

Home-Academy Agreement

Trinity Academy	The Student	The Parent/Carer
We will:	I will:	I/We will:
<ul style="list-style-type: none"> Achieve high standards of work and behaviour through the building of positive relationships and the consistent application of rewards and sanctions. 	<ul style="list-style-type: none"> Take a pride in my work and my achievements. 	<ul style="list-style-type: none"> Support my/our child and Trinity Academy in maintaining high standards of work and behaviour.
<ul style="list-style-type: none"> Provide challenging learning opportunities for each student both in and out of academy hours which endeavour to meet individual needs. 	<ul style="list-style-type: none"> Accept the authority and rules of conduct of the academy. 	<ul style="list-style-type: none"> Support the academy's policies, including the Behaviour Policy, and respecting the disciplinary authority of academy staff.
<ul style="list-style-type: none"> Give support and care for your child as a valued member of the academy community. Encourage students to develop a sense of empathy, honesty, respect and responsibility. 	<ul style="list-style-type: none"> Attend the academy every day in correct full uniform, on time and equipped to learn. Attend 'Achieve' study support sessions when required. 	<ul style="list-style-type: none"> Ensure my/our child attends the academy every day and is on time, wearing correct full uniform and properly equipped for lessons. Ensure my/our child attends 'Achieve' study support sessions when required. Notify the academy on the first day of the reason for my child's absence.
<ul style="list-style-type: none"> Inform you about progress and areas of concern with work and behaviour. Report to parent/carers about the academic attainment and welfare of your child and hold review meetings which parents/carers are expected to attend. Listen to parents/carers' views and concerns. Provide a safe and orderly environment in which to work. Encourage the involvement of the partnership with parents/carers, Governors and the wider community. 	<ul style="list-style-type: none"> Respect and co-operate with other students and all staff, external visitors and volunteers. Look after the academy, the equipment within it and its grounds. Take letters/information home for parents/carers. At all times, behave in a manner that upholds the good name and reputation of the academy. 	<ul style="list-style-type: none"> Attend meetings with academy staff, if requested, to discuss my child's behaviour/progress. Make every effort to attend Parental Consultation Evenings to discuss my/our child's progress.
<p><i>J Franklin-Smith</i></p> <p>Executive Principal signature</p> <p>Mr Franklin-Smith</p>	<p>_____</p> <p>Student signature To sign when in school</p> <p>_____</p> <p>Please print name</p>	<p>_____</p> <p>Parent/Carer signature</p> <p>_____</p> <p>Please print name</p>

Trinity Academy Halifax New Student Details

All sections of this form must be **completed in full** by parents/carers before a new student can be admitted to the academy on 3 July 2017.

Student Legal Surname

Student Preferred Surname

Student Forename

We will be communicating via email over the coming months and you will miss vital information if you do not provide a valid email address. The email address provided should be of the parent/carers (priority contact 1).

Essential – Email address (parent/carers) _____

Page 2 **Trip consent** – Your son/daughter will be invited to take part in academy trips and other activities that take place off the academy premises. We also require consent for first aid or urgent medical treatment during any academy trip or activity.

Page 3 **Information about your son/daughter held at the academy** - This is all the information that has been passed to us from your son/daughter's primary school. Please check to ensure it is up to date and all sections are complete. If you need to make amendments, please do so using the **RED** pen provided.

Page 4 **The Home-Academy Agreement** - In order to ensure that all students have the opportunity to reach their potential, the Governors require that parents/carers, students and the Principal agree to sign an agreement which sets out the expectations each party can have of the others. The Home-Academy Agreement is intended to be a helpful document and will serve to remind everyone what is needed to ensure that all of our students, their parents and families are successful and happy members of the Trinity Academy learning community.

Insert **Medical Information Form** - This information is extremely important and is used in the unlikely event of a medical emergency occurring during the academy day or whilst your son/daughter is on an academy trip.

If you have any questions/queries, or need assistance in completing the form, please speak to a member of academy staff who will be happy to help.

Trinity Academy Halifax

Consent form for trips and other off-site activities

Name of child _____

Please sign and date the form below if you are happy for your child.

- To take part in academy trips and other activities that take place off the academy premises; and
- To be given first aid or urgent medical treatment during any academy trip or activity.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
 - all visits (including residential trips) which take place during term time, academy holidays or a weekend
 - adventure activities at any time
 - off-site sporting fixtures outside the academy day
 - any competitions relevant to their studies (e.g. debate societies, dance shows)
- The academy will send you information about each trip or activity before it takes place.
- You can, if you wish, tell the academy that you do not want your child to take part in any particular trip or activity.

By signing this form I understand:

1. Written parental consent will not be requested from you for the majority of off-site activities offered by the academy, for example, class or year group visits to local amenities which are part of the academy's curriculum, or visits that usually take place during the normal academy day.
2. Trips and activities will not often extend beyond the academy day, but that if 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.
3. Where there is a financial commitment to a trip the academy will inform me of this in good time and where there is a significant cost, the academy will make arrangements for me to meet the cost of the trip over a number of months.
4. That there is some level of risk in every activity, but that all reasonable measures will be taken to minimise the risks involved.
5. That the high behaviour expectations the academy has of my son/daughter apply during all trips and activities. I accept that any serious misbehaviour, or behaviour that could put the safety or wellbeing of others at risk, or jeopardise the good reputation of the academy, may result in him/her being withdrawn or returned from the visit or activity. Parents may be contacted to collect their child in these cases and a senior leader will make this decision.
6. That should there be concerns with my son/daughter's behaviour during their usual school life, which could impact on the safety or wellbeing of others during a trip or visit, then he/she may not be offered a place on a trip or visit. A senior leader will make this decision.
7. Notice of trips and visits will be communicated by letter, email, text or via my child's planner, depending on the nature of the trip.
8. The current medical information held by the academy is up-to-date and I will inform the academy as soon as possible of any changes in the medical circumstances of my son/daughter.

Please sign and date this form if you agree to the above.

Signed: _____ (parent/carer)

Please print full name: _____ (parent/carer)

Date: _____

Please check the information on the page below and complete all outstanding information.

Legal Surname:	Student Address:
Legal Forename:	Date of Birth:
Preferred Surname:	Ethnicity:
Preferred Forename:	First Language:
Middle Name:	Home Language:

Please check and amend the details below of the primary adult contacts your child.

Priority	Name / Relationship	Address	Telephone Numbers
Priority 1	Name Relationship Email:		Home: Work: Mobile:
Priority 2	Name Relationship Email:		Home: Work: Mobile:
Priority 3	Name Relationship Email:		Home: Work: Mobile:

Mode of Travel – please circle the travel method to and from the academy which will be most frequently used:

Bicycle-----Car/Van-----Car Share-----Walk-----Taxi-----School (Yellow) Bus-----Public Bus Service

Disability – please confirm if your child is registered disabled. **Yes / No** (please circle as appropriate)

Is your child adopted or under a special guardianship order? **Yes / No** (please circle as appropriate)

Please be aware that you have the right to refuse to provide the information requested in the following section, you are also able to retract this information if you have provided it on a previous data collection form via your child's primary school. If you wish to either retract information or would prefer not to answer any or all of the questions below, please draw a line through them and we will update our data system to reflect your retraction/refusal.

Ethnicity: _____
Home language: _____
First language: _____
Country of birth: _____
Nationality: _____
Armed Forces Information: does either parent serve in the Armed Forces (such as the Navy, Army, Airforce)?
Yes / No (please circle as appropriate)

Photographs: Photographs of events, activities and the participants will be taken at various times throughout the year. You can choose to give your consent or not. All imagery will be taken and used responsibly. Please choose whether you give consent for this or not by circling the appropriate response:
I give consent / I do not give consent

Biometric Data: I give consent for Trinity Academy Halifax to use my child's biometric data (fingerprint) for the academy restaurant, printing and library services.
Yes / No

Data Protection Act 1998: the academy is registered under the Data Protection Act for holding personal data. The academy has a duty to protect this information and to keep it up-to-date. The academy is required to share some of the data with the Local Authority and with the Department for Education.

Signature: _____ **Date:** _____

Medical Information Form

Please complete both sides of this form. The information we are requesting is extremely important and is used in the unlikely event of a medical emergency occurring during the academy day or whilst your son/daughter is on an academy trip.

Does your child have any medical needs? Yes/No (please circle as appropriate)

If yes please provide details: _____

Does your child have any significant allergies? (please include stings, medications etc.)

Yes/No (please circle as appropriate)

If yes please provide details: _____

Does your child require REGULAR medication? Yes/No (please circle as appropriate)

If yes, please detail this medication below and the frequency they take this medication:

Frequency: _____

Is your child required to take medication during school time? Yes/No (please circle as appropriate)

Is your child registered disabled? Yes/No (please circle as appropriate)

If yes, please give details: _____

Does your child have a Care Plan (relating to their medical needs) in place at their current school?

Yes/No (please circle as appropriate)

If yes, please name school attending: _____

Please give details of your child's GP and the practice contact details:

Name: _____

Address: _____

Telephone number: _____

Does your child have annual (or more frequent) appointments to see a consultant, or other medical practitioner about their condition? Yes/No (please circle as appropriate)

If yes, please give these details below: _____

Frequency of appointment: Annual Six-monthly
(please circle as appropriate) Three-monthly More than every three months.

Emergency Treatment Declaration:

I agree to the administration of such medications as the academy's Medical Welfare Officer or other qualified First Aider deems necessary for my son/daughter. I also agree for dental and medical treatment, including general anaesthesia, to be administered in an emergency to my son/daughter, during the academy day, while participating in academy activities and on academy trips, if staff are unable to contact me or any contact I have provided the academy with, for this purpose.

I agree to inform the academy as soon as possible of any changes in the medical circumstances of my son/daughter.

Thank you for your cooperation in providing this important information about your child's health and well-being at the academy. Please do not hesitate to contact the academy at any time if you need to discuss the health needs of your son/daughter in more detail.

Signed: _____ (parent/carer)

Please print full name: _____ (parent/carer)

Relationship to student: _____

Date: _____