



Dania School Pupil Contract

Dear Parent(s)/Guardian, please read, complete and sign the enclosed documents. If there are any changes during the academic year then please notify the School.

Pupils Full Name (Block Capitals):

.....

Date of birth:

.....

Home Address:

.....

.....

.....

1. Parent/Carer

.....

Telephone:

Mobile: Work: Home:.....

Email Address

Address (if different from above):

2. Parent/Carer:

.....

Telephone: Mobile: Work: Home:.....

Email Address:

Address (if different from above):

IN CASE OF EMERGENCY: Please complete the section below with the name of a relative or neighbour who can be contacted if you cannot be reached:

Name:



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Relationship to child

Telephone:

Mobile:

Work:

Home:

Email Address

Attach recent photo of emergency contact person here:

A large, empty rectangular box with a thin black border, intended for the attachment of a recent photo of an emergency contact person.



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Confirmation of Enrolment

I _____ wish to enrol _____ to the Dania School for the year beginning September 20____. I understand the school fee is £ 8991/year (£2997/term). This includes a hot lunch each Friday.

The Office Manager will invoice all parents for fees at the beginning of each term.

All children joining Dania will be charged a one off fee of £350 for purchase of a school Ipad, protection case, educational apps and e-books. This is an additional cost and above the school tuition fee. This is a non-refundable fee. When a pupil leaves the school, there is the opportunity to buy the Ipad for an additional £100. However the licensed education software, and any other confidential school material, will be removed prior to release of the Ipad.

We also ask for a deposit of £1000. A full term's notice period is required for any pupil who leaves the school. The deposit will be refunded if this notice is adhered to. Any fees remaining after this notice will be refunded.

Bank details for Dania School:

Account holder: Dania School Limited

Bank: Danske Bank

Sort Code: 95 05 29

Account number: 10047643

Please state your child's name in the reference space.



Medical information/Consent for treatment

Pupil's Name (Block Caps):

NHS number:.....

Family Doctor:

Surgery:.....

Address:

.....

.....Postcode:.....

Phone Number:

Tick if your child has had any of the following:

Asthma or bronchitis	<input type="checkbox"/>	Fits, fainting or blackouts	<input type="checkbox"/>
Sight or hearing impairments	<input type="checkbox"/>	Severe headaches	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Travel Sickness	<input type="checkbox"/>	Other: Please state	<input type="checkbox"/>

Any allergies e.g. food, material, dust (if yes, please state and please include any medication allergies)

When was your child's last hearing/vision test?

Has she/he had a tetanus vaccination? If yes, please state when.

Does your child have any illness, medical condition or impairments? If yes, please state:

Does your child take regular medications? If yes please state generic names of drug plus indication for giving the medicine, dosage and frequency:

Sickness: Note: No medicines may be brought into school (apart from inhalers and epipens). Parents should make arrangements with their doctor to prescribe medicines that can be given before and after school. Where this is absolutely unavoidable, parents may come into school to administer the medicine themselves. Any child well enough to be in school is expected to fully take part in the school curriculum, including going out to play and joining in PE lessons (including swimming) unless they have a doctor's note indicating otherwise.

Has she/he received medical or surgical treatment of any kind from either your doctor or hospital during the last three months? If yes, please state:

Has she/he been given specific medical advice to follow in emergencies? If yes, please state:



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Please give details of any specific needs that your child may have, so that we can adapt activities accordingly.

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.....

I hereby give my consent to:

- (1) my son/daughter receiving medication as instructed as above
- (2) the school, in the event that it is necessary, obtaining or rendering properly-qualified medical assistance to my son/daughter.
- (3) The school, where appropriate, administering the prescribed dose of any required medication, e.g. Paracetamol, travel-sickness tablets and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities present.

Pupil's Name:.....
 Name of Parent.....
 Signed:.....
 Date:.....



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Mobile Phones

I consent to my son/daughter* having a personal telephone whilst at Dania School according to the rules and regulations laid down by the School. I am aware that the School will not accept responsibility for any loss, damage or misuse of the personal telephone. Mobile telephones must be switched off during lesson times and assemblies.

Name of Pupil responsible for the personal telephone:

.....

Mobile telephone number:.....

Make/model:.....

Serial number:

Name of Parent.....

Signed:.....

Date:.....

ICT Procedures

I have read and understand Dania School's ICT Policy and accept the consequences outlined therein should I fail to conform to the procedures or undertake illegal or inappropriate behaviour.

Pupil's Name:.....

Name of Parent.....

Signed:.....

Date:.....

Personal Information, Photographs & Video in school & Data Protection

We will use your personal information for the purposes of administration and for sending you (by email or post) invoices and other information relevant to your child and the School, including newsletter, fund raising appeals and surveys.

We will keep your information to use for these purposes for a reasonable period after your child has left school. We may share your information when necessary with those who provide services to the School and with organisations concerned with the welfare of your child and with others when we are required to do so.

Please indicate by ticking the box if you agree to:

- (a) Dania School sending you information about fundraising or other appeals connected to the School
- (b) Your child being photographed/filmed whilst attending Dania School Holiday Club

School Photographs/Video will be taken for events such as project presentations, school music events and choir, sports day, prize giving, special visits to the school (local ambulance/fire service etc), school trips away, school plays, Christmas concerts etc. Dania School may use these photos on the School website as well as in other publications associated with the school.

The end of year play and other concerts will be recorded onto DVD and made available via the school office.

Name of Parent.....

Signed:.....



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Date:.....



Parental Consent for Activities outside the classroom

There are numerous occasions when children take part in activities outside the classroom as part of their normal timetable. All due care and consideration is given to organising and supervising these activities. Should children be taking part in outings of a distance involving travel, you will be informed and asked for your consent, before your child is allowed to go.

This consent form will be placed on file and will be valid as long as your child is on the school register. I give my permission for _____ to take part in the following activities for as long as he/she is a pupil at the school.

All activities supervised by a parent/helper inside or outside the classroom, but within School premises/ grounds e.g. cooking, sewing, painting, sketching, playing in the playground etc.

YES/NO

Visits to the immediate locality of Dania School supervised by a member of the classroom staff (teacher or teaching assistant)

YES/NO

Visits to the local indoor swimming pool

YES/NO

Name of Parent:.....

Signed:.....

Date:.....



Conduct for Out-of-School Activities

I acknowledge:

- (1) The need for obedience and responsible behaviour on my child's part.
- (2) That in the event of serious misbehaviour before any off-campus activity, the school may refuse to take my son/daughter on such occasions. In the event of serious misbehaviour during an off-campus activity, the school has the right to exclude my son/daughter from the remaining part of this activity. In either case the decision of the Group Leader shall be final. I also understand that I may be requested to collect my son/daughter from the activity venue.
- (3) That any photographs or video film taken by parents/carers during any activity must be solely for your individual family's use and must not be distributed more widely. Photographs may also be taken for publicity use by the school.
- (4) That on local curriculum-led activities my son/daughter is very likely to be walking on public footpaths alongside main roads.
- (5) That for some activities there may be occasions when a member of the school staff or another parent will transport my son/daughter by private car opposed to the use of a coach or bus.
- (6) That the Department for Education & Skills (DfES) Guidance now states, "Group Leaders should ensure that transport by road has seat belts and pupils wear them". This is fully endorsed by the School who has further advised that, in the event of a pupil refusing to wear the seat belt, the Group Leader has the right to refuse to take that pupil on the visit. All participants on any out of school activity are entitled to expect that their safety will come first.

The following code of conduct sets out the school's expectations. It is a code of conduct that ensures

Follow the rules established at the start of each activity, without fail and without question.

- Never leave the group whether indoors or out without permission from a responsible adult.
- Always be in a group of at least three.
- Be considerate and respectful at all times to all members of the group and the community.
- Remember that they are representatives of the family, their school, their community and their country, and behave accordingly.
- Be punctual.
- Avoid noisy behaviour at all times.
- Understand that parents will be informed as soon as is practicable of any breach of the code of conduct.

This code of conduct is a partnership of trust between teacher, parent and child. If the group leader believes that the safety or enjoyment of anyone is at risk because of the behaviour or attitude of your child, they may be banned from an activity and/or you may be required to collect your child at your own expense. In these cases, there will be no refund of monies paid. I understand that if required I will collect my child from the activity at my own expense.

Name of Parent:.....

Signed:.....

Date:.....

Education to Date

Name of current School/Year Group	Address/Postcode	Contact Phone Number
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Name of Headteacher	Dates Attended	Reason for Leaving

SEN Information

Please give any information of any specific learning difficulty, special educational need or disability. Please submit a copy of any SEN reports previously obtained with this form.

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Additional Information

Please give details about your child's interests in activities such as sport, music, drama, art, etc.

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Declaration

I declare that all of the information given in this application is true and accurate to the best of my knowledge. I also agree that Dania School may ask my child's previous school for any relevant transitional information.

Signature of Mother:

Date:

Signature of Father:

Date:

In accordance with the Data Protection Act 1998, the information provided on this form will be used in the admission process. It will also form the basis of the confidential pupil record should this application be successful.