

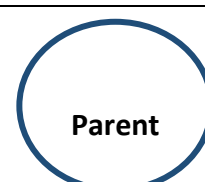
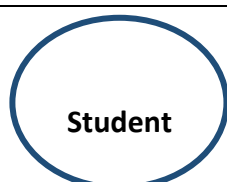
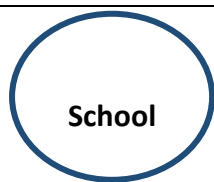
All Hallows Catholic School



Reply Booklet for Parents

September 2019

**All Hallows Catholic School
Home School Agreement**



Ensuring that school is outstanding in all aspects by

- Providing an engaging curriculum for you
- Providing high quality teaching
- Focus on you making rapid progress, having high attainment and achievement
- Promoting self- worth, self-respect and personal ambition to you
- Expecting and encouraging good discipline, behaviour and high standards from you
- Develop positive relationships which will allow you to thrive in school
- Communicate effectively to you and your parents

Signed _____

On behalf of the Headteacher

Be an ambassador for All Hallows School by

- Living the School's mission statement in all that you do
- Being mentally, physically and practically prepared for every school day
- Actively being involved in lessons, working to the best of your ability at all times
- Attending school every day
- Completing all work to target grade or above
- Being responsible for your actions, take advice and behave at all times
- Respect every individual in the school
- Play an active part in school and join at least one club every term
- Achieve your potential

Signed _____

Student

Supporting the School's mission statement by

- Ensuring your child is properly prepared for school every day
- Monitor your child's progress
- Promoting the values of a good education for your child
- Supporting the school and all that it does to educate your child
- Ensure that attendance and punctuality are excellent
- Oversee your child's homework to ensure it is to a high standard
- Encourage your child to achieve to the best of their ability.
- Have a positive relationship with the school
- Help your child stay safe on line by monitoring their activity

Signed _____

Parent/Guardian

Our School Vision:

Our vision at All Hallows is to form happy, successful students who reach their full potential and leave the school with integrity and moral purpose.

We want a whole school experience that everyone would wish for their own children. We put our students at the heart of everything we do, guided by the truth and love of Christ.

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 £198.00	
Ten 20 minute individual lessons per term	Fee £132.00	
Ten 30 minute shared (group of 2) lessons per term. (not available on piano or drums)	Fee £99.00	
Ten 20 minute shared (group of 2) lessons per term. (not available on piano or drums)	Fee £66.00	
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		
All Hallows currently offers lessons on the following instruments: Piano, Keyboard, Electric Guitar Acoustic Guitar, Bass Guitar, Drum Kit, Violin, Cello, Double Bass, Trumpet, Trombone, Cornet, French Horn, Tuba, Euphonium, Clarinet, Saxophone, Flute, Oboe, Bassoon and Voice		
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.
- Payment should be made promptly, if payment is not made the teacher is under no obligation to continue teaching your child.
- 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	
<p>The completed application form should be sent to: The Head of Music, All Hallows Catholic School, Farnham, Surrey, GU9 9HF</p> <p>Do not enclose any money with this form – an invoice will follow once lessons have been confirmed.</p>	

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:

.....

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 will pay £..... (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:.....
 bank or building society 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 £20.00 to £30.00 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.

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 Sheffield-Cole.

Any other health concern:

.....

SIGNED.....PARENT/GUARDIAN

DATE.....

Consent 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