



**NEWLAND
ST JOHN'S**
C OF E ACADEMY

Dear Parents and Carers,

In order for us to keep our records up to date, please complete the following form and return to school by **Tuesday 25th September**.

Thank you for your help in this matter,

S Wilson, Headteacher

	Delete as appropriate
I give permission for my child to take part in visits locally that do not require transport.	YES/NO
I give permission for my child to attend services in Church	YES/NO
I understand that the school is required to take further action if there is an issue regarding child protection.	YES/NO
I give permission for my child to receive emergency medical or dental treatment if it is considered necessary by the medical authorities and I am unable to be contacted.	YES/NO
I will assist the school with their safeguarding children procedures by complying with school policies.	YES/NO
I will abide by all school policies (copies of which are available on the school website or to view in school).	YES/NO
I give permission for eligibility to be checked for Free School Meals	YES/NO
I give permission for my child to participate in dental health programmes such as 'Brush Bus'.	YES/NO
I understand I cannot upload any digital images taken within the school of pupils (other than my own child) without the consent of a pupil's legal parent.	YES/NO
I give permission for my child to have their photograph taken in school.	YES/NO
I give permission for my child to have their photograph taken outside school by an external photographer (such as Museum Service etc.)	YES/NO
I give permission for my child to appear in videos uploaded to our website.	YES/NO
I give permission for my child's work to be uploaded to the website.	YES/NO
I give permission for my child to be filmed for TV	YES/NO
I give permission for my child to be filmed in performances which may be distributed to families within the school.	YES/NO

Child's name _____

Signed _____ **(Parent/Carer)** **Date** _____