



For office use only
iSAMS id
Sibling
Form
DoE
BHouse

Information for School Records

Please complete all of this form and return to the School Office as soon as possible.

Please note: The School is registered under the Data Protection Act and this information will be incorporated into the School's database

Surname of Pupil: _____ Sex (as on birth certificate): Male ☐ Female ☐

Full Legal Name (as appears in Passport): _____

Forename: _____ Middle Names: _____

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

Address: _____

_____ Post code: _____

Home telephone number: _____

Home email: _____

Emergency contact name and relationship to pupil: _____

Emergency telephone number: _____

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

Name _____ Family Connection _____ Date of Entry to LRGS _____

Name _____ Family Connection _____ Date of Entry to LRGS _____

Previous School (name & address): _____

_____ Post code: _____

Please select one option to indicate your son's first preference for a Modern Language:

French ☐
 German ☐
 Spanish ☐
 No preference ☐

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

Who has parental responsibility?

Is either parent/guardian serving in the Armed Forces?

Yes ☐

No ☐

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

Forename known by: _____ Surname: _____

Home address if different from pupil's: _____

Postcode: _____

Mobile Number: _____ Work: _____

Email: _____

Job Title/Position: _____

Company/Employer: _____

Daytime address: _____

Postcode: _____

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

Forename known by: _____ Surname: _____

Home address if different from pupil's: _____

Postcode: _____

Mobile Number: _____ Work: _____

Email: _____

Job Title/Position: _____

Company/Employer: _____

Daytime Address: _____

Postcode: _____

Home – School Agreement

Parent/Guardian

I shall endeavour to:

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

☐

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

Acceptable use policy

☐

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

Permission for the use of biometrics

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

Biometric Data

☐

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

☐

I do not permit biometric use

Use of images

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

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

Photographic images

☐

I give my permission for the use of such images

☐

I do not permit images use

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

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

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

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

Pupil Premium and Free School Meals

The pupil premium is additional funding for publicly funded schools in England to raise the attainment of disadvantaged pupils of all abilities and to close the gaps between them and their peers.

Please tick any boxes which apply to your child:

Received Free School Meals at any point in the last 6 years ☐

Left local-authority care as a result of one of the following:

- adoption ☐
- a special guardianship order ☐
- a child arrangements order (previously known as a residency order) ☐

Has been in local-authority care for 1 day or more ☐

16+ ONLY: Is the pupil in receipt of PIP ? Yes ☐ No ☐

Transport

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

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

* Car shared with someone from another household.

Special Educational needs (if any): _____

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

Medical conditions or other significant factors to be aware of? (e.g. diabetes, asthma, epilepsy, anaphylaxis etc)

Please give details of any history of illness: _____

Has your child got a Healthcare Plan?

Yes ☐

No ☐

If yes, please attach document

Please indicate any known allergies:

Food ☐ _____ Medicine ☐ _____

Environmental (e.g. pollen) ☐ _____

Other ☐ _____

Has your child been prescribed an Adrenaline Auto Injector (AAI)?

Yes ☐

No ☐

Please indicate any known intolerances (e.g. lactose) _____

What routine medication is being taken? _____

Medical Consent

☐ I consent

☐ I do not consent

For my child to receive non-prescription medication (e.g. paracetamol and simple linctus, Vicks vapour rub, deep heat, lozenges) in the event of minor ailments from the School Nurse or an appropriately trained member of staff.

Safeguarding Information

Sharing safeguarding information with the school will allow us to better support your child. You can share this information discreetly with the safeguarding team. You are encouraged to share information with us if your child:

- has a mental health need
- is a young carer
- is showing signs of anti-social or criminal behaviour
- frequently goes missing from home
- is at risk of exploitation or radicalisation
- has a family member in prison
- is in a family with challenging circumstances
- is misusing alcohol or drugs
- is privately fostered

☐ I have safeguarding information to share which I will email to safeguarding@lrgs.org.uk

☐ I have safeguarding information to share, and I would like to speak to a member of the safeguarding team

☐ I do not have safeguarding information to share

Boarding fees

Name of person(s) responsible for paying:

Name 1: _____

Name 2: _____

Pupil's name: _____

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