



Shirley High School

Pupil Information Pack



Our Vision:

To develop aspirational learners who strive for excellence academically, creatively and culturally, benefitting from a wide range of opportunities led by inspirational educators.

PUPIL INFORMATION

Surname: _____ Forename: _____
Middle _____ Gender: Male / Female
Name(s): _____
Date of birth: _____
Address: _____

Postcode: _____

PARENT / CARER 1 INFORMATION

Parent / Carer 1
(this person will be used as the first point of contact by the school for any communication)
Surname & Title: _____
Forename: _____
Relationship to pupil: _____
Do you have Parental Responsibility? Yes No
Please tick if living at pupil's address
Address (if different to pupil) _____

Postcode: _____
Email Address: _____
Mobile Tel no: _____
Home Tel no: _____
Work Tel no: _____

Parent / Carer 2 Information
Surname & Title: _____
Forename: _____
Relationship to pupil: _____
Do you have Parental Responsibility? Yes No
Please tick if living at pupil's address
Address (if different to pupil) _____

Postcode: _____
Email Address: _____
Mobile Tel no: _____
Home Tel no: _____
Work Tel no: _____

EMERGENCY CONTACT DETAILS

In the event of Parent / Carer being unavailable please give contact details of another adult we can contact
Name: _____ Relationship to pupil: _____
Tel no. _____

MEDICAL INFORMATION:

Details of your child's doctor
Name _____ Tel no. _____
Address: _____

Postcode: _____

DETAILS OF YOUR CHILD'S MAIN MODE OF TRAVEL TO SCHOOL (PLEASE TICK ONE BOX ONLY)

Walk	<input type="checkbox"/>	Cycle	<input type="checkbox"/>
Car Share	<input type="checkbox"/>	Public Bus Service	<input type="checkbox"/>
Dedicated School Bus	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
Train	<input type="checkbox"/>	London Underground	<input type="checkbox"/>
Metro / Tram / Light Railway	<input type="checkbox"/>	Other	<input type="checkbox"/>

BROTHERS / SISTERS CURRENTLY ATTENDING SHIRLEY HIGH SCHOOL

Name: _____	Tutor Group: _____
Name: _____	Tutor Group: _____
Name: _____	Tutor Group: _____

LAST SCHOOL ATTENDED

Name: _____ Tel no. _____

Address: _____

Postcode _____

MEDICAL INFORMATION

Please indicate if your son/daughter suffers from any of the following medical conditions.

Please provide medical evidence from your medical professional where possible to support the information provided

Vision Difficulties	<input type="checkbox"/>	Wears Glasses?	
		For board work	<input type="checkbox"/>
		For close work	<input type="checkbox"/>
		All the time	<input type="checkbox"/>
Colour Blindness	<input type="checkbox"/>		
Hearing Difficulties	<input type="checkbox"/>		
Speech Difficulties	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>		
Epilepsy	<input type="checkbox"/>		
Sickle Cell	<input type="checkbox"/>		
Asthma	<input type="checkbox"/>		
Allergies	<input type="checkbox"/>	Does your child carry an Epi-pen?	_____
(please specify e.g. Nuts, Hay Fever, Eggs, etc.)	_____		
Other	<input type="checkbox"/>	_____	

Please note, pupils must not carry medication other than asthma pumps/EpiPens.

All medicines **MUST** be left with the First Aider in the Medical Room, where they will be securely locked in a cabinet. Please ensure they are clearly marked with pupil's name/tutor group.

If you have any queries concerning the above, or wish to discuss a particular medical problem, please contact your son's/daughter's Head of Year.

PUPILS INTERESTS / TALENTS

To help us get to know your child, please tell us their favourite subjects; _____

Does your child attend any clubs outside of school? Please give details; _____

Does your child have a particular talent in Performing Arts? (Dance, Drama, Music) _____

Ethnic Data

- | | | | |
|---|--------------------------|--------------------------------------|--------------------------|
| Black African | <input type="checkbox"/> | Traveller of Irish Heritage | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> |
| White British | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Gypsy/Roma | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Any other mixed background | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | Any other White background | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Any other ethnic group please state: | <input type="checkbox"/> |
| I do not wish an ethnic background category to be recorded: | <input type="checkbox"/> | | |

Language

MAIN LANGUAGE(S) SPOKEN IN THE HOME: _____

Any other language spoken by your child other than the above: _____

Religion

- | | | | |
|-----------------------|--------------------------|--|--------------------------|
| Baptist | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | No Religion | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Quaker | <input type="checkbox"/> |
| Christian(Ecumenical) | <input type="checkbox"/> | Roman Catholic | <input type="checkbox"/> |
| Church of England | <input type="checkbox"/> | Russian Orthodox | <input type="checkbox"/> |
| Congregational | <input type="checkbox"/> | Salvation Army | <input type="checkbox"/> |
| Free Church | <input type="checkbox"/> | Seventh Day Adventist | <input type="checkbox"/> |
| Greek Orthodox | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | United Reform | <input type="checkbox"/> |
| Jehovah Witness | <input type="checkbox"/> | Any other religion (please state)..... | |
| Jewish | <input type="checkbox"/> | I do not wish a Religion to be recorded: | <input type="checkbox"/> |
| Methodist | <input type="checkbox"/> | | |

REFUGEE / ASYLUM SEEKER

Please tick if this category is appropriate to you.

FREE SCHOOL MEALS

If your child is currently receiving Free School Meals please tick here

BIOMETRIC DATA

At Shirley High School our Cashless Catering system uses biometrics and pin codes to quickly identify each pupil. This helps to speed up the lunch service. The biometrics are collected by scanning each person's fingers. The biometrics are stored only on our Cashless Catering system and are not available to any other system. They are not released to outside agencies and they are removed from our system when your child leaves the school.

In accordance with the GDPR and Data Protection Act 2018, we need your consent for your child to use these systems. We would like your consent in order to do this, and use the information in the ways described above. If you're not happy for us to do this, that's not a problem – we will accommodate your preferences.

If you change your mind at any time, you can let us know by emailing our Data Protection Officer at dpo@shirley.croydon.sch.uk, calling the school on 020 8656 9755, or just popping in to the school Reception.

Yes I Do consent to the processing of my child's biometric data

No I Do not consent to the processing of my child's biometric data

CONSENT FOR TAKING AND USING PHOTOS

At Shirley High School, we really value using photos of pupils, to be able to showcase what pupils do in school and show what life at our school is like to others. We use these photos in the school's prospectus, on the school's website, social media and on display boards around school.

We would like your consent to take photos of your child, and use them in the ways described above. If you're not happy for us to do this, that's not a problem – we will accommodate your preferences.

If you change your mind at any time, you can let us know by emailing our Data Protection Officer at dpo@shirley.croydon.sch.uk, calling the school on 020 8656 9755, or just popping in to the school Reception.

I am happy for photos / videos of my child to be used on the school website. Yes No

I am happy for photos of my child to be used in the school newsletter. Yes No

I am happy for photos of my child to be used in the school prospectus. Yes No

I am happy for photos of my child to be used in internal displays. Yes No

I am happy for photos / videos of my child to be used on social media (e.g. Facebook). Yes No

Any changes to the above should be notified to the school office as soon as possible. New forms are available from Reception. Information supplied may be used for registered purposes under the terms of the GDPR

Signature of Parent / Carer _____ Date: _____

