yy) _____

Address: _____

_____ Post code: _____

Home telephone number: _____

Home email: _____

Emergency contact name and relationship to pupil: _____

Emergency telephone number: _____

Does the pupil have any family connection with the school e.g. brother, is father a former pupil etc?

Name _____ Family Connection _____ Date of Entry to LRGs _____

Name _____ Family Connection _____ Date of Entry to LRGs _____

Previous School (name & address): _____

_____ Post code: _____

Boarding fees

Name of person(s) responsible for paying:

Name 1: _____

Name 2: _____

Pupil's name: _____

Any special family circumstances? (e.g. parents separated or divorced or remarried, or one parent living away)

Who has parental responsibility?

Is either parent/guardian serving in the Armed Forces? Yes No

Father's title (Mr, Dr etc): _____ Father's forenames: _____

Forename known by: _____ Surname: _____

Home address if different from pupil's: _____

_____ Postcode: _____

Telephone home: _____ Work: _____

Email: _____

Job Title/Position: _____

Company/Employer: _____

Daytime address: _____

_____ Postcode: _____

Mother's title (Mrs, Dr etc): _____ Mother's forenames: _____

Forename known by: _____ Surname: _____

Home address if different from pupil's: _____

_____ Postcode: _____

Telephone home: _____ Work: _____

Email: _____

Job Title/Position: _____

Company/Employer: _____

Daytime Address: _____

_____ Postcode: _____

For parents who live at different addresses only, should both parents receive access to school reports?

Yes No

Home – School Agreement

Parent/Guardian

I shall endeavour to:

- see that my son attends school regularly, punctually and properly equipped;
- inform the school immediately if my son is absent, giving advance notice whenever possible;
- make the school aware of any problems that might affect my son's work or behaviour;
- support the schools policies and code of conduct;
- support my son in homework (as detailed in the homework policy) and in other opportunities for learning at home;
- attend parents' evenings and discussions about my son's progress
- get to know about my son's life at school

I agree to the provisions outlined in the Home – School Agreement

Acceptable use policy

I have made my son aware of the need to adhere to the acceptable use policy and he understands that visits to internet sites may be monitored by IT staff.

Permission for the use of biometrics

Lancaster Royal Grammar School requires parental consent to collect and process biometric data for your son

Biometric Data

I give my permission for the use of my son's biometric data

I do not permit biometric use

Use of images

Many school activities involve the taking and use of images, for example as part of the curriculum, extra school activities, for publicity or to celebrate achievement. We therefore need to ask for your permission to use these images on displays, in publications, on our school website, on video or in the media. We would not publish personal details or full names (which means first name and surname) with the photograph. If you do not wish to give consent to this use of images it would mean that in group photographs of students taking part in particular events it would be the responsibility of your son to remove himself from the group whilst photographs were being taken.

We would therefore politely request that, unless you have strong reasons for doing so, you do not withdraw your permission

Photographic images

I give my permission for the use of such images

I do not permit images use

We are required to collect the following statistical information. Please could you tick the appropriate box(es).
 Please tick this box if English is your son's **second language**

My son's first language (if not English) is _____

My son's country of birth is _____ Prefer not to say

My son's Nationality is _____ Prefer not to say

Please tick the box which best describes your son's ethnic origins

- | | | | |
|------------------------------------|--------------------------|--|--------------------------|
| White - British | <input type="checkbox"/> | Asian or Asian British - Bangladeshi | <input type="checkbox"/> |
| White - Irish | <input type="checkbox"/> | Asian or Asian British –any other Asian Background | <input type="checkbox"/> |
| White – any other White background | <input type="checkbox"/> | Black or Black British – Caribbean | <input type="checkbox"/> |
| Mixed – White and Black Caribbean | <input type="checkbox"/> | Black or Black British – African | <input type="checkbox"/> |
| Mixed – White and Black African | <input type="checkbox"/> | Black or Black British –any other Black background | <input type="checkbox"/> |
| Mixed – White and Asian | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Mixed – any other mixed background | <input type="checkbox"/> | Any other ethnic group | <input type="checkbox"/> |
| Asian or Asian British – Indian | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Asian or Asian British – Pakistani | <input type="checkbox"/> | | |

Transport

Please tick the box to indicate the method by which your son is more likely to travel to school:

Walk	Cycle	Car	Car(share)*	Bus	Taxi	Train	Boarder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Car shared with someone from another household.

Medical conditions or other significant factors to be aware of? (e.g. allergies, special educational needs, statemented)

Please give details of any history of illness: _____

Please indicate any known allergies: _____

What routine medication is being taken? _____

Medical Consent

I consent/do not consent* for my son to receive non-prescription medication and 'homely remedies' in the event of minor ailments from the School Nurse *(please delete as appropriate)

Signed _____ Date _____

Special Educational needs (if any): _____

*If the pupil is either statemented or has an Educational Health Care Plan, a copy of the latest educational statement should be provided.