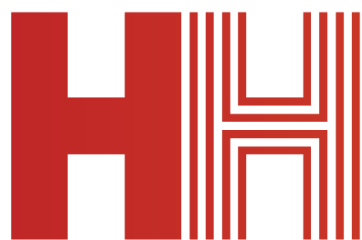


FOR SCHOOL'S USE ONLY						
Date Received	UPN	Start Date	MM	SIMS	FSM	MStore
/ /		/ /	FA	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Tutor Group	AC Band	Authorised By				
	1 2 3 4 5		EVIDENCE PROVIDED & SEEN			
			<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Utility Bill	



Hodge Hill College

ADMISSIONS FORM

Pupil's Basic Details					
Legal Surname:					
Legal Forename:					
Middle Name(s):					
Preferred Surname:					
Preferred Forename:					
Date of Birth:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Year Group:

Pupil's Address			
House/Building Name:		House/Flat Number:	
Street:			
Town/City:		Post Code:	

Please ensure you complete this admission form fully.
Admission forms can be posted or dropped off to our school office.

Parent/Contact – Priority 1

Surname:				Forename:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		Title:		
Relationship to child <i>(Please select from the list below):</i>							
<input type="checkbox"/> Mother		<input type="checkbox"/> Stepmother		<input type="checkbox"/> Aunty		<input type="checkbox"/> Carer	
<input type="checkbox"/> Father		<input type="checkbox"/> Stepfather		<input type="checkbox"/> Uncle		<input type="checkbox"/> Other <i>(please specify):</i>	
<input type="checkbox"/> Brother		<input type="checkbox"/> Grandmother		<input type="checkbox"/> Foster Parent			
<input type="checkbox"/> Sister		<input type="checkbox"/> Grandfather		<input type="checkbox"/> Social Worker			
Please select to indicate which of the following applies:							
Does this person have 'Parental Responsibility'? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is there a Court Order relating to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact Details: <i>Please ensure you provide numbers you can be contacted on in case of an emergency</i>							
Home			Work			Mobile	
Email							
Address <i>(if different from the address given for the child):</i>							
					Post Code:		
If English is not your First Language, please specify (this may include British Sign Language):							
Do you need a translator/signer? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Profession/Job Role:						Are you a key worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Contact – Priority 2

Surname:				Forename:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		Title:		
Relationship to child <i>(Please select from the list below):</i>							
<input type="checkbox"/> Mother		<input type="checkbox"/> Stepmother		<input type="checkbox"/> Aunty		<input type="checkbox"/> Carer	
<input type="checkbox"/> Father		<input type="checkbox"/> Stepfather		<input type="checkbox"/> Uncle		<input type="checkbox"/> Other <i>(please specify):</i>	
<input type="checkbox"/> Brother		<input type="checkbox"/> Grandmother		<input type="checkbox"/> Foster Parent			
<input type="checkbox"/> Sister		<input type="checkbox"/> Grandfather		<input type="checkbox"/> Social Worker			
Please select to indicate which of the following applies:							
Does this person have 'Parental Responsibility'? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is there a Court Order relating to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact Details: <i>Please ensure you provide numbers you can be contacted on in case of an emergency</i>							
Home			Work			Mobile	
Email							
Address <i>(if different from the address given for the child):</i>							
					Post Code:		
If English is not their First Language, please specify (this may include British Sign Language):							
Do they need a translator/signer? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Profession/Job Role:						Are you a key worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Contact – Priority 3

Surname:				Forename:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:		Title:		
Relationship to child <i>(Please select from the list below):</i>							
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother		<input type="checkbox"/> Aunty		<input type="checkbox"/> Carer		
<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather		<input type="checkbox"/> Uncle		<input type="checkbox"/> Other <i>(please specify):</i>		
<input type="checkbox"/> Brother	<input type="checkbox"/> Grandmother		<input type="checkbox"/> Foster Parent				
<input type="checkbox"/> Sister	<input type="checkbox"/> Grandfather		<input type="checkbox"/> Social Worker				
Please select to indicate which of the following applies:							
Does this person have 'Parental Responsibility'? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is there a Court Order relating to this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact Details: <i>Please ensure you provide numbers you can be contacted on in case of an emergency</i>							
Home		Work			Mobile		
Address <i>(if different from the address given for the child):</i>							
					Post Code:		
If English is not their First Language, please specify (this may include British Sign Language):							
Do they need a translator/signer? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Profession/Job Role:							

Siblings at Hodge Hill College

Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name :		Date of Birth:	

Dietary Needs

<i>Please tick any dietary needs that apply:</i>		
<input type="checkbox"/> Halal	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> No Seafood
<input type="checkbox"/> Kosher	<input type="checkbox"/> No Dairy Produce	<input type="checkbox"/> No Nuts
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> No Eggs	<input type="checkbox"/> Other <i>(please specify):</i>
<input type="checkbox"/> Artificial Colouring Allergy	<input type="checkbox"/> No Pork	

Free School Meals

Are you eligible for Free School Meals? <i>(Please tick):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If eligible, please see enclosed letter in this pack)</i>

If you would like us to complete a Free School Meal application on your behalf, please provide the National Insurance Numbers for Parent/Contact Priority 1 & Parent/Contact Priority 2:

Full Name:		National Insurance Number:	
Full Name:		National Insurance Number:	

Medical Details

Doctor's Name:			
Medical Practice & Address:		Post Code:	
Telephone:			
Medical Notes:			
Medical Condition(s):	<input type="checkbox"/> ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Impairment
	<input type="checkbox"/> Asthma	<input type="checkbox"/> Eczema	<input type="checkbox"/> Heart Condition
	<input type="checkbox"/> Autism	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Physical Difficulty
	<input type="checkbox"/> Coeliac Disease	<input type="checkbox"/> Epi-pen	<input type="checkbox"/> Visual Impairment
	<input type="checkbox"/> Other (<i>please specify</i>):		
Paramedical Support:	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Physiotherapy

Emergency Consent

The school has permission to give/arrange emergency treatment for my child Yes No

Ethnicity

Please tick:

White	Asian/British Asian	Black - African / Caribbean / Black British
<input type="checkbox"/> English	<input type="checkbox"/> Afghan	<input type="checkbox"/> Black - Angolan
<input type="checkbox"/> White & Black African	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black - Ghanaian
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Black - Nigerian
<input type="checkbox"/> White & Indian	<input type="checkbox"/> Indian	<input type="checkbox"/> Black - Somali
<input type="checkbox"/> White & Pakistani	<input type="checkbox"/> Pakistani - Kashmiri	<input type="checkbox"/> Black - Sudanese
<input type="checkbox"/> White - European	<input type="checkbox"/> Pakistani - Mirpuri	<input type="checkbox"/> Black - Caribbean
<input type="checkbox"/> White - Eastern European	<input type="checkbox"/> Pakistani - Other	<input type="checkbox"/> Black – European
Other		
<input type="checkbox"/> Arab	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Gypsy/Roma
<input type="checkbox"/> Kurdish	<input type="checkbox"/> Roma	<input type="checkbox"/> Yemeni

The above ethnicity types are statutory fields supplied by the Department for Education

First Language		Home Language	
<i>Please tick:</i>		<i>Please tick:</i>	
<input type="checkbox"/> Albanian/Shqip	<input type="checkbox"/> Nepali	<input type="checkbox"/> Albanian/Shqip	<input type="checkbox"/> Nepali
<input type="checkbox"/> Arabic	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Norwegian
<input type="checkbox"/> Bengali	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Bengali	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Czech	<input type="checkbox"/> Pashto/Pakhto	<input type="checkbox"/> Czech	<input type="checkbox"/> Pashto/Pakhto
<input type="checkbox"/> Dutch/Flemish	<input type="checkbox"/> Persian/Farsi	<input type="checkbox"/> Dutch/Flemish	<input type="checkbox"/> Persian/Farsi
<input type="checkbox"/> English	<input type="checkbox"/> Polish	<input type="checkbox"/> English	<input type="checkbox"/> Polish
<input type="checkbox"/> French	<input type="checkbox"/> Portuguese	<input type="checkbox"/> French	<input type="checkbox"/> Portuguese
<input type="checkbox"/> German	<input type="checkbox"/> Romanian	<input type="checkbox"/> German	<input type="checkbox"/> Romanian
<input type="checkbox"/> Greek	<input type="checkbox"/> Somali	<input type="checkbox"/> Greek	<input type="checkbox"/> Somali
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Urdu	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Urdu
<input type="checkbox"/> Italian	<input type="checkbox"/> Wolof	<input type="checkbox"/> Italian	<input type="checkbox"/> Wolof
<input type="checkbox"/> Kashmiri	<input type="checkbox"/> Other (<i>please specify</i>):	<input type="checkbox"/> Kashmiri	<input type="checkbox"/> Other (<i>please specify</i>):
<input type="checkbox"/> Kurdish		<input type="checkbox"/> Kurdish	

Proficiency in English			
<input type="checkbox"/> None/New to English	<input type="checkbox"/> Basic	<input type="checkbox"/> Good	<input type="checkbox"/> Fluent

Country of Birth	Nationality

Religion			
<input type="checkbox"/> Christianity	<input type="checkbox"/> Buddhism	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Judaism
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikhism	<input type="checkbox"/> No Religion	<input type="checkbox"/> Refused

Home Internet and IT Access	
Do you have internet access at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have access to a desktop, laptop or tablet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The section below is required to help decide whether or not the Fair Access Protocol is applicable for this child.

Fair Access Protocol		
Does the child have a Statement of Special Educational Needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child Looked After by a local authority (often known as 'in care')?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please specify which Local Authority:</i>		
Date when the child went in to care:		
Are there any other agencies/services (e.g. Early Intervention Service, Social Worker, Behaviour Support Worker, Child Adolescent Mental Health Service, Education Psychologist) involved with the child? <i>If so, please specify:</i>		
Agency	Contact Name	Contact Telephone Number

Does the child come under any of the following categories?	
<i>Please tick, if apply:</i>	
<input type="checkbox"/> Parents who are UK Service Personnel/Crown Servants	<input type="checkbox"/> Subject to a Child Protection Plan
<input type="checkbox"/> Asylum Seeker or Refugee	<input type="checkbox"/> Permanently excluded
<input type="checkbox"/> Been out of education more than one term	<input type="checkbox"/> History of behavioural issues
<input type="checkbox"/> Less than 85% attendance in last two terms	<input type="checkbox"/> Returning pupil referral unit
<input type="checkbox"/> Disability or Medical condition	<input type="checkbox"/> Parent/Parents in Armed Services
<input type="checkbox"/> Living in a hostel/safe house or homeless	<input type="checkbox"/> Child has not attended a school in the UK
<input type="checkbox"/> Previously electively home educated	<input type="checkbox"/> None of the above
<input type="checkbox"/> Child is a young carer	<input type="checkbox"/> Other (<i>please specify</i>):
<input type="checkbox"/> Child from a traveller family	
<input type="checkbox"/> Not currently on a school roll	

Previous School Details			
Name:			
Street:			
Town/City:		Post Code:	
Reason for Leaving:			

Free School Meals

Our school is now signed up to a new online Free School Meal checking service. This means you no longer need to fill in forms and provide proof documents when applying or reviewing entitlement.

This new service provides a confidential online form, accessible through any device, which enables parents and carers to check eligibility for Free School Meals. Through this secure portal, the data is checked against the Department for Education's Eligibility Checking Service with the result being returned instantly.

Is my child eligible for Free School Meals?

Your child may be able to get Free School Meals if you receive any of the following:

- ✓ Income Support
- ✓ Income-based Jobseeker's Allowance
- ✓ Income-related Employment and Support Allowance
- ✓ Support under Part VI of the Immigration and Asylum Act 1999
- ✓ The guaranteed element of Pension Credit
- ✓ Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- ✓ Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
- ✓ Universal Credit - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)

Due to recent changes by the government, if your child is eligible for Free School Meals, they will remain eligible until they finish secondary school.

What do I do next?

Simply go online to apply at <http://www.hodgehill.bham.sch.uk/Parents/FSM/>

In order to complete an online application you will need the following information:

- ✓ Your name, address and contact details
- ✓ Your NI Number or National Asylum Support Service reference number
- ✓ Your date of birth and relationship to the child
- ✓ Your child's name and date of birth

If you are unable to apply online or require assistance, please call the School Office with the information listed above on 0121 783 7807.

If you would like us to complete a Free School Meal application on your behalf, please provide the National Insurance Numbers on page 3 of this form.

Acceptable Use Policy

Part of your child's curriculum and the development of ICT skills involve providing supervised access to the internet. We believe that the effective use of the World Wide Web and e-mail is worthwhile and is an essential skill for children as they grow up in the modern world.

Although there are concerns about pupils having access to undesirable material, we have taken positive steps to reduce this risk at Hodge Hill College. Our Internet provider operates a filtering system that restricts access to inappropriate materials. This may not be the case at home and we can provide further information on safe Internet access if you wish.

Whilst every endeavour is made to ensure that suitable restrictions are placed on the ability of children to access inappropriate materials, the College cannot be held responsible for the nature or content of materials accessed through the Internet. The College will not be liable for any damages arising from your child's use of the Internet facilities. Should you wish to discuss any matters further please contact the college.

These rules help us to be fair to others and keep everyone safe. Pupils are permitted to use IT systems on the following conditions:

- ✓ I will only use ICT systems in school, including the internet, e-mail, digital video, mobile technologies, etc. for school purposes.
- ✓ I will not download or install software on school technologies.
- ✓ I will only log on to the school network/ Learning Platform with my own user name and password.
- ✓ I will follow the schools ICT security system and not reveal my passwords to anyone and change them regularly.
- ✓ I will only use my school e-mail address.
- ✓ I will make sure that all ICT communications with pupils, teachers or others are responsible and sensible.
- ✓ I will be responsible for my behaviour when using the Internet. This includes resources I access and the language I use.
- ✓ I will not deliberately browse, download, upload or forward material that could be considered offensive or illegal. If I accidentally come across any such material I will report it immediately to my teacher.
- ✓ I will ensure that my online activity, both in school and outside school, will not cause my school, the staff, pupils or others distress or bring them into disrepute.
- ✓ I will support the school approach to online safety and not deliberately upload or add any images, video, sounds or text that could upset or offend any member of the school community.
- ✓ I will respect the privacy and ownership of others' work on-line at all times.
- ✓ I will not attempt to bypass the internet filtering system.
- ✓ I understand that all my use of the Internet and other related technologies can be monitored and logged and can be made available on request to teachers.
- ✓ I understand that I must use e-technologies responsibly at home as well as in school and that placing false or litigious comments or images online is in breach of the schools Behaviour for Learning Policy.
- ✓ I understand that these rules are designed to keep me safe and that if they are not followed, school sanctions will be applied and my parent/ carer will be contacted.

The school may exercise its right to monitor the use of the school's computer systems, including access to web-sites, the interception of e-mail and the deletion of inappropriate materials where it believes unauthorised use of the school's computer system is or may be taking place, or the system is or may be being used for criminal purposes or for storing unauthorised or unlawful text, imagery or sound.

Privacy Consent Form - Pupil Personal Data

To be completed by parent/carer if your child is under the age of 12, otherwise this form can be completed by your child if they are over the age of 12

During your [a pupil's] time with us we will gather information about you [them] which we will use for various purposes. A Privacy Notice has been provided to you [them] in relation to the use of this information, which is also available on the school website.

There are some things that we cannot do unless you tell us that we can. We have set these out in the tables attached. Please could you read this form very carefully and tick the appropriate options. This will let us know which of these things you are happy for us to do, and which you are not.

If you are not happy for us to do any of the things in the tables attached then this will not affect your [your child's] place at Hodge Hill College. 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.

Photograph and Videos

Some of the information in the attached tables includes photographs and videos of you [your child]. We assure you that we take very seriously the issue of potential misuse of photographs and videos of our pupils, and have the following measures in place:

- ✓ Any photos on the website and any external publications consent is checked before processing
- ✓ Access is only provided to employees of the school to any photos or images and are accessed by authorised personnel only and are kept in a secure and password protected environment
- ✓ Behaviour for Learning Policy, Acceptable use police for Staff and Pupils and Data Protection Policy

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.

Pupil Name:		Date of Birth:	
--------------------	--	-----------------------	--

Parent/Carer

Consent you need to provide for third party information

Please ensure you obtain consent of any third party whose details you have provided as next of kin or emergency contact details to the school.

I have gained consent from my next of kin and emergency contacts that I have provided Hodge Hill College with details of contact numbers and names to the school and that they can be contacted in an emergency.

Signed:	
Print Name:	

Celebrating Your Achievements, Promoting School and Reporting on Events

As a School we are very proud of the achievements of all of our pupils, and we want to be able to celebrate these achievements both within the School and with others. We may also want to report on significant events which involve our pupils, such as visits from dignitaries. This will involve providing information about involvement in certain activities such as sports and competitions.

Promoting Hodge Hill College

We want to be able to promote the School to attract new pupils, and to show the quality of the School. As part of this we want to be able to use photographs and videos of our pupils in promotional material. This will include our prospectus, school website and newsletter as well as other school publications.

In order to celebrate my achievements, I am happy for Hodge Hill College to use:	
1a. Photographs of me	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. Videos of me	<input type="checkbox"/> Yes <input type="checkbox"/> No
For purposes of promoting the school, I am happy for Hodge Hill College to use:	
2a. Photographs of me	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b. Videos of me	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am happy for the following information to be used with the above:	
3a. Name	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. Class	<input type="checkbox"/> Yes <input type="checkbox"/> No
3c. Year Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
3d. Assessment Details	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am happy for the following information to be used <i>but only without</i> photographs or videos of me:	
4a. Name	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. Class	<input type="checkbox"/> Yes <input type="checkbox"/> No
4c. Year Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
4d. Assessment Details	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am happy for the information above to be used:	
5a. On internal screens/displays which may also be viewed by visitors to the school site and/or on internal notice boards	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b. On Hodge Hill College shared drive	<input type="checkbox"/> Yes <input type="checkbox"/> No
5c. On Hodge Hill College website/prospectus/school newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No
5d. In local news media - any external publication	<input type="checkbox"/> Yes <input type="checkbox"/> No
5e. In national news media - any external publication	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

S Butt (Data Protection Officer)
 Hodge Hill College
 Bromford Road
 Birmingham
 B36 8HB

Or email enquiry@hodgehill.bham.sch.uk

This consent will otherwise continue until you (your child) leaves the School or your child reaches the age of 12 years old at which point the School will seek consent directly from your child in relation to the above matters.

Signed:		Date:	
Print Name:			

Notification of Intention to Process Pupil's Biometrics Information

Hodge Hill College wishes to use information about your child as part of an automated (i.e. electronically-operated) recognition system. This is for the purposes of paying for food in the canteen, borrowing from the library, accessing school printers, monitoring attendance and gaining access to secure areas around the site. The information from your child that we wish to use is referred to as 'biometric information' (see next paragraph). Under the Protection of Freedoms Act 2012 (sections 26 to 28), we are required to notify each parent of a child and obtain the written consent of at least one parent before being able to use a child's biometric information for an automated system.

Biometric information and how it will be used

Biometric information is information about a person's physical or behavioural characteristics that can be used to identify them, for example, information from their fingerprint. The school would like to take and use information from your child's biometric and use this information for the purpose of providing your child with food in the canteen, for borrowing from the library, accessing school printers, monitoring attendance and gaining access to secure areas around the site.

The information will be used as part of an automated biometric recognition system. This system will take measurements of your child's fingerprint and convert these measurements into a template to be stored on the system. An image of your child's biometric is not stored. The template (i.e. measurements taken from your child's biometric) is what will be used to permit your child to access services.

You should note that the law places specific requirements on schools and colleges when using personal information, such as biometric information, about pupils for the purposes of an automated biometric recognition system.

For example:

- the school cannot use the information for any purpose other than those for which it was originally obtained and made known to the parent(s) (i.e. as stated above)
- the school must ensure that the information is stored securely
- the school must tell you what it intends to do with the information
- unless the law allows it, the school cannot disclose personal information to another person/body – you should note that the only person/body that the school wishes to share the information with is Live Register Ltd. This is necessary in order to support and maintain the system

Providing your consent/objecting

As stated above, in order to be able to use your child's biometric information, the written consent of at least one parent is required. However, consent given by one parent will be overridden if the other parent objects in writing to the use of their child's biometric information. Similarly, if your child objects to this, the school cannot collect or use his/her biometric information for inclusion on the automated recognition system.

You can also object to the proposed processing of your child's biometric information at a later stage or withdraw any consent you have previously given. This means that, if you give consent but later change your mind, you can withdraw this consent. Please note that any consent, withdrawal of consent or objection from a parent must be in writing.

Even if you have consented, your child can object or refuse at any time to their biometric information being taken/used. Their objection does not need to be in writing. We would appreciate it if you could discuss this with your child and explain to them that they can object to this if they wish.

The school is also happy to answer any questions you or your child may have.

If you do not wish your child's biometric information to be processed by the school, or your child objects to such processing, the law says that we must provide reasonable alternative arrangements for children who are not going to use the automated system to pay for food in the canteen, borrow from the library, access school printers, monitor attendance and gain access to secure areas around the site.

If you give consent to the processing of your child's biometric information, please sign, date and return the enclosed consent form to the school.

Please note, that when your child leaves the school, or if for some other reason he/she ceases to use the biometric system, his/her biometric data will be securely deleted.

Consent Form for the Use of Biometric Information in School

Please complete the form below if you consent to the school taking and using information from your child’s fingerprint by **Hodge Hill College** as part of an automated biometric recognition system. This biometric information will be used by **Hodge Hill College** for the purpose of paying for food in the canteen, borrowing from the library, accessing school printers, monitoring attendance and gaining access to secure areas around the site.

In signing this form, you are authorising the school to use your child’s biometric information for this purpose until he/she either leaves the school or ceases to use the system. If you wish to withdraw your consent at any time, this must be done so in writing and sent to the school at the following address:

**Hodge Hill College
Bromford Road
Birmingham
B36 8HB**

Once your child ceases to use the biometric recognition system, his/her biometric information will be securely deleted by the school/college.

Having read the guidance provided to me by **Hodge Hill College**, I give consent to information from the fingerprint of my child:

Child’s Full Name	
--------------------------	--

Tutor Group	Not Applicable	Date of Birth	___/___/___
--------------------	-----------------------	----------------------	-------------

being taken and used by Hodge Hill College for use as part of an automated biometric recognition system for purchasing school meals, accessing the school library, accessing the print system, registering their attendance at the school, and accessing the school site through access control doors.

I understand that I can withdraw this consent at any time in writing.

Full Name	<i>(Parent/Carer)</i>		
Signature		Date	___/___/___

Some Key Questions and Answers about the Biometric Cashless Catering System

What is a biometric cashless system?

A software program that recognises each individual customer, holds individual cash balances, and records expenditure and cash received. It also records where and when money is spent and on what food.

How are pupils and staff recognised by the system?

By a biometric measurement which takes a part image of some of the coordinates of the finger. This information is then converted and stored in the system as a unique number.



The image is then removed and only the unique number remains in the system and cannot be converted back into any image of a finger nor can it be used by any other source for identification purposes.

What data will be held on the system?

Certain data will be held in the system to enable accurate operation. This will include the pupil's name, tutor group, photo, account balance, meal entitlement, and biometric number. This is not new data. Other than the biometric number, this data is already held on the school's administrative systems.

All the data will be handled under the guidelines of the Data Protection Act. The data will only be utilised for the purposes of the cashless catering system and will be destroyed when the data is no longer relevant (such as when a pupil leaves Hodge Hill College).

How is biometric system utilised to obtain food?

A finger will be placed on a biometric scanner at a till. This will activate an individual's account which will be displayed on screen for the catering operator. The operator will then enter the selected food and drink into the system from an itemised keyboard, while the amount spent and the new balance will show on the display.

How is money entered into the system?

Hodge Hill College will be moving to ParentPay for all of its payments which can be made online. An activation letter for ParentPay is enclosed.

How is the entitlement to a free school meal handled?

The system works exactly the same for all pupils whether they pay themselves or have a free school meal.

All pupils gain access to their accounts via biometric scanners. The amount allocated for a free school meal will be entered into the system daily by the software and will be accessible at break times.

Any under-spend of a Free School Meals allowance will be identified by the system and removed at the end of the day.

Pupils entitled to a free school meal can add money to their account as other pupils.

Parent Permission/Consent Form

By signing the sections below it means you adhere to all policies and practices outlined in this Admissions Form.

Parent/Carer

Please tick:

- I agree to be supportive of the Behaviour For Learning Policy.
- I have completed the educational visits form.
- I agree to inform the school immediately of any changes to information on this form.
- I agree that the school can share information with Youth Support Services, to provide this pupil with advice on Post-16 Education.

Medical/Dietary Needs

Please tick:

- I declare the information to be correct to the best of my knowledge at the time of completion.

ICT Internet Use

Pupil

Please tick:

- I have read and understand the school rules for Acceptable Use Policy. I will use the computer system and Internet in a responsible way and obey these rules at all times

Parent/Carer

Signed:	
Print Name:	

Pupil Name:		Tutor Group:	
--------------------	--	---------------------	--

Educational Visit Consent Form

Pupil's Basic Details

Pupil's Full Name:			
Date of Birth:		Tutor Group:	

Parent/Carer Consent

Name of Parent/Carer:			
House/Building Name:		House/Flat Number:	
Street:			
Town/City:		Post Code:	

I give Hodge Hill College consent for my child to participate in the following activities during their time at the school:

- PE practices after school
- School sports fixtures during the school day
- School sports fixtures after school and travelling by arranged transport within school business hours
- Sports Tournaments which maybe at home, away, at another school/college or another venue
- Any other off site trips and visits during the school business hours related to the curriculum
- Low level risks trips within city boundaries

This consent **does not cover the following:**

- All visits (including residential trips) which take place during the holidays or a weekend
- Rewards events or adventure activities at any time
- Any trips outside Birmingham

I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedure

My child is entitled to a Free School Meal and will be requiring a packed lunch for trips

I consent to my child being given first aid or urgent medical treatment during any school trip or activity, and agree to keep the school informed of any changes in medical circumstances for my child

I understand that, while the school staff in charge of the party will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising from or during a school's activity. I understand that I can seek more detailed information by contacting Hodge Hill College

Hodge Hill College will send you information about each trip before it takes place. You can, if you wish tell the school that you do not want your child to take part in any particular school trip or activity.

NB - Written parental consent will not be requested from you for the majority of off-site activities offered by the school– for example, year-group visits to local amenities – as such activities are part of the school's curriculum and usually take place during the normal school day.

Please also complete the medical information section overleaf and sign and date this form if you agree to the above.

Signed:		Date:	
----------------	--	--------------	--

Pupil Medical Information

1. If your son/daughter has any condition or impairment that may require specific management, medical treatment and/or medication during ANY outlined activity/trip/visit, please give brief details:

--

2. If your son/daughter has any allergies or is allergic to any medication, please give details:

--

3. If your child has had any recent illness, accident or injury which staff should be aware of, please give details:

--

(please tick):

4. Is your child required to carry any medicines or medical equipment on their person?

Yes No

5. Has your child had a tetanus injection in the last 10 years?

Yes No

6. For water based activities, is your child able to swim 50 metres?

Yes No

General Practitioner (GP)

Doctor's Name:

--

Medical Practice & Address:

--

Telephone:

--

Post Code:

--

Emergency Contact Information

Name of Contact:

--

House/Building Name:

--

House/Flat Number:

--

Street:

--

Town/City:

--

Post Code:

--

Telephone/Mobile:

--

If not available at the above, please contact:

Name:

--

Telephone/Mobile:

--

Parental School Medication Consent Form

In accordance with our Policy, the school is unable to give your child medicine unless you complete and sign this form. Where more than one medication is to be given, a separate form should be completed for each item. *This form does not need to be completed if your child does not require medication during the school day.*

Please ensure medicines are provided in the original packaging showing the prescriber's details with clear instructions on how much to give.

Pupil's Basic Details

Pupil's Full Name:			
Date of Birth:		Tutor Group:	

Medical Information

Medical condition or illness:			
Name of medication:		Strength:	
How much to give? <i>e.g. dosage</i>			
When to be given? <i>e.g. time(s)</i>			
Quantity given to the school: <i>e.g. number of tablets</i>		Expiry Date:	
Any other information:			

Self-administration (please tick):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
For inhaler use only:	I agree to my child carrying an inhaler on their person for which the school has no responsibility.	<i>Please tick:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I understand that the medicine must be delivered safely to the school by the Parent/Carer. The information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school's policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.		

Signed:		Date:	
Print Name:			