



## Student Details

Surname		
Forename		
Preferred Name		
Other Names		
Date Of Birth		
Year Group	Gender (M/F)	
Current School		

Home Address	
Postcode	

Home Tel.	
Mobile Tel.	
Email	

Please list previously attended schools and give reason for their leaving	

How will your child get to the Academy?

Bicycle  
 Taxi  
 Walks

Car  
 Public Transport

Please list any siblings who are currently attending or have previously attended North Liverpool Academy

Full Name	Year Group	Date of birth



## Contact Details

### First Parent/Guardian Details

[First person to contact in an emergency]

Title (Mr/Mrs/Miss/Ms)								
Surname								
Forename								
Relationship to Child				Parental Responsibility	Yes / No			
Address								
Postcode								
Home Tel.								
Mobile Tel.								
Work Tel.								
Email (Primary)								
Email (2 <sup>nd</sup> )								
Date of Birth	D	D	M	M	Y	Y	Y	Y
NI Number								

### Second Parent/Guardian Details

Title (Mr/Mrs/Miss/Ms)								
Surname								
Forename								
Relationship to Child				Parental Responsibility	Yes / No			
Address								
Postcode								
Home Tel.								
Mobile Tel.								
Work Tel.								
Email								
Date of Birth					Y	Y		
NI Number								



## Contact Details (continued)

Third contact name please

Title (Mr/Mrs/Miss/Ms)								
Surname								
Forename								
Relationship to Child				Parental Responsibility	Yes / No			
Address								
Postcode								
Home Tel.								
Mobile Tel.								
Work Tel.								
Email								
Date of Birth	D	D	M	M	Y	Y	Y	Y
NI Number								

If there is someone else whom we should, by law, send reports and information to please give their details below.

Title (Mr/Mrs/Miss/Ms)							
Surname							
Forename							
Relationship to Child				Parental Responsibility	Yes / No		
Address							
Postcode							
Contact Tel.							



**Medical Details**

Doctor	
Doctor's Address	
Postcode	
Doctor's Telephone	

Does your child have any of the following medical conditions?									
ADHD	<input type="checkbox"/>	Downs Syndrome	<input type="checkbox"/>	Fibrous Dysplasia	<input type="checkbox"/>	Irlen's syndrome	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>
Alopecia	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Hayfever	<input type="checkbox"/>	IBS	<input type="checkbox"/>	Nurofibromatosis	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	Hydrocephalus	<input type="checkbox"/>	Kidney problems	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>
Bells Palsy	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Hypertension high BP	<input type="checkbox"/>	Mastoid	<input type="checkbox"/>	Spinal Scoliosis	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	Erb's Palsy	<input type="checkbox"/>	Hypotension low BP	<input type="checkbox"/>	McCline Albright syndrome	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Impetigo	<input type="checkbox"/>	Migrane	<input type="checkbox"/>		

Are there any other conditions we should be aware of?

Severe reactions to insect bites/stings

Allergic reactions to medicines

If your child needs to take regular medication please ensure that a letter and any instructions which are required are left with your child's Year Manager.

Is your child up to date with their immunisations? YES  NO

When did your child last have a Tetanus immunisation?

Does your child have any hearing problems?

Does your child have any vision problems?

Is there anything else about your child's health which you feel we ought to know about?

Would you like to speak to your child's House Manager, in confidence, about any problems which may affect your child in school?

YES  NO

**What will your child do at Lunch Time?**

Free Meal <input type="checkbox"/>	Paid Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/>
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Free School Meals reference number:

If you do not have a Free School Meals reference number but think your child may be eligible for a free meal please visit

<https://www.cloudforedu.org.uk/ofsm/sims> and enter your details.

**Dietary Needs**

Artificial Colouring Allergy

Gluten Free

Halal

Kosher Foods Only

No Dairy Produce

No nuts of any type/quantity

No Pork

Seafood Allergy

Vegetarian



## Student Details

### Equal Opportunities

Please complete the questions below. Providing this information will enable the Academy to monitor the provision for individuals and groups of pupils, ensuring equality of opportunity.

### Ethnicity

- |  |   |  |                          |
|--|---|--|--------------------------|
| <input type="checkbox"/> Bangladeshi                 | <input type="checkbox"/> Black – African            | <input type="checkbox"/> Mixed White and Black African   | <input type="checkbox"/> |
| <input type="checkbox"/> Chinese                     | <input type="checkbox"/> Black – Caribbean          | <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> |
| <input type="checkbox"/> Indian                      | <input type="checkbox"/> Any other black background | <input type="checkbox"/> Any other mixed background      | <input type="checkbox"/> |
| <input type="checkbox"/> Pakistani                   | <input type="checkbox"/> White – British            | <input type="checkbox"/> Any other ethnic group          | <input type="checkbox"/> |
| <input type="checkbox"/> Any other Asian background  | <input type="checkbox"/> White – Irish              | <input type="checkbox"/> Prefer not to say               | <input type="checkbox"/> |
| <input type="checkbox"/> Gypsy Roma                  | <input type="checkbox"/> Any other white background | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| <input type="checkbox"/> Traveller of Irish heritage | <input type="checkbox"/> Mixed White and Asian      | <input type="checkbox"/>                                 | <input type="checkbox"/> |

Please write below your ethnic group if it is not listed above

Who identified the ethnic group?

- Parent  Teacher  Child

Please write below your child's Country of Birth

Please write below your Child's Nationality

### Languages

Child's First Language:  
(please write)

Languages spoken in the home:

Languages understood in the home:

- |   |  |   |                          |
|---|--|---|--------------------------|
| <input type="checkbox"/> Akan / Twi Fante         | <input type="checkbox"/> German          | <input type="checkbox"/> Portugese                    | <input type="checkbox"/> |
| <input type="checkbox"/> Albanian / Shqip         | <input type="checkbox"/> Greek           | <input type="checkbox"/> Romany / English Romanes     | <input type="checkbox"/> |
| <input type="checkbox"/> Amharic                  | <input type="checkbox"/> Gujarati        | <input type="checkbox"/> Russian                      | <input type="checkbox"/> |
| <input type="checkbox"/> Arabic                   | <input type="checkbox"/> Hebrew          | <input type="checkbox"/> Serbian / Croatian / Bosnian | <input type="checkbox"/> |
| <input type="checkbox"/> Bengali                  | <input type="checkbox"/> Hindi           | <input type="checkbox"/> Sinhala                      | <input type="checkbox"/> |
| <input type="checkbox"/> Bengali (Sylheti)        | <input type="checkbox"/> Igbo            | <input type="checkbox"/> Somali                       | <input type="checkbox"/> |
| <input type="checkbox"/> British Sign Language    | <input type="checkbox"/> Italian         | <input type="checkbox"/> Spanish                      | <input type="checkbox"/> |
| <input type="checkbox"/> Caribbean Creole English | <input type="checkbox"/> Japanese        | <input type="checkbox"/> Swahili / Kiswahili          | <input type="checkbox"/> |
| <input type="checkbox"/> Caribbean Creole French  | <input type="checkbox"/> Korean          | <input type="checkbox"/> Swedish                      | <input type="checkbox"/> |
| <input type="checkbox"/> Chinese                  | <input type="checkbox"/> Lingala         | <input type="checkbox"/> Tagalog / Filipino           | <input type="checkbox"/> |
| <input type="checkbox"/> Cornish                  | <input type="checkbox"/> Luganda         | <input type="checkbox"/> Tamil                        | <input type="checkbox"/> |
| <input type="checkbox"/> Danish                   | <input type="checkbox"/> Manx Gaelic     | <input type="checkbox"/> Turkish                      | <input type="checkbox"/> |
| <input type="checkbox"/> Dutch / Flemish          | <input type="checkbox"/> Norwegian       | <input type="checkbox"/> Urdu                         | <input type="checkbox"/> |
| <input type="checkbox"/> English                  | <input type="checkbox"/> Punjabi         | <input type="checkbox"/> Vietnamese                   | <input type="checkbox"/> |
| <input type="checkbox"/> French                   | <input type="checkbox"/> Pashto / Pakhto | <input type="checkbox"/> Welsh / Cymraeg              | <input type="checkbox"/> |
| <input type="checkbox"/> Gaelic (Scotland)        | <input type="checkbox"/> Persian / Farsi | <input type="checkbox"/> Yoruba                       | <input type="checkbox"/> |
| <input type="checkbox"/> Gaelic /Irish            | <input type="checkbox"/> Polish          | <input type="checkbox"/> Other:                       | <input type="checkbox"/> |

### Religion

- Buddhist  Hindu  Muslim  No Religion   
 Christian  Jewish  Sikh  Do not wish to say

Other (please state)

Any special religious requirements?  
(i.e. For prayer, diet or stress)



## Student Details

Has your child seen any of these people?  
*(Please tick)*

Educational Psychologist	<input type="checkbox"/>
Education Welfare Officer	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>

Does your child have a Special Educational Need or learning difficulties?  
Please Specify -

Any additional information you would like to add?  
Please Specify -

Does your child have any carer responsibilities – i.e. He/she a carer for anyone?

Please give details below if any Parent /Guardian is a member of the Armed Forces

I confirm that I have given full details to ensure that the school will be able to provide the best education provision for my child.

Signed \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_



# North Liverpool Academy

# PARTNERSHIP AGREEMENT 2021 - 2022

Name of Student: \_\_\_\_\_

Form Group \_\_\_\_\_

**High quality education and achievement is only possible with high quality supportive partnerships. Communities bring up children and communities educate. We cannot do this on our own and we recognise each other's responsibilities in ensuring success. As members of the community, we accept our respective roles.**

On behalf of the North Liverpool Academy

1. We will ensure that whilst at school your child is safe and that we care for physical, emotional and spiritual needs.
2. We will ensure that there is an appropriate and broad curriculum to meet your child's needs and to ensure they progress and experience success.
3. We will ensure there is an enrichment programme that offers a wide opportunity for learning.
4. We will treat all families and their members with respect.
5. We will regularly mark and assess work, ensuring that your child understands the ways in which performance can be improved.
6. We will inform you about academic needs and progress through annual reports and parent engagement events.
7. We will set home learning and provide support for the completion of home learning.
8. We will inform you of any major problems within the school that your child is experiencing (but not about everything).
9. We will inform you of any absence from school.
10. We will let you know in good time about school events and give you opportunities to participate in school life and support the learning experience.

Agreed on behalf of North Liverpool Academy – Signed by \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_  
(NLA Staff) (Please print name)

The Student Agreement	The Parent / Carer Agreement
<ol style="list-style-type: none"> <li>1. I shall actively support the NLA vision and core values.</li> <li>2. I shall try my hardest to model these core values in everything I do at all times.</li> <li>3. I shall abide by all the academy standards that underpin the academy core values - academy dress code, equipment standards, 'basic 10' standards &amp; the 'I will' statements.</li> <li>4. I will help to maintain an atmosphere of trust and confidence so that everyone has a sense of personal worth and feels valued.</li> <li>5. I will always be polite, use appropriate language and be respectful to academy staff and students.</li> <li>6. I will be mature and seek support from staff and other students to reconcile any differences I have with other members of the academy community.</li> <li>7. I shall work to the best of my ability in lesson time, meet work deadlines set by my teachers and complete all set homework.</li> <li>8. I will make every effort to attend the academy 100% of the time and always look to be above the 97% academy attendance target.</li> <li>9. I shall attend the academy by 8.30am daily and attend all lessons on time.</li> <li>10. I shall attend all of my timetabled lessons and make sure I arrive to each lesson on time.</li> <li>11. I will be organised and well equipped daily with a large bag, a student planner and pencil case (minimum of two pens, a pencil, a ruler, rubber and sharpener).</li> <li>12. I will follow the academy dress code (as displayed on the academy website), wear my uniform with pride and as it would be worn in the business sector.</li> <li>13. I will keep the academy free from litter and graffiti, making it a pleasant place to study.</li> <li>14. I will pay for any intentional damage I make to property of the academy building.</li> </ol> <p>Signing this agreement commits you to all of the above statements during your time at NLA.</p>	<ol style="list-style-type: none"> <li>1. I shall actively support the NLA vision and core values.</li> <li>2. I will ensure my child attends NLA daily no later than 8.30am, making every effort to they attend 97% or better. I WILL NOT remove my child from school during term-time for the purpose of a holiday or any events that can be timetabled outside school hours.</li> <li>3. I will ensure my child is in correct uniform each day (as displayed on the NLA website).</li> <li>4. I will ensure my child is well equipped (with at least the minimum equipment standards) and organised for the academy daily (as displayed on the academy website).</li> <li>5. I will support the academy policies and procedures on standards and behaviour, working with NLA staff to progress my child's learning.</li> <li>6. I will attend parents' evenings and take an active interest in my child's education.</li> <li>7. I will ensure my child abides by all of the academy standards (dress code, minimum equipment standards and the 'I will' statements) that underpin the core values, supporting consequences used to improve these standards.</li> <li>8. I shall support the academy behaviour management policy and work closely with the academy to ensure my child's expectations and standards are exceptionally high, enabling them to progress well in all areas of NLA life.</li> <li>9. I will check my child's planner / google classroom regularly ensuring all homework / independent study is completed within the timeframe given by the teacher.</li> <li>10. I will keep the academy informed of any issues / events which may affect my child's behaviour or performance, negatively or positively.</li> <li>11. I will keep up to date with academy news and developments through the website, social media, email, letters and newsletters.</li> <li>12. I will pay for any intentional damage my child makes to property of the academy building.</li> </ol> <p>Signing this agreement commits you to all of the above statements during the time your child is educated at NLA.</p>
<p>Signed _____ Name _____ Date _____            (Student) (Please print name)</p>	<p>Signed _____ Name _____ Date _____            (Student) (Please print name)</p>



### Accident and Emergency

In the event of an injury to my child I authorise the school to act in my absence until I can be contacted.

(Please tick if you agree)

### Sex and Relationship Education

This is part of the national curriculum requirements and where it is part of the science curriculum parents are not allowed to withdraw the student.

We also teach all students on the aspects of contraception, abortion and sexually transmitted disease. These will be taught by an expert health professional who is specially trained in teaching young people.

**We will only withdraw your child from these lessons if we receive notification from yourselves.**

### Religious Education

The syllabus taught is the RE agreed syllabus from the LEA and looks at religions across the world. RE is not taught as a discrete subject at either KS3 or 4 but part of an integrated humanities programme.

**We will only withdraw your child from these lessons if we receive notification from yourselves.**

### Youth Support Services

From time to time we are required to pass on personal details to the Youth Support Service. This is usually address / contact details. The Youth Support Service works with the school regarding careers advice for our students.

I agree for the details of my child to be passed on to the Youth Support Service.

### Enrichment

I understand that it is my role as parent to make sure my child takes part in at least 1 enrichment activity per week.

### Educational Trips and visits during the working day

We undertake visits to sports facilities, art galleries, concerts or other places of education during the working day. Instead of asking you every time to sign a consent form we would like you to agree to us taking your child to these events. If you agree to this please tick the box below.

I agree to my child going on educational visits and activities outside the school during the school day. They will not be outside the city or outside normal time without my further consent.

I consent to any emergency treatment that may be necessary during the course of the visit.

By agreeing to this you are not restricting your legal rights or those of your child.

### Snow or other school closure

There are times of emergency when we need to send students home at short notice. If you are not at home during the day and there is no emergency place for your child to go then they will have to remain at school until normal closure time. Can you please tick the appropriate box below;

If there is an emergency I agree to my child being sent home without notification.

If there is an emergency I agree to my child being sent home with notification.

If there is an emergency I do not agree to my child being sent home without notification. He/She will remain in school until normal home time.

Parent Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)



<b>Student</b>			
<b>Year Group / House</b>			
<b>Address</b>			
<b>Postcode</b>		<b>Home Telephone Number</b>	

### **Student Agreement**

I have read and understand the Academy's Acceptable User Agreement.  
I will use the computer system and Internet in a responsible way and obey these rules at all times

**Signed (Student)**

**Date**

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### **Parent/Carer's Consent for Internet Access**

I have read and understood the Academy's Acceptable User Agreement and give permission for my son/daughter to access the internet. I understand that the Academy will take all reasonable precautions to ensure pupils cannot access inappropriate materials. I understand that the school cannot be held responsible for the nature or content of materials accessed through the Internet. I agree that the school is not liable for any damages arising from use of the Internet facilities.

**Signed (Parent/Carer)**

**Date**

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**Please Print Name**

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### **Parent/Carer's Consent for Web and Paper Publication of work and Photographs**

I agree that, if selected, my son/daughter's work may be published on the Academy's Web site or in other electronic or paper-based publications or Academy marketing material. I also agree that photographs that include my son/daughter may be published in the same materials/formats subject to the school rules that photographs will not clearly identify individuals and that full names will not be used without expressed consent.

**Signed (Parent/Carer)**

**Date**

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**Please Print Name**

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# STUDENT ACCEPTABLE USER AGREEMENT



## Mobile Phones, mp3 players and portable games consoles

- I will ensure that all of the above media are switched off at 8.30am and remain switched off until the end of the school day. Failure to do this will result in their confiscation.
- If I need to make contact with a parent I will speak to my House Manager, Head of House or a member of staff at the Student Support desk

## PCs, laptops and netbooks

- I will ensure that all ICT equipment is respected and that any damage is reported to a member of staff immediately.
- I will only use ICT systems in the Academy, including the internet, email, digital video, mobile technologies for appropriate learning purposes.
- I will only log on to the school network / VLE (FROG) with my own user name and password.
- I will follow the Academy's ICT security guidelines and not reveal my passwords to anyone and I will change them regularly.
- I understand that I need Academy permission to download or install software on school technologies.
- I will only use my school email address in school
- I will make sure that all ICT communications with other students, teachers or others is appropriate, responsible and sensible.
- I will ensure that any uploaded or added images, video, sounds or text that will not upset or offend any member of the school community.
- I will follow the Academy's academic honesty policy and respect the privacy and ownership of others' work on-line at all times.

## Internet Access

- I will be responsible for my behaviour when using the Internet. This includes the resources I access and the language I use.
- I will ensure that none of the material that I browse, download, upload or forward could be considered illegal or offensive. If I accidentally come across any such material I will report it immediately to a member of staff.
- I will ensure that my online activity, both in school and outside school. Will not cause my school, the staff, students or others distress or bring them into disrepute.
- I will allow the internet filtering system to control all of my browsing.
- I understand that all my use of the internet and other related technologies can be monitored and logged and can be made available to my teachers.
- I will make sure that I do not give out any personal information such as my name, phone number or address. I will not arrange to meet someone unless this is part of a school project approved by my teacher.

**I understand that these rules are designed to keep me safe and that if they are not followed, Academy sanctions will be applied and my parent will be contacted.**

## Impact Biometrics is coming to North Liverpool Academy

We are extremely pleased to announce that North Liverpool Academy is introducing a brand new Biometrics system, which will improve the Student Service provision available to your child. This is a significant part of the continuous journey with NLA moving forward from Ofsted's "Good" to "Outstanding".

This will assist greatly for all students and their parents with the use of Biometrics becoming more and more common in schools throughout the UK.



### Biometrics and Security

Students, parents and staff can rest assured that the fingerprint images cannot be used by any other source for identification purposes. The system uses an image of the finger to create a mathematical algorithm and then discards the finger image; only the numbers remain and these cannot be reinterpreted back into a finger image.

# The future is in your hands!

### Frequently Asked Questions

**Why do you need to take my child's finger image?**

By taking an image of your child's finger we can turn this information into a digital signature.

**Can finger images be used by any other agency?**

No, the software we use turns your child's finger image in to a mathematical algorithm. The image of the finger is then discarded. The information that is stored cannot be used to recreate an image of the child's finger.

**What happens when my child leaves the School?**

When a student leaves school all data can be deleted very easily.

**How does it work?**

When the child places his/her finger on the scanner, the software matches their finger image with the unique digital signature held in the database.

### Impact Biometrics Opt-In form

I do wish my child to be included in the Impact Biometric registration process

Name of Pupil: \_\_\_\_\_

Year: \_\_\_\_\_

Class: \_\_\_\_\_

Name of guardian or parent: \_\_\_\_\_

Signed \_\_\_\_\_

Please fill in this form and return to the admin office