

# GILLINGHAM SCHOOL

## ADMISSION FORM 2023-24



Could you please **complete** and **sign this form**. If any of the following information changes, could you please notify the School Office as soon as possible.

**Data Protection:** Gillingham School holds the legal right and obligation to collect and use personal data relating to students and their families as set out in the General Data Protection Regulations (GDPR). Under GDPR, the lawful bases we rely on for processing student information are legal obligation, public task and substantial public interest.

Student information			
Legal Surname:			
Legal Forename(s):			
Preferred Surname: (If different from above)			
Preferred Forename: (If different from above)			
Sex:	Male:		Female:
Pronoun(s):			
Date of Birth:			
Home Address:			
Postcode:			
Home Telephone:			
Name of brother / sister currently at Gillingham School:	Name / Tutor :		
Previous School:			
How will your child travel to school?			
Please tick the box if you have received Free School Meals in last six years.			

Who has <b>legal</b> parental responsibility for the student?			
MOTHER	FATHER	BOTH	OTHER

Who does the student live with?			
MOTHER	FATHER	BOTH	OTHER

Is one of the parents, who lives with the student, in the Armed Forces?	YES/NO
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If your child was adopted from care, left care under a guardianship order or you have a care arrangement order, please tick the box on the right. This will be kept in the strictest of confidence.  
Please contact Mrs A Stickland (Headteacher's PA) 01747 822222 if you would like to discuss further.

Parental contact information:	
Mother's Name:	
Home Address: (If different from above)	
Postcode: (If different from above)	
Home Telephone: (If different from above)	
Mobile Number:	
Work Telephone: (For emergency contact)	
Email Address:	

Parental contact information:	
Father's Name:	
Home Address: (If different from above)	
Postcode: (If different from above)	
Home Telephone: (If different from above)	
Mobile Number:	
Work Telephone: (For emergency contact)	
Email Address:	

Other person(s) having responsibility for the student <b>and</b> with whom the student lives:	
Name:	
Relationship to student:	
Mobile Number:	
Email Address:	

Additional emergency contacts: (If the nature of your occupation makes day-time contact difficult, please list below two people who may be reached in an emergency to act on your behalf.)			
1) Contact Name:		2) Contact Name:	
Relationship:		Relationship:	
Contact Number:		Contact Number:	

Medical Information:	
Doctors' Surgery/Telephone Number:	
Medical Notes/Relevant History:	
Allergies: (Please state allergy)	
Dietary Needs:	

Should students be prescribed a course of treatment, e.g. antibiotics, the School Office can keep them securely and they can be taken at the stated time. Should medical conditions arise or change, please notify the school office as soon as possible.

**Please indicate below whether you have given your consent in each case by ticking the box on the right-hand side and sign and date the form on the last page.**

### Medical consent

I give consent for my child to be given first aid by a trained member of staff during any on-site or off-site activity.	
I give consent for my child's information to be shared with the NHS and other relevant health professionals when necessary.	

### Responsibility for mobile phones

All students are informed that mobile phones should not be used in school during the school day. The school will not take responsibility for loss, damage or theft of a mobile phone. Phones must not be used for taking photos at any time during the school day unless specific permission has been given.

### Use of information and image (including photographs and video recordings)

I give consent for my child's image and/or work to be used as part of school wall displays/class activities/formal class/whole school photographs/in school media productions.	
I give consent for my child's image (not named) to be used on the school website/newsletter/social media (e.g. Facebook/Instagram/Twitter).	
I give consent for my child's image (not named) to be used in external media, e.g. local newspaper press release.	

## Other consent

Parents have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE. Any such request should be made in writing to the head teacher.

I give my consent to receive email communication from the school such as newsletters and important school information (e.g. Edulink/ParentMail/Parent Lite App).	
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I consent to providing ethnic and/or religious data.	
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<b>Ethnicity of student</b> White-British, Any Other Black Background, Any Other Ethnic Group, Any Other Mixed Background, Bangladeshi, Black–African, Black-Caribbean, Chinese, Gypsy/Roma, Indian, Nepali, Other Asian, Pakistani, Traveler of Irish Heritage, White-Irish, White and Asian, White and Black African, White and Black Caribbean, White European, White Other.	
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<b>Religion:</b> Christian, Buddhist, Hindu, Jewish, Muslim, Sikh, Other religion, None.	
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Home Language:		First Language:	
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English is an Additional Language: (please tick if yes)	
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<p>In some cases data will be shared with other agencies who work closely with the school (for example, GCSEPoD, Caterlink, Transport Companies, Edulink Service, ParentMail) to enable the students to access the opportunities offered. However, this will only be done with your consent, unless the law requires the school to share your data. Where the school liaises with a third party, the same data protection standards that Gillingham School upholds are imposed on the processor.</p> <p>I give my consent for information to be shared with relevant agencies used by the school.</p>	
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## Biometric Registration Consent

I give consent to obtain biometric data from my child to be stored for no other use than for Gillingham School administration systems. All biometric information will be disposed of when my child leaves the school and images will be stored as data points and not as fingerprint images.	
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Any amendments to personal information can be made using the EDULINK parent app that you will / have been invited to use. Please update us with any changes necessary through EDULINK.

The information in this form will be used throughout your child's time at Gillingham School. You may withdraw your consent at any time by contacting the school.

Please sign and date the form before returning it to the School Office.

Signed: .....

Date: .....