

ALL HALLOWS CATHOLIC SCHOOL



Reply Booklet for Parents

September 2018

A WELCOME INTRODUCTION FROM MR PATRICK DOYLE HEADTEACHER OF ALL HALLOWS CATHOLIC SCHOOL

A very warm welcome to All Hallows Catholic School. We are delighted that you have entrusted your child's education to us, and this is something that we promise to carry out to the best of our abilities.

In our experience, the students at school do best and are happiest when they receive the same message and expectations from home and school. With this in mind, we have created the following home/school agreement to help us help you to raise happy, successful children.

They can achieve amazing things if we believe in them and when they, you and we work very hard and support each other.

Patrick J. Doyle



ALL HALLOWS CATHOLIC SCHOOL HOME/SCHOOL AGREEMENT FOR PARENTS/GUARDIANS, STAFF AND STUDENTS

This agreement between parent/guardians, staff and students of All Hallows Catholic School has regard to our Mission Statement, School Code and all School Policies acknowledging that all members of our community are "created in the image and likeness of God" and so deserve and should receive equal love, justice, respect and opportunities for growth and fulfilment. All parent/guardian, staff and students of All Hallows Catholic School agree to fully support the Catholic ethos of the school.

Parent/guardians have a responsibility to support the school and their child by;

- ensuring that their son/daughter attends school every day, on time and with the proper equipment
- providing and maintaining a high standard of dress in line with the uniform policy
- reading, supporting and reminding their son/daughter of the School Code
- ensuring that homework is completed to a high standard and checking the school journal daily
- making the school aware of any concerns which might affect their son/daughter's progress or behaviour
- attending Student Progress / Parent/Guardians / teacher meetings and appointments and showing an active interest in any school books brought home
- making sure that they are fully informed about their child's education
- ensuring that the school is able to contact a responsible adult in case of emergency
- avoiding absence from school except in the most extreme cases. Research has shown that low attendance equates to low grades
- ensuring that their son/daughter abides by all school policies and rules
- fully supporting the Catholic nature of the school

Staff have a responsibility to support parents/guardians and students by;

- ensuring that each student has the opportunity to achieve their potential by providing a curriculum that challenges students of all abilities
- setting and marking homework in line with the school's Homework Policy
- caring for each individual student's safety and welfare
- informing parents/guardians of their son/daughter's progress and of any concerns
- contacting parents/guardians if there is a persistent problem with attendance, punctuality or equipment
- being open and welcoming
- enforcing the School Code
- being a good role model
- keeping parents informed of school activities through regular letters home, newsletters and notices about special events

Students have a responsibility to support the school and their parents/guardians by;

- attending school every day, on time with the correct equipment
- respect learning and support the ethos of the learning within the classroom
- maintaining a high standard of school uniform
- doing all class and homework to the best of their ability, neatly and on time
- taking advice from teachers and parents about ways to improve their work
- catching up on any work they have missed
- obeying the School Code; respecting other members of the school community
- showing letters and / or their journal to parents/guardians every night
- taking advantage of the extra-curricular activities that the school offers by participating in at least one

We / I acknowledge receipt of the Home/School Agreement and agree to support the school in its implementation.

Name of Student:

Signed: Student

Signed: Parent/Guardian

CONTACT DETAILS

Name of Student:

	FIRST CONTACT NAME:	SECOND CONTACT NAME:
HOME		
MOBILE		
WORK		

Signed:(parent/guardian) Date:

.....

COMMUNICATION

**I/we* am/are* happy to receive whole school communications by email.*

Signed: Name: (capitals)

(parent/guardian of):

Name of Student:

Email address to be used for communications (please print clearly)

I do not have access to the internet (Parent/Guardian)

GIFT AID DECLARATION

Name of Charity: **All Hallows Farnham Charitable Trust (Registered Charity Number 1041017)**

Details of Donor

Title.....Forename(s).....Surname.....

Address.....

.....Postcode.....

Name of Child/ren who will be starting at All Hallows.....

Name/s of any siblings already attending All Hallows.....

I intend to pay for a period of Years such a sum as after deduction of income tax at the basic rate amounts to £..... (amount in words) each
 *MONTH / QUARTER / YEAR from (date not earlier than date of signing and the same as start date for your standing order). I want the charity to treat these payments and all donations I make from the date of this declaration until I notify you otherwise as Gift Aid donations. I understand that once initiated it is my responsibility to manage the Standing Order.
 *delete as appropriate

Signed.....Date.....	Appeal Reference.....	Office
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See overleaf for notes

ALL HALLOWS FARNHAM CHARITABLE TRUST

Standing Order

Name and address of your bank or building society	Bank:
	Address:
Postcode.....
	Sort Code: Account number.....
	Account Name:

Please pay to: HSBC ALTON (40-08-21)
 Account Number: 01251791
 To the credit of: ALL HALLOWS FARNHAM CHARITABLE TRUST

The sum of: £..... (amount in words).....

Starting payable on:Monthly / Quarterly / Yearly (delete as appropriate)

Signed:Date.....

(Please leave blank, School to complete)

Appeal Reference Number: **(Please use on Bank Statement)**

Notes:

- 1) This is a Standing Order and as such it is your responsibility to cancel or adjust this declaration at any time by notifying your bank, please also let the charity know of any changes or cancellations.
- 2) You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 25p for each £1 you give).
- 3) If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration (see note 1).
- 4) If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
- 5) If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity. Or ask your local tax office for leaflet IR65.
- 6) Please notify the charity if you change your name or address.
- 7) The suggested donation amount is between £10.00 to £20.00 per family per month.
- 8) Please be advised all information provided to us on this form will be stored and processed in accordance with GDPR guidelines. Your data will only be shared with HMRC and our approved auditors if required.

FREE SCHOOL MEALS

Name Child..... Class.....
Child..... Class.....
Child..... Class.....

- *I/We currently receive free school meals for child / children
- *I/We qualify for free school meals but do not take them
- *I/We would like an application form for free school meals
- *I/We would like to find out if we qualify for free school meals (I understand I will be contacted about this)

** please delete as appropriate*

Signed: (parent/guardian) Date:

.....

MEDICAL PERMISSION FORM

If your child becomes unwell in school, this will be recorded on your child's medical card. If your child requires other medication during school hours this must be provided in the original container as dispensed by a pharmacist and be clearly labelled. It is parent's responsibility to collect any un-used medication at the end of each term.

I do/do not give permission for my child.....to have paracetamol.

Is your child currently under the care of a GP or hospital for an on-going medical condition? YES/NO?

Name of medical condition.....

Medication taken.....

Please send a copy of the most recent communication from you GP/hospital to Mrs Batchelor.

Any other health concern:
.....

SIGNED.....PARENT/GUARDIAN DATE.....

CONSENT FORM FOR THE USE OF BIOMETRIC INFORMATION IN SCHOOL

Please complete this form if you consent to the school taking and using information from your child's fingerprint as part of an automated biometric recognition system. This biometric information will be used by All Hallows Catholic School for the purpose of the school canteen.

In signing this form, you are authorising the school to use your child's biometric information for this purpose until they either leave the school or cease to use the system. If you wish to withdraw your consent at any time, this must be done so in writing.

Once your child ceases to use the biometric recognition system, the biometric information will be securely deleted by the school.

Having read guidance provided to me by All Hallows Catholic School I give consent for the biometric fingerprint of my child being taken and used as part of an automated biometric recognition system for administration of the school canteen.

I understand that I can withdraw this consent at any time in writing.

Name of Student:

Parent/Guardian:

Signature:

Date:

PHOTOGRAPHY IN SCHOOL

I am happy for my son/daughter to appear in any photographs for the school to use in newsletters and other publications during their time at All Hallows and for two years after they have left.

I do not wish my son/daughter to appear in any photograph for the school to use in newsletters or publications or on the school website

Name of Student

Parent/Guardian

Signature

Date

LOCKERS

- I/We would like to apply for a locker for.....(student's name)
- I understand that £60 payment for the locker is to be made no later than the first week of term.
- To enable us to allocate an appropriate locker please inform us of your child's height:
- Is there any specific medical need or reason your child requires a locker?.....
.....
.....
- I/We understand that only a limited number of lockers are available and that unsuccessful applicants will be put on a waiting list.

Please provide an email address so we can notify you if your child has been allocated a locker.

.....

Signed: (parent/guardian) Date:

Application form for Private Instrumental Tuition

I wish to apply for: (please tick as appropriate)

Ten 30 minute individual lessons per term	Fee £192.00	
Ten 20 minute individual lessons per term	Fee £128.00	
Ten 30 minute shared (group of 2) lessons per term. (not available on piano)	Fee £96.00	
Ten 20 minute shared (group of 2) lessons per term. (not available on piano)	Fee £64.00	
If you think that you qualify for financial support with tuition fees, please contact Mr Fisher (Head of Music) via the school office.		

Name of Child		Tutor Group
Instrument		
Address		
Telephone Numbers	Home	
	Mobile	
Email address		
How long been learning?		
Approx. standard		
Other information		

- I understand that this agreement for instrumental lessons is between the parent and the instrumental teacher.
- If I wish my child to discontinue lessons, the agreement can be terminated by writing to the teacher giving at least half a term's notice or half a term's fees payable in lieu.
- Lessons will take place at All Hallows Catholic School during the school day.
- Lesson times are rotated and published in advance on the notice board in the music department
- My child will receive ten lessons per term. If your child misses the lesson the teacher will endeavour to make the lesson up, but it under no obligation to do so.
- Any lessons missed by the teacher will be either made up, or refunded.
- I will notify the teacher of any school visits, doctor appointments etc that will prevent my child attending lessons so that an alternative arrangement can be made if possible.

Signing the agreement	
You are advised to make a copy of this document for your own records	
Signed by parent / guardian	Date:
Printed name of parent / guardian	

The completed application form should be sent to:

The Head of Music, All Hallows Catholic School, Farnham, Surrey, GU9 9HF

Do not enclose any money with this form – an invoice will follow once lessons have been confirmed.



All Hallows Catholic School, Weybourne Road, Farnham, Surrey GU9 9HF
Telephone Number: 01252 319211 Email: admin@allhallows.net
Website: www.allhallows.net Twitter account: @allhallows