



Essendene Lodge School
Parent contract

Acceptance Form

Independent Day School for Boys and Girls

Essendene Lodge School, Caterham



Acceptance form

Child's full name			
Preferred name			
Gender	Male	Female	
Date of birth		Date of entry	

Ethnic/Cultural:			
Ethnicity:		Religion:	
Home Language:		First Language:	
Country of Birth:		Nationality:	
Nationality & Passport Details:			
Passport No:		Name on Passport	
Issue Date:		Visa No:	
Expiry Date:		Visa Expiry:	

Parent Contact Details:							
	Priority 1:						
	Title:						
	Forename:						
	Surname:						
	Relationship:						
Communication:		<input type="checkbox"/>	Correspondence	<input type="checkbox"/>	Pupil Report	<input type="checkbox"/>	Bill Payer
		<input type="checkbox"/>	SMS	<input type="checkbox"/>	Copy Bills	<input type="checkbox"/>	E mail bills
	Priority 2:						
	Forename:						
	Surname:						
	Relationship:						
Communication:		<input type="checkbox"/>	Correspondence	<input type="checkbox"/>	Pupil Report	<input type="checkbox"/>	Bill Payer
		<input type="checkbox"/>	SMS	<input type="checkbox"/>	Copy Bills	<input type="checkbox"/>	E mail bills



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Emergency Contact Details: THIS MUST BE IN ADDITION TO THE PARENTS DETAILS		
Priority 1:		
	Title:	
	Forename:	
	Surname:	
	Relationship:	
Address:	Address Line 1	
	Address Line 2	
	Town	
	County	
	Post Code:	
Telephone No's:		
	Home	
	Mobile	
	Work	
Priority 2:		
	Forename:	
	Surname:	
	Relationship:	
Address:	Address Line 1	
	Address Line 2	
	Town	
	County	
	Post Code:	
Telephone No's:		
	Home	
	Mobile	
	Work	



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Bill Payer:							
	Title:						
	Forename:						
	Surname:						
	Relationship:						
Payment Type:	Annually in advance (5% Discount)	<input type="checkbox"/>	BACS	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Other
	Termly	<input type="checkbox"/>	BACS	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Other
	Monthly Finance (School Only)						
Childcare Vouchers:							
	Voucher Company Name						
	Monthly Amount						
	Voucher Company Name						
	Monthly Amount						
	NEG Entitlement (Early Years Funding)	15 hours	<input type="checkbox"/>	30 hours	<input type="checkbox"/>	Code	<input type="checkbox"/>
Communication:	Billing Name						
	Billing Email						

Travel Arrangements													
<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Train	<input type="checkbox"/>	Car/Van	<input type="checkbox"/>	Walk	<input type="checkbox"/>	Taxi	<input type="checkbox"/>	School Bus	<input type="checkbox"/>	Car Share
<input type="checkbox"/>	Underground	<input type="checkbox"/>	Public Bus Service				<input type="checkbox"/>	Metro/Train/Light Rail			<input type="checkbox"/>	Other	
Route													



I / We accept the place which has been offered to us for my / our child (named above), on the terms of:

- the letter containing that offer
- this acceptance form
- the School's *Terms and Conditions*, enclosed with the offer letter
- the School's fees list, as varied from time to time.

I / We acknowledge that I/We have been referred to the current school policies on the school website which I / we have read and have drawn to my / our child's attention.

Cancellation rights

I / We understand that we may cancel this agreement at any time within 14 days of the date of acceptance

Immigration status

I / we enclose a copy of our child's passport and immigration status documentation confirming his / her right to enter the United Kingdom and study at the School. Where he / she holds a dependent visa, I / we also enclose a copy of my / our passport(s) and immigration status documentation confirming my / our right to enter and live in the United Kingdom. Please see clauses 3.4 and 9.15 in the School's *Terms and Conditions*.

Declarations by the signatories to this acceptance form

I / We declare as individuals and jointly that:

- 1 Terms and conditions:** Before signing this acceptance form I / we have read and understood and I / we agree to the School's *Terms and Conditions* which will undergo reasonable change from time to time. I / We have retained a copy of the School's *Terms and Conditions* with our records.
- 2 Disclosures:** I / We have already provided and will continue to provide details of any medical condition, health problem or allergy affecting my / our child; any learning difficulty, disability, or special educational need of my / our child, as well as any behavioural, emotional and / or social difficulty of my / our child (for example dyslexia, dyspraxia, attention deficit disorder, visual or hearing impairment or any condition requiring use of a wheelchair). I / We attach in confidence details of any relevant information received since my / our previous disclosure.
- 3 Medical matters:** I / We have completed in confidence the School's Medical Information and Consent Form and will continue to provide all relevant information about any medical condition, health problem, or allergy which affects my / our child and / or which may prevent my / our child from taking a full part in the School's academic and games or sports curriculum, outdoor activities and educational visits or if my / our child has been in contact with anyone with an infectious or contagious disease.



- 4 **Court orders:** Where I am / we are separated or divorced; I / we have informed the School of this. I / We have also disclosed all court orders or criminal proceedings in relation to my / our child and all court orders, criminal proceedings, statutory demands or bankruptcy petitions relating to either parent (including any court orders relating to financial matters). I / We will disclose any subsequent court orders, criminal proceedings, statutory demands or bankruptcy petitions to the School.
- 5 **Parental responsibility:** I / We both have parental responsibility (i.e. legal responsibility) for the child named above. * I / We confirm that no other person's consent is required for the child to attend the School **OR** * I / We have disclosed written consent to the child joining the School from all others with parental responsibility for the child. (* Please delete as appropriate.)

If any person signing this acceptance form does not have parental responsibility for the child, please provide a brief written explanation of the relationship between that person and the child together with the name(s) of all others with parental responsibility for the child.

- 6 **Current and previous schools:** I / We confirm that fees payable to my / our child's current and any previous schools have been paid or will be paid in full before my / our child enters the School. Except as disclosed in a confidential letter attached to this acceptance form, my / our child has not been withdrawn from or been asked to leave another school as a result of misconduct.
- 7 **School fees:** I / We understand that the School may at any time make enquiries of my / our child's current or previous schools for confirmation that all sums due and owing to such school(s) have been paid. I / We understand that the School may inform any other school or educational establishment to which I / we propose sending my / our child if any Fees of this School are unpaid. I / We also understand that the School may make reasonable enquiries of relevant third parties (for example credit reference agencies) about my / our financial means in appropriate circumstances.
- 8 **Cancellation or Withdrawal:** Except where the cancellation rights described above apply or where otherwise provided in the School's *Terms and Conditions* I / we will not cancel my / our acceptance of this place or withdraw my / our child from the School without first giving a Term's Written Notice or paying a Term's Fees in accordance with the School's *Terms and Conditions*. Please see Section 9 of the School's *Terms and Conditions* for further information about Notice, Cancellation and Withdrawal.
- 9 **Documents:** I / We confirm that before signing this acceptance form, I / we have seen or had an opportunity to see all the documents referred to in the School's *Terms and Conditions*, including the Parents' Handbook, the School policies and procedures.



- 10 **Confirmation of declarations:** I / We confirm that the declarations made on this acceptance form are true and that I / we have disclosed all information required in the declarations. I / we understand and agree that the School has the right to terminate this contract for educational services immediately if any declaration is found to be untrue.

Authorities given by the signatories to this acceptance form

I / We give the following express authorities on behalf of myself / ourselves and (so far as I am / we are entitled to do so) on behalf of my / our child.

- 11 **Commencement of services:** I / We consent to the School providing educational services to my / our child if he / she starts as a pupil at the School within 14 days of the date of this acceptance form.
- 12 **Immigration arrangements:** Where my /our child is sponsored by the School under Tier 4 of the Points Based System for Immigration I / we consent to the arrangements for my / our child's visa application.
- 13 **Educational visits:** I / We consent to my / our child taking part in all educational visits and activities which take place off school premises while he / she is a pupil at the School.
- 14 **Transport:** I / We consent to the Pupil travelling by any form of public transport and / or in a motor vehicle driven by a responsible adult who is duly licensed and insured to drive a vehicle of that type.

How we use your information

For more information about how the School will use your information, and your child's information, please see our privacy notice.

These documents are enclosed with the offer pack and published on the School's website.



Signatures

I / We have paid by bank transfer £500.00 being the Acceptance Deposit which will be held without payment of interest in the general account of the School in accordance with the School's *Terms and Conditions* referred to above.

	First signatory	Second signatory
Signature		
Title (e.g. Mr, Mrs, Ms)		
Name in full (please include all names)		
Date of birth		
Relationship to child		
Telephone number		
Address		
Postcode		
Date		

Please return this form and a completed Medical Information and Consent Form to the School Administrator, together with a confidential letter addressed to the Head if there are any matters of which we ought to be aware before your child enters the School, or once here.



Medical Information and Consent Form

The School requires you to complete all sections of this form as fully as possible. The information provided by you in this form will help us to care for your child while he / she is a pupil at the School.

All information received on this form will be treated in confidence.

For more information about how the School may use your and your child's information contained in this form, please see our privacy notice which is enclosed with this offer pack and is published on the School website: www.essendenelodge.co.uk

Child's details

Child's full name:	
Date of birth:	

Child's doctor's details

Name of child's doctor:	
Address of child's doctor:	
Telephone number for child's doctor:	

Eyesight and hearing

Does your child have an eyesight condition? (please tick one box)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your child have a hearing condition? (please tick one box)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered Yes to either question above, please provide details below:				
If your child takes any medication for an eyesight or hearing condition, please provide details in the Medication section in this form.				



Infectious conditions

Has your child had any of the following infectious conditions? (please indicate by ticking either Yes or No for each condition)			
Condition:	Yes	No	Approximate date of infection
Mumps			
Rubella			
Chicken pox			
Measles			
Glandular fever			
Rheumatic fever			
If you have answered Yes to any of the above, please provide details below:			
If your child has been in contact with anyone with an infectious or contagious disease six weeks prior to your start date, we agree to inform the school by completing the Confidential Medical Form?			
(if relevant at the time of completing this form, please provide details below:			



Allergies

Does your child have any allergies?				
Hay fever	Yes		No	
Medicine (if Yes, please provide details in the box below)	Yes		No	
Animals (if Yes, please provide details in the box below)	Yes		No	
Foods (if Yes, please provide details in the box below)	Yes		No	
Other allergies (if Yes, please provide details in the box below)	Yes		No	
If your child takes any medication for an allergy or carries an Epi-pen or other auto-injector, please provide details in the Medication and treatment section in this form. Note – these should be provided by the Parents.				
If your child has special dietary requirements, please provide details in the box below:				



Other conditions

Does your child have any of the following conditions?				
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes - type 1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes - type 2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mental health condition(s) (if Yes, please provide details in the box below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other condition(s) (if Yes, please provide details in the box below)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your child takes any medication or receives treatment for an above named condition, please provide details in the Medication and treatment section in this form.				



Immunisation

The following table lists the routine and optional vaccinations (including travel vaccinations) available for children in the United Kingdom.

Please provide date(s) of immunisation of your child where indicated or, if immunisation not carried out, please state.

Immunisation	Date(s) of Immunisation
Routine vaccinations	
5 in 1 vaccine (Diphtheria, Tetanus, whooping cough, polio, Hib)	
PCV (Pneumococcal jab)	
Rotavirus	
Men B (Meningococcal type B)	
Hib / Men C	
MMR (Measles, Mumps, Rubella)	
Children's 'flu vaccine	
4 in 1 Pre-school booster (Diphtheria, Tetanus, whooping cough, polio)	
Meningitis (Meningococcal types A, C, W, Y)	
Optional vaccinations	
Chickenpox	
BCG (Tuberculosis)	
Influenza	
Hepatitis B	



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Travel vaccinations	
Typhoid	
Cholera	
Yellow Fever	
Meningitis (Meningococcal types A and C)	
Hepatitis A	
Hepatitis B	
Japanese encephalitis	
Tick-borne encephalitis	
Rabies	
Other (please provide details in the box below)	



Medication and treatment

Name of medication / treatment	Reason for medication / treatment	Dosage (if applicable)	Frequency

Please provide details below of any condition which may prevent your child from taking a full part in the School's academic and games or sports curriculum, and outdoor activities.

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I / We have provided full and complete information about my / our child in this Medical Information Form.

I / We agree to inform the School in the event that my / our child's health or needs change.

I / We also agree to inform the School of any medication or treatment my child is receiving as I understand that appropriately qualified School staff may administer medication or need to refer on to Medical, Dental and Optical specialists as required.

	First signatory	Second signatory
Signature		
Title (e.g. Mr, Mrs, Ms)		
Name in full (please include all names)		
Relationship to child		
Date		



Medical Consent

- 1 **First Aid:** I / We consent to appropriately trained and qualified members of the School staff to administer first aid to my/our child where appropriate.
- 2 **Medical treatment:** I / We hereby give my consent for the School to act on my / our behalf as necessary for my child's welfare if he / she requires a medical examination, medical testing or minor medical treatment such as attendance at a local GP, Doctor or Optician.
- 3 **Emergency Medical Treatment:** I / We give my / our consent for the Head to act on our behalf to authorise emergency medical treatment as necessary for my child's welfare in the event I / We cannot be contacted in time.
- 4 **The Administration of Medicines:** I / We hereby give my consent for appropriately qualified members of the School staff to administer prescription medication as listed in the Medication Section of the Medication and Treatment section of the Medical Information Form or as subsequently notified to the School.

If there is any medication or remedies, you would prefer your child not to receive please indicate these in the box below.

	First signatory	Second signatory
Signature		
Title (e.g. Mr, Mrs, Ms)		
Name in full (please include all names)		
Relationship to child		
Date		



Parental Consent

During your child's school life certain activities require your signed consent before your child can participate. If you wish to withdraw consent for any activities for your child, you should notify the school office in writing. Please circle in the box below appropriately and sign.

Consent to Sex Education – Year 6 (clause 5.4)	Yes	No
Consent to Educational Visits (clause 5.12):		
Off-site activities e.g. regular curriculum activities and sporting fixtures	Yes	No
Visits – day and overnight/residential trips	Yes	No
Adventure activities	Yes	No
Consent to Photography or images (clause 6.15):		
Promotional material/website/social media (Facebook/Twitter)	Yes	No
Press and local media	Yes	No
Educational purposes e.g. internal displays, school newsletter	Yes	No
Consent to travel by public transport or vehicle driven by responsible adult (clause 6.17)	Yes	No
Consent to take part in food preparation, cookery and tasting	Yes	No
Consent to watch films/video clips rated “U” or “PG”	Yes	No

	First signatory	Second signatory
Signature		
Title (e.g. Mr, Mrs, Ms)		
Name in full (please include all names)		
Relationship to child		
Date		