



HANDSWORTH ASSOCIATION OF SCHOOLS PUPIL/STUDENT REGISTRATION FORM



This form needs to be completed for all children and young people before they start taking part in any HAOS activities and will be treated in confidence. **One Form per child**

Name of Activity -			SOS - Summer of Something			
You will need to indicate which venue and the weeks you would like your child to attend. Places will be offered on a first come first serve basis, so places cannot be guaranteed. Children can only attend for 2 weeks at forms need to be returned to school by Monday 19 th July.						
Venue	Duration	Weeks 1 - 2	Weeks 3 - 4	Times	Year Groups	Please list the weeks you wish your child to attend
Kings Edwards VI Handsworth Wood Girls Academy	4 weeks	26 th July to 5 th August Mon – Thurs	9 th - 19 th August Mon – Thurs	10am – 2.30pm	Yr 7 – Yr 9	
Rookery Primary School	4 weeks	26 th July to 5 th August Mon – Thurs	9 th - 19 th August Mon – Thurs	9.30am-2.30pm	Yr 1 – Yr 6	
Welford Primary School	2 weeks	2 nd to 13 th August Mon – Thurs		9.30am-2.30pm	Yr 1 – Yr 6	
Broadway Academy Please use this link to apply: https://www.sportbirmingham.org/forms/view/madbroadway-summer-2021	4 weeks	26 th July to 6 th August Mon – Friday	9 th - 20 th August Mon – Friday	10am – 2.00pm	Yr 6 – Yr 10	
Your Leader in Charge/Principle/Course Co-ordinator			Deborah Bonnique – 07951 091415			
Child/Young Person's Name:					Age	
School Name					Yr Group	
IMPORTANT NOTE: we are requesting a mobile for text messages and an email address. This will be used to confirm places and to pass on important information.						
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		
If yes, Please provide further details of disabilities						
Food allergies and dietary requirements						
Legal Guardian Name:	Relationship to child					
Address:	Post Code :					
Email						
Home Tel No:	Mobile Tel No:					
Emergency Contact Name and Number – Relative (R) or Neighbour (N) that could help contact Parent/Guardians quickly in case of emergency.						
I give Medical consent in case of emergency situations for appropriately trained staff to administer First Aid Yes <input type="checkbox"/> No <input type="checkbox"/>						

Please read through the following statements, answer the questions and sign and date this form.

- I agree that my son/daughter's details may be held on a database for the sole purpose of administering this scheme.
- I understand that whilst staff in charge will take all reasonable care of my son/daughter, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising out of the activities.
- My son / daughter suffers from:

Asthma	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Allergy to Penicillin	<input type="checkbox"/>	Other	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Any other Allergy	<input type="checkbox"/>		

If other, please give details: _____

4. He / she is currently receiving medication: Yes No

5. Is there anything else you would wish to bring to the Programme Leaders Attention? eg: Travel Sickness, or any other special needs _____

Does your son/daughter have Free School Meals? Yes No

6. Ethnicity	Prefer not to say		Mixed / multiple ethnic groups - White and Black African
	Asian / Asian British - Indian		Mixed / multiple ethnic groups - White and Black Caribbean
	Asian / Asian British - Pakistani		Mixed / multiple ethnic groups – Other
	Asian / Asian British - Chinese		Whit – Welsh / English/ Scottish / Northern Irish / British
	Asian / Asian British - Bangladeshi		White - Irish
	Asian / Asian British - Other		White - Gypsy, Roma or Irish Traveller
	Black / African / Caribbean / Black British - African		White - Eastern European
	Black / African / Caribbean / Black British - Caribbean		White - Other
	Black / African / Caribbean / Black British - Other		Other ethnic group - Arab
	Mixed / multiple ethnic groups - White and Asian		Other ethnic group

During this project we will be taking photographs, recording and filming some video footage to promote and support the project. *All material/literature produced will be used for educational purposes only and to support or promote the Project to other partner schools/organisations. These photographs/footage are only for use by Handsworth Association for our newsletters, displays and promotion and on our websites/social media.

In order to take part in this project we need to ask all parents/guardians to complete the consent form below.

This form is valid indefinitely from the date you sign it.

We will not use the personal details or full names (which means first name and surname) of any child or adult in a photographic image or video, on our website, on our social media platforms in our organisation prospectus or in any of our other printed publications.

If we use photographs of individual pupils, we will not use the name of that child in the accompanying text or photo caption.

If we name a pupil in the text, we will not use an individual photograph of that child to accompany the article. Websites and social media platforms can be viewed throughout the world and not just in the United Kingdom where UK law applies.

Please circle as relevant

I give permission for my child’s photograph to be used for display purposes Yes/No

I give permission for my child’s photograph to be used in other printed publications. Yes/No

I give permission for my child to be videoed/filmed. Yes/No

I give permission for my child’s image to be used on HAOS website. Yes/No

I give permission for my child’s image to be used on HAOS social media sites (e.g. Facebook & Twitter) Yes/No

I give permission for my child to appear in the media. Yes/No

Parent Signature: _____ Print Name _____

Student Signature: _____ Print Name _____

Date: _____

For further information contact Handsworth Association of Schools: Deborah Bonnique, 07951 091415
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Twitter : @HandsworthSchs

Website : www.haos.org.uk