



St Hugh of Lincoln RC Primary School

Glastonbury Road | Stretford | Manchester | M32 9PD

t. 0161 912 2906 | f. 0161 749 7461

e. sthughoflincoln.admin@trafford.gov.uk

w. www.st-hughlincoln.trafford.sch.uk

Head Teacher: Mr M. Mountcastle

September 2014

Dear Parents / carers,

You will find attached the following important documentation relating to your child:

1. Data Collection Sheet
2. Consent form complete with medical questionnaire
3. Photographic permission letter
4. Ethnicity data request

Please check all details are correct and amend where necessary. It is very important that all the information we have for your child is up to date.

Could you please return to the school office as soon as possible so that all necessary changes can be made.

Thank you for your continued support.

Yours sincerely

G. Chappell & S. Murdoch.
School Office.

PARENTAL CONSENT FORM

CHILDS NAME _____

CLASS _____

To the Head teacher:

For Journeys away from the school site lasting for up to one day without an overnight stay.

I am willing to allow my son/daughter(please insert child's name) date of birth..... to take part in activities away from the school base during the period 3rd September 2014 – 17th July 2015. I also give consent for the class teacher, teacher in charge or Head teacher to sign on my behalf any forms of consent required by the hospital authorities in the event of my son/daughter * being ill or injured during the course of the journey or stay to the extent that a surgical operation or serum injection becomes necessary, provided the delay required to obtain my own signature might be considered likely in the opinion of the doctor or surgeon concerned to endanger my son/daughter's health or safety.

My son/daughter* is/is not* as far as I am aware, sensitive to penicillin.

My Son/daughter* has / has not* received a tetanus injection in the last five years (Please give date if known)

In understanding that during the period of the activities away from the school base my son/daughter* will be in your charge, through the appointed members of staff and under your instructions.

Signed Parent / Guardian

Date.....

* delete as appropriate

ST HUGH OF LINCOLN RC PRIMARY

Medical Information Pupil Name: _____ Class _____

	Tick if applicable	Further information and details of condition
Hearing difficulty		
Visual difficulty		
Speech difficulty		
Asthma		
Epilepsy		
Diabetes		
Allergy (including food allergies)		
Any other problem/difficulty		

Signed _____
(Parent/Guardian)

Date _____



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Head Teacher: Mr M. Mountcastle

Dear Parent / Guardian

COLLECTION AND RECORDING OF PUPILS' ETHNIC BACKGROUND

On the reverse is a short ethnic monitoring form for you to fill in about the ethnic background of your child. All schools are required to do this by the Department for Education and Skills (DfES). Please tick the appropriate box which refers to your child's 'ethnic background' on the attached form and return the form in the attached envelope to the school office.

The information which you provide will be used to compile statistics on the school careers and experiences of children from different backgrounds, ensuring 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, information will be passed to the LEA and the DfES to contribute to local and national statistics.

Information about your child's ethnic background 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 check your child's information at any time if you wish, have the ethnic background changed or removed.

If you have not returned your completed form **within 4 weeks**, then the school may use its best judgement to assess the ethnic background of your child, noting that the information has been arrived at in this way.

Thank you for your help.

Yours sincerely

G. Chappell
Office Manager



ETHNIC BACKGROUND RECORD FORM

Pupil's Name: _____

Our ethnic background describes how we think of ourselves. This may be based on many things including for i.e. our skin colour, language, culture, ancestry or family history: Ethnic background is not the same as nationality or country of birth.

WHITE

- British
- Irish
- Traveller of Irish Heritage
- Gypsy / Roma
- Any other White background

MIXED

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black background

- Chinese

This information was provided by:

- Parent
- Guardian

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September 2014

Dear Parent/Carer

During the school year we take a number of photographs of the children at work and play. We will use these photographs for a variety of reasons including school displays and our website. The photographs will not be 'staged' and the children will not be specially selected.

As parents you have the right to refuse permission for your child to be photographed. Should this be the case, please inform school within 2 weeks of the date of this letter and we shall ensure that your child is not photographed.

If you do not respond within this time, we shall assume that we have your permission for your child to be included in photographs during the academic year.

Yours faithfully,

G. Chappell
Office Manager