

### Student Update Form

Name of child: \_\_\_\_\_ Class: \_\_\_\_\_

<b>Photo Permission</b>	<p><b>Please tick your preferences (can be more than one):</b> Photos/videos of your child will be held securely and will only be used for internal identification or assessment purposes alongside your preferences indicated below. No names will be shown alongside images on social media, websites, promotional materials or displays. You have the right to withdraw your consent at any time. To do this or to discuss your preferences, please contact the school office.</p> <p><input type="checkbox"/> I am happy for photos/videos of my child to be used on our school website or in promotional materials</p> <p><input type="checkbox"/> I am happy for photos/videos of my child to be used on social media (e.g. facebook/twitter on the school's official page)</p> <p><input type="checkbox"/> I am happy for my child's photograph to be used on internal displays</p> <p><input type="checkbox"/> I am happy for photos/videos of my child to be used by Kyra Teaching School Alliance and CFBT Schools Trust (CST) in promotional materials</p> <p><input type="checkbox"/> I am happy for my child to have their photograph taken for individual and class photographs by a school photography company</p> <p><b>Signed:</b> _____ <b>(parent/carer) Date:</b> _____</p>
<b>Film Permission</b>	<p><b>Please tick permission:</b> At various times throughout the year we allow children to watch films, either to further enhance the curriculum or as a treat. The films are either suitable for all ages or PG and will have been checked and proved by the school's leadership team. We would like your permission to allow your child to watch these films. You have the right to withdraw your permission at any time. To do this, please contact the school office.</p> <p><b>I give permission</b> <input type="checkbox"/> <b>I do not give permission</b> <input type="checkbox"/></p>
<b>Medical Information &amp; Medication</b>	<p>Please give details of any medical conditions and medications. Please continue overleaf if more room is needed. This data will be held securely and only used for purposes relating to ensuring your child's health. Please note that your child's image may be used for identification purposes in staff only areas.</p>
<b>Dietary requirements and allergies.</b>	<p>Please give details of any dietary requirements or allergies. Please continue overleaf if more room is needed. This data will be held securely and only used for purposes relating to ensuring your child's health. Please note that your child's image may be used for identification purposes in staff only areas.</p>
<b>Home School Agreement</b>	<p>I adhere to and will support the Home School Agreement (Provided in initial admission pack. A copy is available on the school website).</p> <p><b>Signed:</b> _____ <b>(parent/carer) Date:</b> _____</p>
<b>Local trips</b>	<p>During the academic year, staff may walk children to visit various places in the local area which are connected to topics relevant to your child's learning. You have the right to withdraw your permission at any time. To do this, please contact the school office.</p> <p><b>I give permission</b> <input type="checkbox"/> <b>I do not give permission</b> <input type="checkbox"/></p>

Once you have completed this form, please ensure your child's name and class are clearly stated at the top of the page and return to the school office. As you are able to revoke permission and consent at any time, this form will not be sent out again while your child is a pupil at our school.

IF THE INFORMATION ABOVE CHANGES, PLEASE NOTIFY THE SCHOOL OFFICE AS SOON AS POSSIBLE.

Thank you