Updated 11.06.21

**SIXTH FORM PARENTAL CONSENT 2021**

Please complete all parts of this form. SJB requires this data for all students on roll. Please see our website for full Data Protection Statements. If you do not take up the place offered in September we will keep the data on file until 31st October when it will be destroyed. For further information on the way we use your data, please see the Xavier Catholic Education Trust Privacy Notice. This can be found on the Xavier Catholic Education Trust website in the About section under the list of Central Policies and Financial statements.

**Student Details**

Surname Forename

 

Date of Birth



**Biometric Scanning**

All students purchase meals through our cashless catering system. For this we need to use a finger recognition system, but no image is stored.

I consent to my child having his/her finger scanned for this purpose

YES ⬜ NO ⬜

**St John the Baptist School Parental Consent Form**

There are many occasions throughout the year when we take students out of school to support their learning and development. We are not, however, able to do this without prior consent from parents/guardians. The Department for Education has advised that a general consent form to cover the time that your child is at SJB will be sufficient in the future.

I hereby given consent:

* for my child to take part in school visits (including residential) and other activities\* that take place off school premises, abroad, in school time, at weekends and in school holidays
* for the school to obtain first aid or urgent medical treatment for my child, should it become necessary

\**Other activities include but are not restricted to Duke of Edinburgh Award expeditions and sporting fixtures*

I understand that:

* those supervising my child are in loco parentis and will exercise a standard of care which would be expected of a reasonable prudent parent
* my child’s information may be passed on to associated companies (i.e. travel companies) who will use the information for the trips/visit and will maintain that data in accordance with their own data policy
* the school will provide me with details of all trips and visits
* it is my responsibility to notify the school of any changes to the medical/dietary needs of my child, or the emergency contact details for the duration of each trip

I agree ⬜ Do not agree ⬜

**Medical Information**

I understand that:

those supervising my child are in loco parentis and will exercise a standard of care which would be expected of a reasonably prudent parent including emergency first aid

YES ⬜ NO ⬜

it is my responsibility to notify the school of any changes to the medical/dietary needs of my child, and supply up to date emergency contact details should parents not be immediately contactable. I will update the school with changes to my child’s medical and contact details

YES ⬜ NO ⬜

**Photography and Videography**

I give permission for a photograph/video of my child to appear from time-to-time on the school website and on printed publications

YES ⬜ NO ⬜

Photographs in publicity materials may be used beyond your child’s time at school until the next update of those materials.

**Signed**

Title



Full Name Date

 

Signature

