

All schools are required by law to keep on record details of students admitted. We should therefore be grateful if you would complete, sign and return this booklet.

Surname of Student:

(Children should be registered by the surname on their birth certificate unless their name has been legally changed)

First Name(s):

Chosen Name/Surname (if different from legal name):

Date of Birth:

Your son/daughter's birth certificate will need to be checked before admission, along with a copy of the Deed Poll, if applicable. Please note that any official certificates (SATs, GCSEs and A Levels) will be issued with your son/daughter's legal name.

[For Office Use Only: Birth Certificate checked: Date and Initials]

DETAILS OF THOSE WITH LEGAL PARENTAL RESPONSIBILITY: (Please read the notes on page 2)

<p>Mother:</p> <p>SurnameMrs/Miss/Ms</p> <p>First Name</p> <p>Date of Birth</p> <p>Address.....</p> <p>.....</p> <p>Postcode:</p> <p>Telephone numbers: <i>(Please tick main number to contact in case of emergency)</i></p> <p>Home:<input type="checkbox"/></p> <p>Mobile:<input type="checkbox"/></p> <p>Work:<input type="checkbox"/></p> <p>Place of Work:</p> <p>Job Title:</p>	<p>Father:</p> <p>Surname.....</p> <p>First Name</p> <p>Date of Birth</p> <p>Address.....</p> <p>.....</p> <p>Postcode:</p> <p>Telephone numbers: <i>(Please tick main number to contact in case of emergency)</i></p> <p>Home:<input type="checkbox"/></p> <p>Mobile:<input type="checkbox"/></p> <p>Work:<input type="checkbox"/></p> <p>Place of Work:</p> <p>Job Title:</p>
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DETAILS OF TWO PERSONS WILLING TO BE CONTACTED IN CASE OF EMERGENCY IF PARENTS ARE NOT AVAILABLE:

<p>SurnameMrs/Miss/Ms/Mr</p> <p>First Name</p> <p>Address.....</p> <p>.....</p> <p>Postcode:</p> <p>Telephone numbers: <i>(Please tick main number to contact in case of emergency)</i></p> <p>Home:<input type="checkbox"/></p> <p>Mobile:<input type="checkbox"/></p> <p>Work:<input type="checkbox"/></p> <p>Relationship:</p>	<p>SurnameMrs/Miss/Ms/Mr</p> <p>First Name</p> <p>Address.....</p> <p>.....</p> <p>Postcode:</p> <p>Telephone numbers: <i>(Please tick main number to contact in case of emergency)</i></p> <p>Home:<input type="checkbox"/></p> <p>Mobile:<input type="checkbox"/></p> <p>Work:<input type="checkbox"/></p> <p>Relationship:</p>
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**DETAILS OF ANY OTHER PERSONS WITH PARENTAL RESPONSIBILITY*:
(All those with parental responsibility must be included)**

SurnameMrs/Miss/Ms/Mr	SurnameMrs/Miss/Ms/Mr
First Name	First Name
Address.....	Address.....
.....
.....
Postcode:	Postcode:
Telephone numbers: <i>(Please tick main number to contact in case of emergency)</i>	Telephone numbers: <i>(Please tick main number to contact in case of emergency)</i>
Home: <input type="checkbox"/>	Home: <input type="checkbox"/>
Mobile: <input type="checkbox"/>	Mobile: <input type="checkbox"/>
Work: <input type="checkbox"/>	Work: <input type="checkbox"/>
Relationship:	Relationship:

* **Note: Those with Parental Responsibility as defined by The Children Act 1989 Under the above Act the people with legal authority for the child are:**

- (a) Married/separated/divorced parents – both parents have parental responsibility, even if they do not live with the child.
- (b) Unmarried parents – only the mother has parental responsibility unless the father has obtained it by agreement or via a Court Order.
- (c) Other people – only have parental responsibility through Court Orders, etc. Step-parents do not have parental responsibility automatically but are still 'parents' while they live with the child. There may, however, be times when the signature of those with parental responsibility will be required.
- (d) Local authority – where named in a child's care order.

Please attach a copy of any court orders relating to your child. Please tick if attached

Information relating to children not living permanently with their parents in Northamptonshire (including children of Service personnel)

If the child's residence at the present address (whether living with parents or any other person) is not permanent, please state the reason and probable duration of the stay, giving the address of the person with whom the child normally resides:

.....

.....

.....

Is the child in public care? Yes No

If 'Yes', which Authority is financially responsible for maintenance?

.....

With whom does the child normally spend his/her holidays?

Signature of person with legal responsibility:

Please print name: **Date:**

Emergency Procedure in the Event of Early Closure of the School

Due to the extent and geographical diversity of our catchment area, we have established within the School a procedure to be followed in the event of early closure becoming necessary.

We wish to fulfil our obligation to you as parents/carers in these circumstances, and every effort will be made to care for your child in accordance with your wishes, under the circumstances prevailing at the time. In order that we may know your wishes regarding the options available to your child, it is important that we have up to date information for our emergency procedures.

Emergency Address Information:

Please give the name and address WITHIN walking distance of the School which could be used as a safe destination to go to in an emergency and from where your son/daughter could contact you if he/she has not already done so.

Name of Householder:

Address:

.....

Telephone:

Please tick **one box only in Section A** OR **one box in each part of Section B** as appropriate, and complete the emergency address information above.

**Section A:
For children who live within walking distance
of the School**

In the event of early closure I wish my son/daughter to:

- 1 Make his/her own way home as he/she has a key/I shall be at home.
- 2 Make his/her own way to the emergency address given above.
- 3 Make his/her way home with brother/sister as they have a key/I shall be at home.
- 4 Make his/her way with brother/sister to a neighbour's house.
- 5 Remain at the School until I collect him/her.

**Section B:
For children who live outside walking
distance of the School**

In the event of early closure I wish my son/daughter to:

- 1 Travel home on the bus if it is running as he/she has a key/I shall be at home.
- 2 Travel home on the bus if it is running and make his/her way to a neighbour's house
- 3 Remain at the School until I collect him/her.

In the event of the bus or transport not running, he/she should:

- 1 Remain at the School until I collect him/her.
- 2 Go to the emergency address as given above.

Home / School Agreement

AS TEACHERS AT THE SCHOOL WE WILL:

- Care for your son/daughter's safety and happiness
- Encourage high standards of behaviour from your son/daughter
- Provide a balanced curriculum to meet the needs of your son/daughter
- Praise, reward and encourage your son/daughter to do their very best so we can develop your son/daughter's talents and abilities as fully as possible
- Keep you informed about your son/daughter's progress in particular, and about School matters in general
- Help your son/daughter leave the School well equipped to make the most of the career opportunities available
- Be available to discuss your son/daughter's progress / any concerns

AS A PARENT I WILL:

- Ensure that my son/daughter attends the School regularly, on time and properly equipped
- Take an active and supportive interest in my son/daughter's work and progress, including home learning
- Attend Parents' Evenings and other discussions about my son/daughter's progress
- Support the School's strict policies and regulations on behaviour and uniform including a) up to 1 hour detentions without notice and b) same-day severe incident after-school detentions 3.00 pm – 6.00 pm with notice
- Check and sign the "Student Planner" each week
- Let the School know of any concerns or problems that might affect my son/daughter's work or behaviour
- Support the authority and discipline of the School including the wearing of correct School uniform, School detentions and other sanctions
- Avoid holidays in term time
- Ensure my son/daughter abides by the School's Mobile Phone Policy
- Keep contact details up-to-date and let reception staff know if our details change

AS A STUDENT OF THE SCHOOL I WILL:

- Attend the School regularly and arrive on time
- Bring all the equipment and kit that I need for everyday
- Wear the correct School uniform and be tidy in appearance
- Complete all my class work and home learning as well as I can
- Be respectful, be polite and be helpful to other students and the teachers
- Care for the School environment and help to keep the School free from litter and graffiti
- Not use mobile phones or any electronic media device on School premises

We understand and support the Home / School Agreement

For the Student..... Date:..... Tutor:.....
(Write in capital letters)

For the Parents..... Date.....

For the School..... Date.....

I do / do not give permission for my son/daughter to have their photograph published in the School prospectus, local newspapers or on displays around the School, if required.

Signed: Date:
(Parents Signature)

E-SAFETY AND RESPONSIBLE NETWORK/INTERNET USE RULES

We use the School computers and Internet for learning. These rules will help us to be fair to others and keep everyone safe. I understand that the School ICT systems may not be used for private purposes, unless specific permission has been granted by the Principal or Science/ICT Faculty Leader.

- When using the network and Internet, I will use only my login and password and I will not share these with anyone
- I will not interfere with other people's files. Nor will I do anything on the network that might corrupt the system. If I see such activity I will report it immediately to the Science/ICT Faculty Leader or Technician
- I will not put CDs into the CD drive without asking permission from my teacher
- If I bring a USB device into the School with work on it, I will always check with my teacher before inserting it into the USB socket. If my USB device contains music that I want to listen to I will always ask my teacher before doing so. I will not transfer music files to my user area
- When on the Internet at the School
 - I will not download any files without permission from my teacher
 - I will not use Internet chat rooms or social networking services
 - I will not pass my personal details on to anyone
 - I will not use the facilities for personal financial gain, gambling, political purposes or advertising
 - I will not play games unless I have been given permission to do so by my teacher
 - I will not knowingly access any illegal Web sites
 - I will report any inappropriate sites to my teacher
 - I will respect copyright and intellectual property rights by not copying anything found on the Internet without permission from my teacher
- When using email
 - I will only email people I know, or when my teacher has given me approval
 - My messages will be polite and sensible
 - I will not send anonymous messages or chain letters and will tell my teacher if I receive any of these
 - If I see anything I am unhappy about, I will tell my teacher
 - I will not open any attachments without asking my teacher's permission
- If I cause deliberate damage to any ICT equipment my parents/guardian will be informed and I will be charged for a replacement

I understand that if I break any of these rules, my access to the network and/or Internet may be withdrawn.

I understand that the School may check my computer files and may monitor the Internet sites I visits.

Student:	Tutor:
Student's Agreement I have read and understand the School rules for e-Safety and Responsible Network/Internet. I will use the computer system and Internet in a responsible way and obey these rules at all times.	
Signed:	Date:
Parent's Consent for Internet Access I have read and understand the School rules for e-Safety and Responsible Network/Internet Use and give permission for my son/daughter to access the Internet. I understand that the School will take all reasonable precautions to ensure students cannot access inappropriate materials. I understand that the School cannot be held responsible for the nature or content of materials accessed through the Internet. I agree that the School is not liable for any damages arising from use of the Internet facilities.	
Signed:	Date:
Please print name:	

Communication with Parents/Guardian

As part of the ongoing ICT improvements within the School, we would like to take this opportunity to record how many of our students have Internet access from home and your electronic details, so we can inform you of the exciting new developments we have planned as they happen.

Internet access at home? Yes No

Parent's email address:

Student's email address:

Thomas Becket Catholic School uses the electronic delivery of School communications, including reports and assessments, through the use of SMS, email and online access to documents, as the School believes that this will be more effective, efficient and environmentally friendly. Parents/guardians will be given access to the School's electronic information system, where you will be able to view your child's attendance, assessment data, rewards, sanctions and timetable on a daily basis. To ensure that you receive all communications please complete one of the boxes below.

- I prefer to receive communications by email/SMS/online access
- I prefer to receive communications by post (hard copies)

Data Protection - Privacy Notice for pupils, students, learners and trainees

The information you supply will be used by the Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. For more information about how your information is processed and shared refer to the Extended Privacy Notice available on Gov.UK.

Students, as data subjects, have certain rights under the Data Protection Act, including a general right of access to personal data held on them. If you wish to access your personal data, or you wish your parents to do so on your behalf, then please contact the relevant organisation in writing:

- The School at Thomas Becket Catholic School, Kettering Rd North, Becket Way, Northampton NN6 3HT
- Northamptonshire County Council - northamptonshire.gov.uk
- the QCA's Data Protection Officer at QCA, 83 Piccadilly, London, W1J 8QA;
- Ofsted's Data Protection Officer at Alexandra House, 33 Kingsway, London WC2B 6SE;
- LSC's Data Protection Officer at Cheylesmore House, Quinton Road, Coventry, Warwickshire CV1 2WT;
- the DCSF's Data Protection Officer at DCSF, Caxton House, Tothill Street, London, SW1H 9NA.

In order to fulfil their responsibilities under the Act the organisation may, before responding to this request, seek proof of the requestor's identity and any further information required to locate the information requested. Separately from the Data Protection Act, regulations provide a student's parent (regardless of the age of the student) with the right to view, or to have a copy of, their child's educational record at the School. If you wish to exercise this right you should write to the School.

School Meals

Is your child entitled to free school meals? Yes No IF 'yes', date approved: _____

If 'no' School meal Packed lunch Home Cash Free Cafeteria

Regular participation in Inter-School Sports activities

The School takes part in a number of inter-school sports activities during the year. These include fixtures, festivals, galas and tournaments across a wide range of sports and other activities. In the last year the School has completed friendly fixtures, league and cup competitions and we anticipate running a similar programme in the coming year.

The School needs to ensure that all the young people involved in inter-school sport are safe and that their parents/carers know where they are and what time they are likely to return to the School. At all times the young people on the sports activity will be supervised by a suitably qualified member of staff from the School; transport to and from the event will be to the standard required by the LEA; all activities will be referred/umpired by suitably qualified teachers or nominated representatives, e.g. *Qualified Football referees*. If your son/daughter is included in the team for a particular event we will let you know at least 2 days in advance giving approximate time for return. In the event of a late return, *i.e. in the event of an injury requiring medical attention*, we will contact you with a revised time of arrival.

If your son/daughter is likely to be involved in adventurous activities, *e.g. sailing or canoeing*, included on a residential visit or visit to another country, we will write to you separately. These activities are not included in our normal inter-school sports programme.

Your son/daughter is likely to be involved in a number of these activities and we are seeking your permission to allow your son/daughter to take part in these activities during the coming year.

Please complete the accompanying sheet remembering to let us know if there are any changes to your son/daughter's medical conditions.

PARENTAL PERMISSION TO PARTICIPATE IN INTER-SCHOOL SPORTS ACTIVITIES

I have read the letter asking me to permit my son/daughter to take part in inter-school sports activities. I understand this does include a wide range of sports activities and does not include adventure activities, residential visits or foreign visits.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the college staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

I agree and understand that as the nature of some visits involves an element of remote supervision my son/daughter will not be directly supervised at all times and that appropriate arrangements will have been made and agreed during the planning stage.

I give / do not give permission for to take part in inter-school sports activities during their time at Thomas Becket Catholic School.

Signed: **Date:**

PERMISSION TO LEAVE THE SCHOOL PREMISES FOR SCHOOL ACTIVITIES

Please complete and sign this form, which will be kept in a separate file.

Student:

I give permission for my child to leave the School premises, under proper supervision when relevant for learning or School activities.

Signed: **Date:**
(Parent/guardian)

Providing information to Connexions services providers

For students approaching or above age 13, the School is also required to pass on information to NCC/Connexions services providers on request. This information includes the name and address of the student and parent, and any further information relevant to the NCC/ Connexions services' role, which is to support young people, helping them to achieve their potential and to realise benefits from education and training. However parents, or the student themselves if aged 16 or over, can ask that no information beyond name and address (for student and parent) be passed on to NCC/ Connexions. Please tick the boxes below if you give or withhold your consent for the School to pass information to Connexions.

Yes No

The LEA/NCC and TBCS may supply to Connexions services providers information which they have about your child, but will not pass on any information they have received from the School if you (or your child if aged 16 or over) have notified the School that Connexions should not receive information beyond name and address.

Signature of person with legal responsibility:

Please print name: **Date:**

Schooling details

Name of previous school:	_____		
Address:	_____ _____		
County/Education Authority:	_____		
Date started:	_____	Date left:	_____
Reason:	_____		
Name(s) of sibling(s) who are attending, or have attended Thomas Becket Catholic School:			

HEALTH / MEDICAL INFORMATION

Please complete and sign this form, which will be kept in a separate file for emergency purposes.

Surname of student:	
First Name(s):	Date of Birth:
Address:	
..... Telephone Number:	

Details of the Student's Doctor:	Details of any other clinic/hospital that the student attends:
Name:	Name:
Surgery:	Surgery:
.....
..... Postcode: Postcode:
Telephone Number:	Telephone Number:

My son/daughter is allergic to:
.....
My son/daughter suffers from:
.....

Date of my son/daughter's last anti-tetanus injection:
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CONSENT

Please tick as appropriate

In the event of my son/daughter requiring emergency treatment and the Principal (or his representative) being unable to contact me, I give consent for the member of staff accompanying my son/daughter to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the wellbeing of my son/daughter.

Yes No

I agree to my son/daughter being treated with alcohol-free antiseptic wipes at the School, should the need arise.

Yes No

Signature of person with legal parental responsibility:

Please print name: Date:

Medical details

Does your son/daughter:	Yes	No
1. Have any health conditions, severe headaches, fit, blackouts (e.g. heart condition, asthma, bronchitis) or disability (e.g. diabetes, deafness) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has it lasted or is it expected to last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this have a substantial effect on your child's ability to carry out day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Take regular medication? If so please give details below of medication/tablet <input type="checkbox"/>		<input type="checkbox"/>
5. Regularly need to use an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have an allergy?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any recent contact with contagious diseases and infections?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above questions, your son/daughter may have met the Disability Discrimination Act 2005 definition which means that you have certain rights under the law. Please tick the boxes below that more accurately describe your son/daughter's health condition or disability. The information will help us to identify what we need to do to support your child at the School.

Does/will your child have difficulty with:	Yes	No
• Moving about the School and going on School visits	<input type="checkbox"/>	<input type="checkbox"/>
• Use of hands and fingers (e.g. to hold a pen or pencil)	<input type="checkbox"/>	<input type="checkbox"/>
• Lifting, carrying or moving objects (e.g. carrying bag)	<input type="checkbox"/>	<input type="checkbox"/>
• Washing, going to the toilet, controlling the need to go to the toilet, dressing etc <input type="checkbox"/>		<input type="checkbox"/>
• Expressing themselves or understanding what others are saying	<input type="checkbox"/>	<input type="checkbox"/>
• All of the work in the School including reading, writing, number work or understanding information	<input type="checkbox"/>	<input type="checkbox"/>
• Hearing or eyesight	<input type="checkbox"/>	<input type="checkbox"/>
• Making friends, relating to adults, behaving appropriately in the School	<input type="checkbox"/>	<input type="checkbox"/>
• A medical need which has lasted or is expected to last more than 12 months and takes regular medication (<i>please give details under any other information</i>)	<input type="checkbox"/>	<input type="checkbox"/>
• Complex health needs requiring daily assistance in order to maintain optimum health such as physiotherapy at the School	<input type="checkbox"/>	<input type="checkbox"/>
Any other information we need to know about your child's condition:		
.....		
.....		

Thomas Becket Catholic School wished to ensure that there is good communication between the School and all families. Please give details below if you require support in any of the following ways:

- Information sent from the School in alternative formats e.g. Braille, large print
- Specific access requirements to the School buildings or to enable you to take part in consultation meetings e.g. interpreters for British Sign Language, loop system, explaining things over the phone.

.....

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SF MONITORING QUESTIONNAIRE

This form has been completed by: Parent / Carer or Student

Notes for Parents

All schools are required by the Department for Children, Schools and Families to collect information on students' ethnic background, home language, religion, whether their parents are Service Personnel and the method of travel to school they use. Parents/Carers of all students are being asked to tick **one** box on each section of this form. Please also tick whether a parent/carer or student filled in the form.

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.

It is recommended that young people over the age of 11 years old have the opportunity to decide their own ethnic identity. Parents/Carers are asked to support or advise those children aged over 11 in making his decision, wherever necessary. Students aged 16 or over can make this decision for themselves.

Please study the list below carefully and tick one box only to indicate the ethnic background of the student named. Should you not wish an ethnic category to be recorded please tick the box at the end of the questionnaire.

<input type="checkbox"/> Afghan	OAFG	<input type="checkbox"/> Nepali	ANEP
<input type="checkbox"/> African Asian	AAFR	<input type="checkbox"/> Other Asian	AOTA
<input type="checkbox"/> Albanian	WALB	<input type="checkbox"/> Other ethnic group	OPEG
<input type="checkbox"/> Any other black background	BOTH	<input type="checkbox"/> Other mixed background	MOTM
<input type="checkbox"/> Arab	OARA	<input type="checkbox"/> Other White British	WOWB
<input type="checkbox"/> Asian and any other ethnic group	MAOE	<input type="checkbox"/> Pakistani	APKN
<input type="checkbox"/> Bangladeshi	ABAN	<input type="checkbox"/> Portuguese	WPOR
<input type="checkbox"/> Black – African	BAFR	<input type="checkbox"/> Sri Lankan – Other	ASRO
<input type="checkbox"/> Black and any other ethnic group	MBOE	<input type="checkbox"/> Sri Lankan - Sinhalese	ASNL
<input type="checkbox"/> Black Caribbean	BCRB	<input type="checkbox"/> Sri Lankan Tamil	ASLT
<input type="checkbox"/> Bosnian-Herzegovinian	WBOS	<input type="checkbox"/> Thai	OTHA
<input type="checkbox"/> Chinese	CHNE	<input type="checkbox"/> Traveller of Irish Heritage	WIRT
<input type="checkbox"/> Chinese + any other ethnic group	MCOE	<input type="checkbox"/> Turkish	WTUK
<input type="checkbox"/> Croatian	WCRO	<input type="checkbox"/> Turkish Cypriot	WTUC
<input type="checkbox"/> Egyptian	OEGY	<input type="checkbox"/> Vietnamese	OVIE
<input type="checkbox"/> Filipino	OFIL	<input type="checkbox"/> White Other	WOTW
<input type="checkbox"/> Greek	WGRK	<input type="checkbox"/> White – English	WENG
<input type="checkbox"/> Greek Cypriot	WGRC	<input type="checkbox"/> White – Irish	WIRI
<input type="checkbox"/> Gypsy / Roma	WROM	<input type="checkbox"/> White – Scottish	WSCO
<input type="checkbox"/> Indian	AIND	<input type="checkbox"/> White – Welsh	WWEL
<input type="checkbox"/> Iranian	OIRN	<input type="checkbox"/> White + any other Asian background	MWAO
<input type="checkbox"/> Iraqi	OIRQ	<input type="checkbox"/> White and any other group	MWOE
<input type="checkbox"/> Japanese	OJPN	<input type="checkbox"/> White and Black African	MWBA
<input type="checkbox"/> Kosovan	WKOS	<input type="checkbox"/> White and Black Caribbean	MWBC
<input type="checkbox"/> Kurdish	OKRD	<input type="checkbox"/> White and Indian	MWAI
<input type="checkbox"/> Latin/South/Central American	OLAM	<input type="checkbox"/> White and Pakistani	MWAP
<input type="checkbox"/> Lebanese	OLEB	<input type="checkbox"/> White Eastern European	WEEU
<input type="checkbox"/> Malay	OMAL	<input type="checkbox"/> White Western European	WWEU
<input type="checkbox"/> Other – Please State:.....			
<input type="checkbox"/> I do not wish an ethnic background category to be recorded			

Country of Birth

Please indicate your child's country of birth

National Identity

Please tick one box to indicate your child's national identity

<input type="checkbox"/> English	<input type="checkbox"/> Irish	<input type="checkbox"/> Scottish
<input type="checkbox"/> Welsh	<input type="checkbox"/> British	<input type="checkbox"/> Other – Please State.....

Home Language

Please indicate the home language of the student

First Language

A student's first language is defined as any language other than English that a child was exposed to during early development and continues to be exposed to in the home or community. If a child was exposed to more than one language (which may include English) during early development, a language other than English should be recorded, irrespective of the child's proficiency in English.

In the case of an older student who is no longer exposed to the first language in the home, to determine which language should be recorded, and who now uses another language, the School should consult with the student or parent.

<input type="checkbox"/> Acholi <input type="checkbox"/> Akan/Twi-Fante <input type="checkbox"/> Albanian/Shqip <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Bengali (Sylheti) <input type="checkbox"/> British Sign Language <input type="checkbox"/> Caribbean Creole English <input type="checkbox"/> Caribbean Creole French <input type="checkbox"/> Chinese <input type="checkbox"/> Cornish <input type="checkbox"/> Danish <input type="checkbox"/> Dutch/Flemish <input type="checkbox"/> English <input type="checkbox"/> Finnish <input type="checkbox"/> French <input type="checkbox"/> Gaelic (Scotland) <input type="checkbox"/> Gaelic/Irish <input type="checkbox"/> Romanian	ACL AKA ALB AMR ARA BNG BNGS BSL CCE CCF CHI CRN DAN DUT ENG FIN FRN GAL GAE	<input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Igbo <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Lingala <input type="checkbox"/> Luganda <input type="checkbox"/> Manx Gaelic <input type="checkbox"/> Nepali <input type="checkbox"/> Norwegian <input type="checkbox"/> Other than English <input type="checkbox"/> Panjabi <input type="checkbox"/> Pashto/Pakhto <input type="checkbox"/> Persian/Farsi <input type="checkbox"/> Other – Please State:.....	GER GRE GUJ HEB HIN IGB ITA JPN KOR KUR LIN LGA MNX NEP NOR OTH PNJ PAT PRS	<input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Roman/English Romanes <input type="checkbox"/> Russian <input type="checkbox"/> Serbian/Croatian/Bosnian <input type="checkbox"/> Sinhala <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili/Kiswahili <input type="checkbox"/> Swedish <input type="checkbox"/> Tagalog/Filipino <input type="checkbox"/> Tamil <input type="checkbox"/> Turkish <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Welsh/Cymraeg <input type="checkbox"/> Yoruba <input type="checkbox"/> Lithuanian <input type="checkbox"/> English Additional Language	POL POR RME RUS SCB SNH SOM SPA SWA SWE TGL TAM TUR URD VIE CYM YOR EAL
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Religion

<input type="checkbox"/> Anglican <input type="checkbox"/> Baptist <input type="checkbox"/> Buddhist <input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Orthodox	<input type="checkbox"/> Church of England <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Methodist <input type="checkbox"/> Muslim <input type="checkbox"/> Other Religion – Please State:.....	<input type="checkbox"/> No Religion <input type="checkbox"/> United Reformed <input type="checkbox"/> Refused <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Sikh
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Travel Method

Please indicate your child's most common method of travel to the School (please tick **one** box only).

<input type="checkbox"/> Car/Van <input type="checkbox"/> Car Share <input type="checkbox"/> Cycle <input type="checkbox"/> Dedicated School Bus (contract bus) <input type="checkbox"/> Route Number	CAR CRS CYC DSB	<input type="checkbox"/> Train <input type="checkbox"/> Taxi <input type="checkbox"/> Walk <input type="checkbox"/> Public Service Bus <input type="checkbox"/> Route Number	TRN TXI WLK PSB
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Service Children in Education

Please indicate if your child has a parent(s) who is Service personnel, serving in regular HM Forces military units of all forces and exercising parental care and responsibility. The information will be of use to help identify both the impact that being a Service child has on their education and the impact that catering for large numbers of Service children has on the School.

Yes
 No

Child in Public Care: Yes No If 'yes' which LEA? _____

PARENTS' CONSENT FORM

CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL

Please complete this form if you consent to the school taking and using information from your child's biometric fingerprint by Thomas Becket Catholic School as part of an automated biometric recognition system. This biometric information will be used by Thomas Becket Catholic School for the purpose of the library and canteen accounts.

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:

Thomas Becket Catholic School
Becket Way
Kettering Road North
Northampton
NN3 6HT

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

Having read guidance provided to me by Thomas Becket Catholic School, I give consent to information from the biometric fingerprint of my child:

Name of Child:.....

Being taken and used by Thomas Becket Catholic School for use as part of an automated biometric recognition system for the school library and canteen accounts.

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

Name of Parent:.....

Signature:.....

Date:.....

Please indicate which of the following you give permission for:

- Copyright Permission *
- Internet Access
- Photograph Student**
- Sex Education Lessons
- Data Exchange
- School Visit

* Work may be photocopied for display and/or internal publication.

** Including photos when participating in School activities (This may include photographs taken by other parents at School plays and events).

Please note no personal information and/or identification of any student other than their first name may be contained in an School website, whether in conjunction with a published photograph or not. Please also note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.

I have read and understood the School's policy on using photographic images. I understand that my decision on whether to give consent will remain valid throughout my child's time at the School and one year after they leave, unless I notify the School to the contrary in writing. Any consent will automatically expire after this time. I promise that if I, or friends or members of my family, take photos of video recordings of any School event, these will be kept for family use only.

Signed: **Date:**
(Parent/guardian)

Thomas Becket Catholic School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

Professional Meetings

Do you give permission for your son/daughter to be discussed at Professional Meetings, including School Based Reviews and Multi-Agency Meetings to support their learning?

Yes No

Curriculum Information

Year 7 Musical instrument your child would like to learn to play: _____

MFL My child has had lessons in the following languages:-

French Spanish German

Year 10 Options =

Year 9 Options =

Post 16 Options =

Post 16 Subject Offers

Please select a maximum of 4 subjects indicating your GCSE Predicted grade for that subject.

Level 3 Subject Offers	Please tick to indicate your preference	Predicted GCSE Grade
Fine Art		
Biology		
Business studies		
Chemistry		
CACHE Level3 Diploma in Early Years Education and Care		
English Language		
English Literature		
English Language and Literature Combined		
French		
Geography		
Level 3 Diploma in Health and Social Care		
History		
Level 3 Information Technology (Btec)		
Maths		
L3 Foundation Diploma in Performing Arts		
Photography		
Physics		
Polish		
Product Design		
Psychology		
Religious Studies		
Spanish		
L3 Foundation Diploma in Sport (Btec)		
Level 3 Sport Extended Diploma(Development, Coaching and Fitness) Btec		

Level 2 Subject Offers	Please tick to indicate your preference	Predicted GCSE Grade
Maths GCSE retake		
English GCSE retake		
Certificate in an Introduction to Early Years		

Please note courses can only run if a viable number students indicate an interest.

THOMAS BECKET CATHOLIC SCHOOL FOOTBALL ACADEMY APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:		Phone:
Current address:		
Town:	Parent Guardian/Carer name:	
	Emergency Contact number:	
Email Address:		

CURRENT SCHOOL DETAILS

Current School Year:	Current School Year:
Address:	Phone:
Town:	Post Code:

QUALIFICATIONS/EXAMS

****YOU MAY STILL BE SELECTED EVEN IF THE DESIRED ENTRY REQUIREMENTS ARE NOT MET. IF YOU FEEL THIS IS A POSSIBILITY PLEASE STATE SO IT CAN BE DISCUSSED AT THE INTERVIEW
Entry requirements are 5 A* - C GCSE.**

Qualification:	Grade:	Predicted Grade:	Date:

PLAYING DETAILS

Current Club:	
Position:	How long?
Phone: E-mail:	Comments:

PROGRAMME OF STUDY – PLEASE TICK AS NECESSARY

BTEC LEVEL 3 EXTENDED DIPLOMA IN SPORT – 3 A LEVELS Entry requirements are 5 A*- C GCSE.	
**Disability Support	
**Learning Support	
**Please state support required:	

PERSONAL STATEMENT

SIGNATURES

Signature of applicant:	Date:
Signature of Parent/Carer:	Date:

Additional Notes

Dotted lines for writing notes.

A series of 20 horizontal dotted lines spanning the width of the page, providing a template for writing or drawing.