

**ENROLMENT BOOKLET**

**External applicants**

**SIXTH FORM**

**Full name of student: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**It is important that all sections are complete and that the**

**booklet is signed.**

**You are required to provide your child’s original birth certificate, and proof of address.**

**As part of the Admission process, we also need to see\* the Passport/Photographic ID for the Legal Parent/Guardian, in its original form.**

\*Identification is not required for internal applicants

**If there is a Special Guardianship Order (SGO) in place for the student, we must see full legal documentation to support the SGO.**

**Office use only**

**Evidence seen by:**

**Staff name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s original birth certificate seen? YES / NO**

**Parent/Carer ID seen? YES / NO**

**SGO seen (if applicable)? YES / NO**

**Basic Details**

|  |  |
| --- | --- |
| **Student’s \*legal forename(s):** |  |
| **Student’s \*legal surname:** |  |
| **Previous surname(s) – if applicable:** |  |
| **Preferred forename:** |  |

**\*As given on the student’s birth certificate.**

|  |  |
| --- | --- |
| **Date of birth:** |  |
| **Country of birth:** |  |
| **Female/Male:** |  |
| **Home address (including postcode):** |  |
| **Student’s personal email address** |  |
| **Student’s personal mobile phone number\*** |  |

\*The school will use this to regularly communicate key messages with students, including changing start times, detentions etc.

|  |  |
| --- | --- |
| **Details of siblings at Bacon’s College** | |
| **Name(s):** | **Tutor Group(s):** |

**Parent/Carer Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Parent/Carer** | | | | |
| Title (e.g. Mr, Miss, Mrs, Dr): | |  | | |
| Forename: | |  | | |
| Surname: | |  | | |
| Relationship to child: | |  | | |
| Legal Guardian: | | Yes / No | | |
| Primary Guardian (lives with student and has daily parental responsibility): | | Yes / No | | |
| Can collect: | | Yes / No | | |
| Has the legal right to receive communication from the school: | | Yes / No | | |
| Address:  (Please add address details if they are different to the child’s home address) | |  | | |
| Home phone No: |  | | Daytime phone No: |  |
| Mobile phone No: |  | | E-mail address: |  |
| **2nd Parent/Carer** | | | | |
| Title (e.g. Mr, Miss, Mrs, Dr): | |  | | |
| Forename: | |  | | |
| Surname: | |  | | |
| Relationship to child: | |  | | |
| Legal Guardian: | | Yes / No | | |
| Primary Guardian (lives with student and has daily parental responsibility): | | Yes / No | | |
| Can collect: | | Yes / No | | |
| Has the legal right to receive communication from the school: | | Yes / No | | |
| Address:  (Please add address details if they are different to the child’s home address) | |  | | |
| Home phone No: |  | | Daytime phone No: |  |
| Mobile phone No: |  | | E-mail address: |  |

**Additional Emergency Contact Details**

|  |  |
| --- | --- |
| **Name of Emergency Contact 1:** |  |
| Relationship to child: |  |
| Permission to collect: |  |
| Telephone number(s): |  |
| **Name of Emergency Contact 2:** |  |
| Relationship to child: |  |
| Permission to collect: |  |
| Telephone number(s): |  |

**Arbor (school’s MIS system)**

**Arbor is an extremely quick, efficient, and cost-effective way for the school to communicate with Parents/Carers, for example:**

* **School closures: due to poor weather conditions**
* **Reminders and information**
* **Dates for your diary**
* **Newsletters**

**The school uses this channel for vital communication to Parents/Carers. We encourage you to keep all contact details as up to date as possible with the school.**

**We urge you to ensure that you have your Arbor notifications switched on in your mobile phone settings.**

**Lunch Arrangements**

Has your child been in receipt of Free School Meals during their time in secondary school? **YES / NO**

Is your child currently eligible for Free School Meals? **YES / NO**

**Applying for Free School Meals**

Please find free school meal information overleaf.

**Free School Meals**

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

* Income Support
* Income-based Jobseeker’s Allowance (JSA)
* Income-related Employment and Support Allowance (ESA)
* Support under Part VI of the Immigration and Asylum Act 1999
* The guaranteed element of State 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 - your household income must be less than £7,400 a year (after tax and not including any benefits you get)

**How does it work?**

Registering is quick and easy. Please visit [https://www.cloudforedu.org.uk/ofsm/link2ict](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cloudforedu.org.uk%2Fofsm%2Flink2ict&data=05%7C01%7C%7C4340ab80ad57476ad46608da8f809e03%7Ca4d068aa090e4f55a950b1b95cea1c6b%7C0%7C0%7C637980079809331011%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=pFTEJ7IShPVMs0I1GsghNgY0v6LNUtPiPHy53xVgGhE%3D&reserved=0) to complete an online application form. **This can also be found on our website.**

You will be required to have the following information to hand:

* Your own name, and date of birth
* Contact details
* National Insurance number or National Asylum Seekers Number
* Child’s full name and date of birth
* Name of School (Bacon’s College)

For any queries, please email [schooloffice@baconscollege.co.uk](mailto:schooloffice@baconscollege.co.uk)

**Registering for Free School Meals will not affect any other benefits you are claiming.**

**Data Sharing**

The information provided to Bacon’s College will be used to process Free School Meals applications. We may share the information provided with other bodies responsible for auditing or administering public funds, or to undertake local anti-fraud initiatives. In addition, we may share the information with third parties such as Southwark Council departments, Government departments or other local authorities. For further information on data sharing, and our full Privacy Policy, please visit our website.

**Data Controller**

The Data Controller for personal information held by the Group’s Academies is United Learning Trust (ULT). ULT is registered with the ICO under registration number Z7415170. The Company Secretary, Alison Hussain, is responsible for ensuring that the group complies with the Data Protection Law. She can be contacted on company.secretary@unitedlearning.org.uk or 01832 864538.

**Previous School History**

|  |  |
| --- | --- |
| **Name of previous Primary school:** |  |
| **County/Local Authority:** |  |
| **Country:** |  |
| **Dates attended:** |  |
| **Name of other previous primary school**  **(if applicable):** |  |
| **County/Local Authority:** |  |
| **Country:** |  |
| **Dates attended:** |  |
| **Name of previous secondary school**  **(if applicable):** |  |
| **County/Local Authority:** |  |
| **Country:** |  |
| **Dates attended:** |  |
| **Name of other previous secondary school (if applicable):** |  |
| **County/Local Authority:** |  |
| **Country:** |  |
| **Dates attended:** |  |

**Health Record**

|  |  |  |
| --- | --- | --- |
| **Has your child ever had any of the following?** | **YES/NO** | **Full Details** |
| Severe Headaches/Migraines |  |  |
| Asthma/Bronchitis |  |  |
| Heart Condition |  |  |
| Seizures |  |  |
| Diabetes |  |  |
| Hearing or Vision Defect |  |  |
| Anxiety, Fears or Phobias |  |  |
| Sickle Cell Anaemia |  |  |
| Please give any further medical information about your child that you feel would be useful |  |  |

**Immunisation**

|  |  |  |
| --- | --- | --- |
| **Has your child been immunised against the following?** | **YES/NO** | **Date of booster** |
| Tetanus |  |  |
| Poliomyelitis |  |  |
| Measles |  |  |
| Rubella |  |  |
| BCG |  |  |
| Other (please give details) |  |  |

|  |
| --- |
| Name of Doctor: Telephone number:    Address: |

**Family Doctor Details**

**Allergies and Dietary Requirements**

**MY CHILD HAS ALLERGIES OR DIETARY REQUIREMENTS: YES/NO**

**Please specify any allergies your child has:**

(The 14 major food allergy groups are listed below)

|  |  |  |  |
| --- | --- | --- | --- |
| **Allergy** | **Tick** | **Allergy** | **Tick** |
| Celery Allergy |  | Molluscs (Shellfish)  mussels, squid Allergy |  |
| Cereals containing Gluten Allergy |  | Mustard Allergy |  |
| Crustaceans  crab, lobster Allergy |  | Nut Allergy  (please specify type of nut) |  |
| Egg Allergy |  | Peanut Allergy |  |
| Fish Allergy |  | Sesame Seed Allergy |  |
| Lupin Allergy |  | Soya Allergy |  |
| Milk/Dairy Allergy |  | Sulphur Dioxide  Sulphites Allergy |  |

**Does your child have any other allergies not listed? YES/NO**

**If your child has any allergies please complete this section with full details of allergy - ie coconut or type of nut/type of pulse or bean:**

|  |
| --- |
| Type of allergy/allergies: |
| **Medication required in support of allergy:** **Yes / No**  Antihistamines required:    Other medication:  Epi-Pen required: (If Yes, please attach their care plan) |

**Dietary Requirements**

|  |  |
| --- | --- |
| **Type** | **Tick** |
| Halal only |  |
| Kosher food only |  |
| No gelatine |  |
| No beef |  |
| No pork |  |
| Vegan |  |
| Vegetarian |  |
| Food intolerance  (ie lactose - please specify below) |  |

**Medication and Personal Information**

**1. Disability**

|  |  |
| --- | --- |
| Do you consider your child to have a disability?  If YES, are they registered disabled?    Nature of disability:  Special requirements: | **YES / NO**  **YES / NO** |

**2. If your child takes any medication, please complete the section below:**

|  |  |
| --- | --- |
| 1. Ailment: |  |
| 2. Type of medication: |  |
| 3. How is it administered: |  |
| 4. Time it has to be taken: |  |
| 5. Frequency: |  |
| 6. Prescribed dosage: |  |
| 7. Any side effects: |  |
| 8. Can your child administer medication independently? |  |

Will your child need to take medication during the school day? **YES / NO**

Does your child have an existing Individual Healthcare Plan?  **YES / NO**

**If Medicine is to be administered in school, you must complete the form overleaf.**

**Asthma:**

Bacon’s College hold a universal Salbutamol inhaler, for use in a medical emergency when a pupil has no access to their personal device. **This can only be administered to pupils with parental consent.**

**I consent to my child being administered the universal Salbutamol inhaler in case of emergencies**

**Yes / No (please circle)**

**If you answered yes to Q2, please complete for each medicine to be administered.**

**Parental Agreement for School to Administer Medicine**

The school is unable to give your child medicine unless you complete and sign this form (Emergency treatment will be administered with the consent of the Headteacher). A form must be completed for each medicine administered**. Please request extra forms if necessary.**

|  |  |
| --- | --- |
| Name of school: | Bacon’s College |
| Name of child: |  |
| Date of birth: |  |
| School year: |  |
| Medical condition or illness: |  |

**Medicine**

|  |  |
| --- | --- |
| Name/Type of medicine  (as described on the container): |  |
| Expiry date: |  |
| Dosage and method: |  |
| Time it has to be taken: |  |
| Special precautions/other instructions: |  |
| Are there any side effects that the school need to know about? |  |
| Self-administration: | **YES / NO** |
| Procedures to take in an emergency |  |

**NB:. All prescribed medicines must be in the original container as dispensed by the pharmacy & must state the pupil’s name, and dosage.**

**Declaration**

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school’s policy.**

**Prescribed medication: 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.**

**If more than one medicine is required a SEPARATE FORM MUST BE COMPLETED FOR EACH ONE.**

**Name of Parent/Carer:** ……………………………………………………………………………

**Relationship to child:** ……………………………………………………………………………

**Signature of Parent/Carer:** ………………………………………………………………………

**Date:** …………………………………………………………………………………………………

**Additional Information**

|  |
| --- |
| Is either Parent or Carer a member of the Armed Forces? **YES / NO** |
| Does your child have a Special Educational Need? **YES / NO**  If Yes, please outline the details: |
| Do they have an EHCP **YES / NO** |
| **Have you had any contact with the following services? If yes, please provide a copy of the report/letter** |
| Education Psychology Service **YES / NO** |
| Speech and Language Therapist **YES / NO** |
| CAMHS **YES / NO** |
| Attendance Advisory Service **YES / NO** |
| Sunshine House **YES / NO** |
| Community Paediatrician **YES / NO** |
| Occupational Therapist **YES / NO** |
| Have you any specific information you would like to share about your child’s education  (e.g. aptitudes, extra-curricular learning or areas of concern)? |

**Safeguarding**

|  |  |
| --- | --- |
| Are you currently working with a Family Support Worker or Social Worker? |  |
| Is your child currently a ‘Looked After Child’ in Foster Care? |  |
| Has your child ever been Looked After by the Local Authority (In Care)? |  |
| Is your child subject to a Care Order or Special Guardianship Order? |  |
| Is your child currently in a Private Foster Care arrangement? |  |
| Has your child ever been in a Private Foster Care arrangement? |  |
| Has your child been Adopted following a period in Foster Care? |  |
| Is your child a Young Carer? |  |
| Would you like to speak to the School’s Safeguarding Officer to discuss any of the above? |  |

**Parental Consent for General Consultation**

**and Liaison with Universal Services**

At Bacon’s College we aim for a multi-agency approach in order to support the development of children and young people throughout their school life. Multi-agency working allows us as a school to access specialist knowledge in order to provide support to children and young people if required.

The agency services we most usually work with are the Speech and Language Therapy service (SALT); Educational Psychology service (EP); Children and Adolescent Mental Health Service (CAMHS); the Local Authority SEN team; school nursing team; Sunshine House; Occupational Therapy Service (OT); Southwark Sensory Service. All such agencies will also have their own consent forms which are required to be signed by parent /carer for any individual assessments, interventions or specific case work.

Please sign below that we have consent for general consultation and liaison with other agencies. Any intervention with professionals beyond this general approach would only occur once a parent / carer has been contacted and an individual consent form for the relevant service has been received.

For further information you can contact the SENDCO on: 020 7237 1928 or by email: [l.rayner@baconscollege.co.uk](mailto:l.rayner@baconscollege.co.uk)

**Collection and Recording of Pupils’ Ethnicity**

The following two pages are an ethnic monitoring form for you to fill in about the ethnic background of your child, as all schools are required to do this by the Government’s Department for Education (DfE). The Information Commissioner (formerly the Data Protection Registrar) has advised that pupils aged 11 – 15 are considered capable of deciding their own ethnicity. The DfE recommends that this decision be made with the support and knowledge of the parent or guardian. Pupils aged 16 and over are recommended to make their own decision.

The information you provide will be used to compile statistics on school careers and experiences of children from different backgrounds. This will help to ensure that all children have the opportunity to fulfil their potential. These statistics will not allow individual children to be identified publicly and the information will not be used for any other purpose. From time to time this information will be passed to the Local Education Authority and the DfE to contribute to local and national statistics. Information about your child’s ethnicity will be passed on to any other school to which your child transfers to save you having to be asked for it again. You can ask to check your child’s information at any time, and if you wish, have the ethnic background changed or removed.

**Notes for filling in boxes on Ethnicity:**

Our ethnicity describes how we think of ourselves. This may be based on many things including for example language, culture, ancestry or family history.

**Ethnicity is not the same as nationality or country of birth**

The Information Commissioner (formerly Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnicity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

**Please complete sections 1, 2 and 3 overleaf**

1. Please study the list and **tick one box only** to indicate the ethnicity of the pupil or child named in this form.

**WHITE ASIAN OR ASIAN BRITISH**

BRITISH

INDIAN

IRISH

PAKISTANI

BANGLADESHI

TRAVELLER OF IRISH HERITAGE

GYPSY / ROMA

ANY OTHER ASIAN BACKGROUND

TURKISH / TURKISH CYPRIOT

**BLACK OR BLACK BRITISH**

WHITE EUROPEAN

CARIBBEAN

WHITE OTHER

GHANAIAN

NIGERIAN

**MIXED / DUAL BACKGROUND**

SOMALI

WHITE AND BLACK CARIBBEAN

WHITE AND BLACK AFRICAN

OTHER BLACK AFRICAN

WHITE AND ASIAN

ANY OTHER BLACK BACKGROUND

ANY OTHER MIXED BACKGROUND

**ANY OTHER ETHNICITY**

VIETNAMESE



**CHINESE**

CHINESE

ANY OTHER ETHNICITY



I DO NOT WISH AN ETHNICITY TO BE RECORDED



N.B. The above categories are based on the ethnicity groupings provided by the DfE.

**2a.** Which language does your child speak most often at home? Please tick box marked **A**

**2b.** Which other language does your child also speak at home? Please tick box marked **B**

**If the ‘language spoken most’ at home or second language spoken is not included in the list below, please write in box marked ‘Other’.**

**A B**

**A B**

PUNJABI

ARABIC

BENGALI

PORTUGUESE

CANTONESE

ROMANIAN

CROATIAN

SOMALI

ENGLISH

SPANISH

FARSI

TAMIL

TIGRYANI

FRENCH

GREEK

TURKISH

GUJARATI

TWI

UKRANIAN

HINDI

URDU

IGBO

VIETNAMESE

ITALIAN

YORUBA

KURDISH

LUGANDA

**OTHER (please specify):**

**3.** What is your child’s religion?

**If your child’s religion is not included in the list, please write in box below marked ‘Other’**

BUDDHIST

MUSLIM

CHRISTIAN

RASTAFARIAN

HINDU

SIKH

JEHOVAH’S WITNESS

NO RELIGION

JEWISH

**OTHER**

**Home-School Partnership Agreement**

At Bacon’s College, Parents and Carers are welcomed, informed and involved in their child’s education. The three-way partnership between Parents/Carers, students and the school is built on shared trust, confidence and understanding. We find that working together in this way is essential for each young person’s success.

The Home-School Partnership is underpinned by good communication which includes:

* Termly progress reports
* An annual parent evening for you to meet with your child’s subject teachers
* Electronic communication of letters and information
* Daily monitoring of your child’s day at school through Arbor parent portal

**We ask Parents/Carers to give their support so that the focus of communication is on the positives. We seek to reward and celebrate achievements regularly and especially in our half termly celebration assemblies.**

**At Bacon’s College, we believe that every student has the right to learn in a safe and disruption free environment. This is a fundamental entitlement for every student. If a student does disrupt the learning or impact on the wellbeing of another student, then, following a clear warning, they will be removed from the classroom and you will be contacted.**

**We will work together with you and your child to draw up a necessary programme of support and monitoring for improvement, if we find that they are repeatedly disrupting learning.**

**We will not tolerate those who disrupt the school experience for others, either within or beyond the classroom.**

We ask our Parents/Carers to:

* Ensure that their child attends school every day, on time, dressed appropriately and properly equipped for learning
* Make contact with the school before 8.30am if, for any reason, their child is not able to attend school
* Ensure that the school has up to date contact details (telephone and email) for emergency use
* Support their child with homework and independent work by providing encouragement and a quiet working space at home
* Encourage their child to participate in extra-curricular activities
* Support our Behaviour for Learning Policy where necessary – for instance, making any necessary arrangements for their child to complete any detentions or start school earlier/finish later than other students to facilitate the support the school wishes to provide
* Attend parent evenings
* Ensure that they do not need to take their child out of school for any unauthorised absences, such as holidays during term time

We expect all our students to:

* Arrive at school on time each day, dressed appropriately and with all the necessary equipment
* Complete all homework tasks set on time and to the best of their ability
* Take pride in their work, presenting it well and ensuring that exercise books and folders are kept well organised
* Take an active part in school life by joining in with teams, groups and extra-curricular activities
* Ensure that they are contributing positively and actively in class and supporting the expectations of disruption free learning
* Read regularly and for pleasure, both at school and at home
* Know, understand and embrace the school’s values

**Bacon’s College Photo/Video Consent Form**

We sometimes use images and videos of our students as part of our school displays and sometimes in other printed publications, on our school website and our social media feeds.  
  
• If we use photographs of individual pupils, we will not use the name of that child in the accompanying text or photo caption.  
• If we name a pupil in the text, we will not use a photograph of that child to accompany the article.  
• If a child has won an award and the parent would like the name of their child to accompany their picture, we will obtain permission from the parent before using the image.

Images and films may be used in the following ways:  
• Bacon’s College website  
• Bacon’s College social media feeds  
• Displays around the College  
• Printed or digital marketing materials, e.g. prospectus, online advertising, flyers, posters  
• Press releases

You can withdraw your consent at any time and can do so by email to [schooloffice@baconscollege.co.uk](mailto:schooloffice@baconscollege.co.uk) asking that we stop using your child’s images and or videos. **At that point they will not be used in future publications, but we cannot prevent them from continuing to appear in publications already in circulation**.

|  |  |  |
| --- | --- | --- |
| **I agree to consent to images of my child being used on the school’s:** | **Agree** | **Disagree** |
| Website |  |  |
| Twitter Feed |  |  |
| Facebook Page |  |  |
| LinkedIn Page |  |  |
| Instagram |  |  |
| YouTube Channel |  |  |
| Vimeo Channel |  |  |
| Newsletters |  |  |
| School prospectuses, flyers, leaflets and brochures |  |  |
| Other promotional material (such as banners, signs and displays) |  |  |
| Advertising in newspapers and other media |  |  |
| In and around the school building |  |  |
| In promotional materials to show the history of the school |  |  |
| Year 13 Yearbook |  |  |

**Consent for the use of Biometric Information in School/ College**

Bacon’s College uses an electronic recognition system which uses your child’s thumb print to take payment from your ParentPay account for food purchases in school.  
  
Your child’s thumb print is called ‘biometric information’, and Under the Protection of Freedoms Act 2012 (sections 26 to 28), we are legally required to notify you that we are using this information to enable students to pay for their food.  
  
Please be aware that we do not use this information for any other purpose, and all of your child’s personal information is stored securely and never shared unless we are required to do so for safeguarding reasons.

**Providing Your Consent/Objecting**

If one parent/carer gives consent for their child’s biometric information to be used, that consent can be cancelled if the other parent/carer objects in writing, or if the child objects. Even the parent who gives their consent can withdraw their consent at a later stage. But any consent, any withdrawal of consent, or any objection from a parent/carer must be in writing. A child’s objection does not have to be in writing.

**Consent Form for the Use of Biometric Information in School**

Please complete the form below if you consent to Bacon’s College taking and using information from your child’s fingerprint as part of an automated biometric fingerprint recognition system. This biometric information will be used by the school for the purpose of paying for food in the canteen.

In signing this form, you are authorising the school to use your child’s biometric information for these purposes until he/she either leaves the school or stops using the system. If you wish to withdraw your consent at any time, you must do so in writing.

If consent is not granted your child will be issued with a six digit pin code to use for food purchases in school.  
  
If you wish to withdraw your consent for us to use your child’s biometrics information in this way you must do so in writing to [schooloffice@baconscollege.co.uk](mailto:schooloffice@baconscollege.co.uk)   
   
Please note that when your child leaves Bacon’s College, or if for some other reason he/she ceases to use the biometric system, his/her biometric data will be securely deleted.  
  
Further information and guidance can be found via the following link- Department for Education’s ‘Protection of Biometric Information of Children in Schools [https://www.gov.uk/government/publications/protection-of-biometric-information-of-children-in-schools](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fprotection-of-biometric-information-of-children-in-schools&data=04%7C01%7C%7C3de840a175014e0e6a8708d9fb70e8e3%7Ca4d068aa090e4f55a950b1b95cea1c6b%7C0%7C0%7C637817284998079507%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=7fsGgzUXYRA5%2BbQVZzLqcc8Q9GAHQseY1GFw%2FxKE%2F9M%3D&reserved=0)

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

☐ I, as a Parent/Carer, give permission for their biometrics to be stored and used as part of the Live Register Biometrics System.

☐ I, as a Parent/Carer, do not give permission for their biometrics to be stored and used as part of the Live Register Biometrics System.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Group: \_\_\_\_\_\_

Parent/Carer Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Network Acceptable Use Agreement**

Before using any of the computer resources at Bacon’s College, this document should be read in its entirety by all students and their parent/ guardians to ensure you are informed about responsible use and are fully aware of the network policies and procedures. As a user of the College’s information technology, you share the responsibility with others within the community for the maintenance of a productive and secure computing environment.

You may access and use our network only for lawful and relevant purposes. You are responsible for any transmission you send, receive, post, access, or store via our network, including the content of any communication. Transmitting, distributing, or storing any material that violates any applicable law is prohibited. All users are expected to conduct themselves within acceptable boundaries and may not infringe on the following examples of unacceptable use.

**Responsible users may NOT:**

1. Use an account that does not belong to them
2. Give access to their account or give their password to others
3. Attempt to gain access to unauthorised areas or attempt to defeat security measures
4. Violate the rules of common sense and etiquette
5. Use any external email system such as Hotmail or Yahoo mail
6. Use any online SMS messaging services
7. Use any form of instant messaging or chat sites
8. Play games, including internet flash games
9. Change any files or data that do not belong to the user
10. Send or get copyright materials without permission. This includes video and music
11. Plagiarise others’ work i.e copy or paste without noting the source
12. Use the internet to bring into College any materials, which would be deemed unacceptable on paper
13. Actively search for offensive/ inappropriate materials
14. Use any sites or systems in an attempt to bypass the College systems
15. Load any software or executable onto a College machine
16. Physically damage, deface or in any way vandalise any of the College’s IT equipment

As access to the internet provides connections to other computer systems located all over the world, users (and parents, if the user is under 18) must understand that Bacon’s College does not control the content of the information on these systems. Some of the information available is controversial and, sometimes, offensive. Bacon’s College does not condone the use of such materials. The College will use its best endeavours to prevent access to all such inappropriate materials.

Bacon’s College reserves the right to routinely monitor and log network and user activity on our systems. Bacon’s College cannot be held responsible for the deletion, corruption or loss of work and data stored on the College network. Bacon’s College reserves the right to view any file, stored on, or viewed from its network and to take appropriate action if these files contravene the policy.

This form must be completed before gaining access to the College IT systems. As a network user, you will receive a unique username based on your student number. This account will provide you access to the College email, extranet and internet systems, as well as providing you access to your own secure storage space on the network.

Your account will be terminated with immediate effect on leaving the College, but the College will endeavour to keep your user area stored for a further 6 months.

**Agreements**

|  |  |
| --- | --- |
|  | I have completed the Allergies and Dietary Requirements Form **Pages 7 & 8** |
|  | I have read, understood, and give parental consent for General Consultation and Liaison with Universal Services-**Page 13** |
|  | My child and I have read, understood, and agreed to the Bacon’s College Home-School partnership agreement **Page 17** |
|  | My child and I have read, understood, and agreed to the Bacon’s College Photo/Video Consent Form **Page 18** |
|  | I have read, understood and consent to the Biometrics policy **Page 19** |
|  | My child and I have read, understood, and agreed the Network Acceptable Use Agreement **Page 20** |

Signed by student …………………………………………………………………………..…………. Date ……………………………………………….……

Print student name …………………………………………………………………………….…………………..……………………………………….…………

Signed by Parent/Carer ………………………….…………………………………………………. Date …………………………..…….…………..……..

Print parent name ……………………………………………………………………………………………………………………………………………………….

**Notes**