

# Michael Primary School

Main Road, Kirk Michael, Isle of Man. IM6 1AJ Tel: 01624 878246  
email: michaelenquiries@sch.im

## Pupil Record Form

Legal Forename	
Middle Name	
Legal Surname	
Chosen/Preferred Name	

Gender		Ethnicity	
Date of Birth		Religion	
Home Language			

Pupil Address & Post Code	
Home Telephone	

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency and place them in the order that you wish them to be contacted.

<b>Parent/ Guardian</b>	Name		Relationship		
			Home Tel		
	Address		Mobile		
			Work Tel		
			Email		
<b>Parent/ Guardian</b>	Name		Relationship		
			Home Tel		
	Address		Mobile		
			Work Tel		
			Email		
<b>3rd Emergency Contact</b>	Name and relationship to child		Home Tel		
			Mobile		
			Work Tel		
<b>4th Emergency Contact</b>	Name and relationship to child		Home Tel		
			Mobile		
			Work Tel		

Name of Medical Practice	
Address and Post Code	
Telephone Number	

Medical Conditions	
Dietary Requirements	

Previous School Name	
Address and Post Code	
Telephone Number	
Dates attended	From ...../...../..... To ...../...../.....

If there is an older brother or sister in this school, please give the name and date of birth of the next oldest child only:	
Name	
Date of Birth	

Signature	
Name	
Date	

**Data Protection Act 2002: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Department of Education and Children.**

Office use	
Birth Certificate seen	
Catchment area evidence seen	

# Michael Primary School Consent Form



**NAME OF PUPIL:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please read and complete both sides of this form by ticking the boxes. The school uses this information to keep all of our records up to date. It is important that you keep the school up to date with all relevant information.

**I give permission for the following, and this permission shall remain in place, whilst my above named child, remains a pupil at Michael Primary School.**

Section I – Data Protection		Yes	No
1(a)	Photographs of my child may be displayed within the school building or within school publications.		
1(b)	Photographs/links to photographs of my child may be displayed on the Michael Primary School Facebook Page. <i>(Please be aware that the School has no control over use of images on social media).</i>		
1(c)	Photographs of my child may be displayed on the Michael Primary School Website.		
1(d)	Photographs of my child may be published in the media (Television / the Department of Education, Sports and Culture website / local newspapers) in connection with school activities, (E.g. sports events, concerts, charity challenges), with or without my child's first name. <i>(Please be aware that the School has no control over use of images on social media).</i>		
1(e)	My child can be videoed during school events / plays / charity challenges. This can be used for school information / educational purposes and may be published in the media (Television) / the School website and/or published on / publication linked to the School Website. <i>(Parents will be notified of the publication of videos, by media, in advance).</i> <i>(Please be aware that the School has no control over use of images on social media).</i>		
1(f)	My child can watch excerpts of films certified as 'PG' or 'U' during school hours. <i>(These are normally educational-based during lesson time and fun-based during wet playtimes).</i>		
1(g)	I understand that my child's name / address / contact information will be kept on a computer for internal use only.		
1(h)	I agree that my child's name, date of birth, address, previous address, and parent(s) name(s) and contact telephone number(s) can be shared with the Isle of Man Government Department responsible for health care provision, for the purpose of Community Nursing and health care provision.		
1(i)	I agree that my child's name, date of birth, address, details of payments and parent(s) name(s) and contact telephone number(s) can be shared with the Isle of Man Government Department responsible for providing School Meals, for the purpose of School Meals provision. <b>I understand that if I choose to decline permission, I will be responsible for providing a packed lunch for my child on a daily basis or I will arrange for my child to go home for lunch.</b>		



1(j)	I agree that my child's name, date of birth and postcode can be shared with the Isle of Man Government Department responsible for Dental Service provision, for the purpose of a Dental Survey.		
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## Section 2 - Regular Out-of-Establishment Visits/Activities/Medical/Contact

I hereby agree to my child participating in recognised activities away from the school site but on the Island, for example, environmental studies, swimming, joint activities with other schools, etc.

Transport		Yes	No
2(a)	My child may be taken on educational trips on foot, taxi or by bus (including public buses which do not have seatbelts) in connection with school learning or sporting events.		
2(b)	My child may be taken on educational trips by minibus (using registered minibus drivers) in connection with school learning or sporting events.		
2(c)	My child may be transported (for educational visits or sporting events) in the cars of other parents or in teachers' cars where adequate insurance is in place and 'booster seats' are provided where necessary and there is a chaperone as necessary. <b>(In this instance, Parents will be notified of such visits/events in advance).</b>		

### I understand that:

- such activities will not often extend beyond the school day, but that if, occasionally, they are likely to do so, adequate advance notice will be given so that I may make appropriate arrangements for his/her safe return home;
- my specific permission will be sought for any out-of-school activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or hazards;
- all reasonable care will be taken of my child in respect of the activity/visit;
- my child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal school discipline during the visit/activity;
- any medical condition or physical disabilities will be notified to the school now and as and when they arise;
- all pupils are covered by the Department's third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attributable to negligence by the Department or one of their employees.

## Section 3 – E-Safety Agreement

As the parent or legal guardian of the above pupil, I grant permission for my son/daughter to have appropriately monitored access to use the Internet, e-mail and other ICT facilities at school.

I know that my son/daughter will sign an E-safety and Acceptable Use Agreement (AUA) form, which, if not adhered to, may result in their access to devices being restricted or withdrawn. The AUA applies to both school devices and personal devices if on a school network.

I accept that ultimately the school cannot be held responsible for the nature and content of materials accessed through the Internet and mobile technologies, but I understand that the school will take every reasonable precaution to keep pupils safe and to prevent pupils from accessing inappropriate materials. These steps include

using an educational web filter service, employing appropriate teaching practice, and teaching e-safety skills to pupils.

I understand that the school can check my child's computer files, and the Internet sites they visit, and that if they have concerns about their e-safety or e-behaviour that they will contact me. I am also aware that the school devices that are lost can be tracked globally.

I will support the school by promoting safe use of the Internet and digital technology outside of school and will inform the school if I have any concerns over my child's e-safety.

**THIS E-SAFETY AGREEMENT SHALL REMAIN IN PLACE WHILST MY ABOVE NAMED CHILD REMAINS A PUPIL AT MICHAEL SCHOOL. SHOULD I WISH TO REVOKE IT, I UNDERSTAND THAT MY CHILD'S ACCESS TO DEVICES FOR USE ON A SCHOOL NETWORK WILL BE RESTRICTED OR WITHDRAWN.**

Section 4 - Parental Consent: Instructions in writing.		
3(a)	<b>I understand that if I decline a permission now, for any of the above activities, then my Child will not be able to take part in an activity where a relevant and current permission status is "declined".</b>	<b>YES (please tick)</b>
3(b)	<b>I understand that should I wish to amend / revoke any of the permissions I have given / declined, at any time, a simple verbal instruction is NOT sufficient.</b>	<b>YES (please tick)</b>
3(c)	<b>I understand that should I wish to amend / revoke any of the permissions I have given / declined on this form, that I am responsible for requesting a new School Consent Form to complete and for ensuring that the newly completed form is presented to the School Administration Staff (School Office).</b>	<b>YES (please tick)</b>

### DATA PROCESSING

As a member of a school community it is necessary to process your information but this will only be done in accordance with Data Protection Principles. To understand how the Department of Education, Sport and Culture obtains and processes your information please visit this link:

<https://www.gov.im/about-the-government/departments/education-and-children/data-processing/>

As a member of a school community it is necessary to process your information but this will only be done in accordance with the Data Protection Principles.

The information you provide, and that obtained from other relevant sources, such as registers, letters you send in, forms etc will be treated confidentially and used by your child(s) school to fulfill its legal/statutory obligations. Elements of this information may also be shared with trusted third parties who support the school in the delivery of their statutory requirements, where necessary to confirm factual information provided by you, to protect public funds, including the prevention and detection of fraud and/or otherwise required by law.

\_\_\_\_\_  
**Name of Parent/Guardian:**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Parent/Guardian:**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**