



DATA COLLECTION PACK

Please read through the following policies. Those policies that have been printed on white paper are for you to keep for your records and refer to in the future. Any policies printed on blue paper should be filled in appropriately and returned to John Spence Community High School (address below) by Monday 1st June using the envelope in your pack.

The checklist below will help to ensure you return the appropriate forms to school.

FORM	PAGE	SIGN & RETURN	KEEP FOR YOUR RECORDS
School Contact Details	2	KEEP FOR YOUR RECORDS	
Attendance Matters	3		
Home School Agreement (Use of Standby)	4	SIGN & RETURN	
Emergency Contact Details	6		
General Data Protection Regulation (GDPR)	7		
E-Safety & ICT Acceptable Use Policy (AVP)	8		
Photography Consent Form	9		
Mini Bus	11		
Personal Medication Booklet	12		

School Contact Details

If you need to speak to school staff, below is a list of the contact details for Senior staff and Heads of Year in school. Please phone the school office and your call will be directed towards the relevant member of staff or a message can be left and they will return the call as soon as possible.

Head Teacher – Mr Jonathan Heath

Deputy Head Teacher – Mrs Leanne Clay (Curriculum and Assessment)

Assistant Head Teacher – Mrs Helen Blair (Behaviour and Welfare)

Assistant Head Teacher – Mrs Louise Bray (Teaching and Learning)

Assistant Head Teacher – Mr James Redpath (Progress and Achievement)

Associate Assistant Head Teacher – Mrs Karen Yellowley (Reports and Mentoring)

Head of Year 7 – Mrs Kirsty Wyllie

Head of Year 8 – Mrs Leanne Brown

Head of Year 9 – Ms Ashleigh Knight

Head of Year 10 – Mr Marc Burnip

Head of Year 11 – Mr Simon Crowe

Attendance Matters

Some attendance information to be aware of:

Reporting absence: If your child is ever too ill to attend school, please inform the school on the first day before 8.15am and if possible provide information on the length of absence as well as the reason for the absence. The easiest way to do this is to leave our school liaison officer a voice message on 296 1432 (option 1).

Appointments: Please try to avoid making medical / dental appointments in school hours as this can impact on attendance.

Holidays: In line with the North Tyneside guidelines on unauthorised holiday in term time if there are 10 or more unauthorised sessions in an academic year (a session is half a day) a Penalty Warning Notice will be completed. The outcome of this will be either a warning letter or a fine.

Exceptional Circumstances: If you need to take your child out of school due to exceptional circumstances ensure you apply to the school for time off. You should always state why you need to take your child out of school. You will in turn receive confirmation from the school in writing. **Taking your child on holiday is not an exceptional circumstance.**

Home School Agreement

The Student's Commitment:

Every student is expected to:

- be polite to everyone
- behave to an acceptable standard in and out of lessons
- arrive on time for school and lessons
- have with them the minimum equipment of pen, pencil, ruler, calculator, PE kit (when needed), all in a suitable school bag/rucksack
- take care of and respect the school buildings and equipment
- follow instructions
- adhere to the uniform policy
- always work to the best of their ability

The Parent's or Carer's Commitment:

To ensure that each child leaves John Spence '**Fit for Life**' we expect all our parents or carers to:

- support both their child and the school
- ensure that their child attends school regularly and is punctual
- provide all necessary equipment and reinforce the uniform requirements
- contact the school promptly regarding any concerns
- monitor homework regularly and support staff in getting all homework completed
- attend all Parent Consultation days/evenings
- ensure their child follows the Code of Conduct for students

To show that you have acknowledged these simple but important points to help your child succeed at John Spence, please can you complete the reply slip below:

Student name: _____

I have read and acknowledge the Code of Conduct for John Spence.

Parent's / Carer's signature: _____ Date: _____

Use of Standby

There are occasions where it is deemed necessary to remove a student from lesson/lessons and place them in isolation to work. This facility is supervised by duty staff and work is provided by subject teachers.

The following measures are put in place in the case of any student being placed in standby:

- An attempt to contact home will be made as soon as a student is placed in standby
- Mobile phones are handed in irrespective of when or for how long a student is in standby for; they are placed in the school safe and are collected at 3pm (or 4pm)
- A packed lunch is provided by the school canteen for those students who are placed in standby over lunchtime
- Period 6 will run for some students from 3pm until 4pm

If you have any queries regarding standby please do not hesitate to contact the school office (0191 2961432).

EMERGENCY CONTACT DETAILS

It is very important that the school can contact parents/carers in case of an emergency or incident. Please complete the emergency contact details below and return to school. If any of these contact details change during the course of the academic year, please ensure you inform the school immediately.

Emergency Contact Details 1:

Name of contact 1: _____

Relationship to pupil: _____

Mobile number: _____

Other number: _____

Emergency Contact Details 2:

Name of contact 2: _____

Relationship to pupil: _____

Mobile number: _____

Other number: _____

Emergency Contact Details 3:

Name of contact 3: _____

Relationship to pupil: _____

Mobile number: _____

Other number: _____

GENERAL DATA PROTECTION REGULATION (GDPR)

Under the terms of the Data Protection Act 1998, the school must ensure that the information held about young people is accurate and up to date. To ensure that this is the case, the school regularly sends out a 'data checking sheet' that shows the information that we currently hold about your child.

There is a requirement for us to tell you about the types of data held, why it is held and to whom it may be passed on. The school holds information in order to support the teaching and learning, to monitor and report on pupil progress, to provide appropriate pastoral care and to assess how well the school as a whole is doing.

This data may only be used or passed on for specific purposes allowed by law. From time to time the school is required to pass on some of this data to local authorities, the Department for Children and Adults Services, the Qualifications and Curriculum Authority, Ofsted, and to agencies that are prescribed by law, such as the Qualifications and Curriculum Authority (QCA), Ofsted, the Education Skills Funding Agency (ESFA), Young People's Learning Agency and the Department of Health (DH). All these are data controllers in respect of the data they receive, and are subject to the same legal constraints in how they deal with the data.

Under General Data Protection Regulations (GDPR) a Subject Access Request (SAR) may be made to the school in writing. Upon receipt of a SAR that meets the GDPR criteria the school will release most of the subject's personal data. If a SAR is made for information containing, in whole or in part, a pupil's "educational record", a response will be provided within 15 school days.

Under Article 17 of the GDPR individuals have the right to have personal data erased. This is also known as the 'right to be forgotten'. The right is not absolute and only applies in certain circumstances. Upon receipt of a 'right to be forgotten' request a response will be provided within one month.

To ensure that accurate records are kept, please complete the reply slip below and return to school as soon as possible.

Fair Processing Notice – Reply Slip

I confirm that I have received, read and understand the Fair Processing Notice from John Spence Community High School. I accept that in signing this declaration I give full consent to the sharing of information under the provisions of the Data Protection Act.

Pupil Name: _____ Parent/Carer Name: _____

Pupil Signature: _____ Parent/Carer Signature: _____

Date: _____ Date: _____

E-safety and ICT Acceptable Use Policy

Acceptable Use of ICT

The policy will be explained to all students so that they fully understand John Spence Community High Schools expectations upon individuals using school ICT equipment.

Pupils and parents will be asked to sign the policy to show that both understand and accept the conditions of use.

STUDENT ICT ACCEPTABLE USE POLICY

- I will only use ICT systems in school, including the internet, email, digital video, and mobile technologies, for school purposes.
- I will use the ICT equipment in school with respect and care.
- I will not download or install software on school technologies.
- I will only log on to the school network/ learning platform with my own user name and password.
- I will not reveal my passwords to anyone and will change them regularly.
- I will use responsible and sensible language in all my ICT communications.
- I will not give out any personal information such as my name, phone number or address on the Internet.
- I will not take images of pupils and staff unless I have express permission from school staff, along with explicit consent from the individuals photographed and it is for school purposes. I will not distribute any images outside the school network.
- I will ensure that my online activity, both in school and outside school, will not cause distress or embarrassment to my school, or any member of the school community.
- I will not deliberately upload or add any images, video, sounds or text that could upset or offend any member of the school community.
- I will respect the privacy and ownership of others' work online at all times.
- I will not attempt to bypass the internet filtering system or any other security features.
- I will not deliberately browse, download, upload or forward material that could be considered offensive or illegal. If I accidentally come across any such material I will report it immediately to my teacher or another member of staff.
- If the school suspects that I am using the system for criminal purposes or for storing unlawful text, imagery or sound, the matter will be brought to the attention of the relevant authorities.

I understand that these rules are designed to keep me safe and that if they are not followed, school sanctions will be applied, my computer rights revoked and my parent/carer contacted.

I have read and understood and agree to comply with this policy.

Signed by student: _____ Date: _____

We have read and understand this policy and have discussed it with our child.

Signed by parent/carer: _____ Date: _____

Parent/carer's name: _____

PHOTOGRAPHIC CONSENT

For the duration of you son/daughter's education at John Spence Community High School, we may wish to use his/her photograph and/or video to publicise or promote school activities. Typical uses may be: in the school newsletter; in school displays; the school SIMS system; on our website or in the local press. To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child for promotional purposes. We will ask you to renew this agreement at the beginning of each academic year.

By signing this form, you are giving your consent to the school to use in school, on the school website, school Twitter and Facebook accounts and in both the local and national press.

If you are concerned about the privacy of your son/daughter please make an appointment and discuss your concern with you son/daughter's Head of Year or the Designated Safeguarding Lead so we can take reasonable measures to safeguard him/her.

Name of child: _____ Date of Birth: _____

Address: _____

Post Code: _____

Please confirm your consent by signing the declaration below. Any student for whom no form is received will be taken as an indication of all consent being refused.

I consent to John Spence Community High School to use images or videos of my son/daughter (above name) in the following ways:

- | | |
|---|----------|
| 1) On the school's information management system (SIMS) and as a tool to monitor and track progress (restricted access) | YES / NO |
| 2) On displays within school (unnamed) | YES / NO |
| 3) On the school website (unnamed) www.johnspence.org.uk | YES / NO |
| 4) On the school website (named to celebrate individual success)
http://www.johnspence.org.uk | YES / NO |
| 5) On school social media accounts (unnamed) | YES / NO |
| 6) General printed publicity materials such as the school prospectus, banner stands, school displays, and the school newsletter (unnamed) | YES / NO |
| 7) Official school approved photography such as Year Books, Class Photos, and individual photos (named). | YES / NO |
| 8) School performances, sporting events and productions (unnamed) | YES / NO |
| 9) School performances, sporting events and productions (named in programme) | YES / NO |
| 10) Sharing school work, e.g. art work, posters, exhibition paintings outside of school with other agencies | YES / NO |

Please note that this list is not exhaustive.

DECLARATION

I understand that any consent I have given on this form is given in good faith and for the sole purposes as listed on this form. I understand that I can withdraw my consent at any time and accept that I must do so in writing. I understand that the consent I have given will stand throughout the academic year given at the top of this form, unless I withdraw that consent in writing. I accept that any existing publications or information produced prior to the withdrawal of consent may still contain images of my son/daughter. I have read and understood the conditions of use as listed below.

Name of Parent/Carer: _____

Parent/Carer Signature: _____ Date: _____

Conditions of use

- 1) This form is valid for the duration of the academic year given on the front of this form and from the date you sign it. We reserve the right to continue to use photographs after your son/daughter leaves this school, not exceeding a maximum of 3 years.
- 2) We will not use the personal details or full names (which means first name **and** surname) of any child in a photographic image on video, on our website, in our school prospectus or in any of our printed publications without good reason and only if we have received permission on this form. For example, we may include the full name of a pupil in a newsletter to parents if the pupil has won an award.
- 3) We will take all steps to ensure images and videos are used solely for the purposes they are intended. If you become aware that these are being used or shared inappropriately, please contact the Data Protection Officer at the school.
- 4) If we name a pupil in the text, we will not use a photograph of that child to accompany the article without good reason.
- 5) We will not include personal e-mail or postal address, or telephone or fax numbers on video, on our website, in our school prospectus or in other printed publications.
- 6) We may include pictures of pupils and teachers that have been drawn by the pupils as part of their Art lessons.
- 7) We may use group or class photographs or footage with very general labels, such as “a science lesson” or “making Christmas decorations”.
- 8) We will keep the images in our photo image library.
- 9) Photographs and videos will only be recorded on school owned equipment and will not be kept for longer than is to be considered necessary, and in any event, not exceeding a maximum of three years after your child has left the school.
- 10) We will only use images that are appropriate. We will not publish photographs which could imply criticism or damage a person’s reputation.
- 11) We will only publish images of children who are suitably dressed to reduce the risk of the image being used inappropriately.
- 12) We will not film or take photographs of any child that is considered at risk or under a supervision order.
- 13) John Spence Community High School will use this signed consent as permission to publish images of your son/daughter. This could be in any of the following media: Press, on our website, school Twitter account, school Facebook account, in printed publications, in printed publicity literature.
- 14) You have the right to withdraw your consent at any time, but must do so in writing.

Please note that the press are exempt from the Data Protection Act and may want to include the names and personal details of children and adults in the media.

Any questions or queries regarding this form should be directed to the Data Protection Officer at school:

Melissa.tunney@ntlp.org.uk

Mini Bus Travel

On a practical level there are a number of routine activities which occur in school where it is impractical to constantly seek parental permission, for example, every time a child plays for a school team or goes off site during some lessons as part of the curriculum.

Could you, therefore, please complete the tear off slip below and return it to school if you agree to the following:

Consent to allow your child to travel in the school mini bus to and from school sports fixtures, or to other off site venues in order to enrich the curriculum of the school. This may include visits in all National Curriculum areas.

Details about the venue and expected time of arrival back to school will be left either in the school office or with other members of the department involved. Teachers in charge of the students when out of school will always carry a mobile phone for contact in case of an emergency. Contact can be made through the school office if necessary on 0191 296 1432.

Permission to travel off site by mini bus

Student's Name: _____

Date: _____

Parent/Carer: _____

Signature: _____

PERSONAL MEDICATION BOOKLET

Name of pupil:	_____	Date of Birth:	_____
Address:	_____	Home number:	_____
	_____	Mobile number:	_____
	_____	Work number:	_____
	_____	Other number:	_____
Postcode:	_____	Email address:	_____
Name of GP:	_____	GP number:	_____
Surgery address:	_____	Clinic/Hospital:	_____
	_____		_____
Postcode:	_____	Clinic number:	_____

Parental Declaration

I _____ (name of parent/carer) confirm that my son/daughter named above:

Please tick all relevant sections:

- a) **Has no known allergies** at this time and I understand and accept my responsibility to inform the school in writing should this situation change.
 Has known allergies and I have completed in full the section of this booklet on allergies (Page 4).
- b) **Has no known medical conditions** at this time and I understand and accept my responsibility to inform the school in writing should this situation change.
 Has known medical conditions at this time and I have completed in full the section of this booklet on medical conditions (Page 2).
- c) **Does not suffer from asthma** at this time and I understand and accept my responsibility to inform the school in writing should this situation changed.
 Suffers from asthma at this time and I have completed in full the section of this booklet of asthma (Page 3).
- d) **Has no current Medical Management Plan** in place
 Has a current Medical Management Plan in place and I attach a copy of that plan to this form.

I also confirm that I have read and understood the school's regulations on the provision and administration of medication in school and on all school activities (Page 5).

Signed: _____ (parent/carer) Date: _____

INDIVIDUAL HEALTH CARE PLAN: MEDICAL CONDITIONS

Name of medical condition (1): _____

Full details of medical condition: _____

Symptoms/triggers/signs: _____

Treatment: _____

Side effects of treatment: _____

Details of medical equipment: _____

Specific support needed for educational, social and emotional needs: _____

Details of special arrangements required for school visits/trips? _____

Describe what constitutes an emergency and what action to take: _____

OFFICE USE ONLY (Medical Condition 1)			
Responsible person:	_____	Date:	_____

Name of medical condition (2): _____

Full details of medical condition: _____

Symptoms/triggers/signs: _____

Treatment: _____

Side effects of treatment: _____

Details of medical equipment: _____

Specific support needed for educational, social and emotional needs: _____

Details of special arrangements required for school visits/trips? _____

Describe what constitutes an emergency and what action to take: _____

OFFICE USE ONLY (Medical Condition 2)			
Responsible person:	_____	Date:	_____

Name of medical condition (3): _____

Full details of medical condition: _____

Symptoms/triggers/signs: _____

Treatment: _____

Side Effects of Treatment: _____

Details of Medical Equipment: _____

Specific support needed for educational, social and emotional needs:

Details of special arrangements required for school visits/trips?

Describe what constitutes an emergency and what action to take:

OFFICE USE ONLY (Medical Condition 3)

Responsible person:	_____	Date:	_____
---------------------	-------	-------	-------

Emergency Contact Details 1:

Name of contact 1: _____

Relationship to pupil: _____

Mobile number: _____

Other number: _____

Emergency Contact Details 2:

Name of contact 2: _____

Relationship to pupil: _____

Mobile number: _____

Other number: _____

Parental Declaration

I confirm that the information I have given here is given in full and is both true and correct. I accept, acknowledge and understand my responsibility to inform the school in writing should anything about my son/daughter's medical condition change.

I also confirm that I have read and understood the school's regulations on the provision and administration of medication in school and on all school activities.

I confirm that my child can self-administer his/her medicine **with/without*** supervision.

* Please delete as appropriate

Signed: _____ (parent/carer) Date: _____

Please note that if your son/daughter has more than THREE medical conditions, you will be required to complete an additional form for each additional condition.

ASTHMA CARE PLAN

Treatment type: Regular treatment to be taking in school

Please select all that apply. Treatment to be taken before exercise

Relief treatment to be taken as necessary

Regular Treatment:

Name of treatment: _____

Time to be taken: _____

Treatment before Exercise:

Name of treatment: _____

Time before exercise: _____

Relief Treatment:

Name of treatment: _____

Method of administration: _____

Relief Treatment: for sudden shortness of breath, wheeze, cough or chest tightness

Parental Declaration

I confirm that:

- a) My son/daughter is able to take responsibility for the self-administration of his/her asthma medication and is able to carry his/her asthma device at school.
- b) My son/daughter is not able to self-administrator his/her asthma medication and will require assistance.

I also confirm that I will ensure that a spare inhaler is available to the school and give permission for this inhaler to be safely and securely stored in the School Medical Room.

Parental Declaration for Emergency Inhaler

I confirm that I give permission for my son/daughter to be given the emergency inhaler available in school, as deemed necessary.

Signed: _____ (parent/carer) Date: _____

OFFICE USE ONLY (Asthma)					
Spare inhaler received:	YES / NO	Date:	_____	Received by:	_____

USE OF EMERGENCY SALBUTAMOL INHALER

Consent Form

Name of pupil: _____ Date of birth: _____
Address: _____ Home number: _____
_____ Mobile number: _____
_____ Work number: _____
_____ Other number: _____
Postcode: _____ Email address: _____
Name of GP: _____ GP number: _____
Surgery address: _____
_____ Postcode: _____

CHILD SHOWING SYMPTOMS OF ASTHMA/HAVING ASTHMA ATTACK

Parental Declaration

I _____ (name of parent/carer) confirm that my son/daughter named above:

Please tick all relevant sections:

- a) Has been diagnosed with asthma / has been prescribed an inhaler
b) Has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
c) Suffers from asthma at this time and I have completed in full the section the school's Personal Medication Booklet on asthma (page 3)

I also confirm that I have read and understood the school's regulations on the provision and administration of medication in school and on all school activities.

In the event of my son/daughter (named above) displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for them to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____ (parent/carer) Date: _____

ALLERGIES/ALLERGIC REACTIONS

Allergic to: _____

Full details of allergy: _____

Symptoms: _____

Treatment: _____

Emergency Contact Details 1:

Name of contact 1: _____

Relationship to pupil: _____

Mobile number: _____

Other number: _____

Emergency Contact Details 2:

Name of contact 2: _____

Relationship to pupil: _____

Mobile number: _____

Other number: _____

Parental Declaration

I confirm that the information I have given here is given in full and is both true and correct. I accept, acknowledge and understand my responsibility to inform the school in writing should anything about my son/daughter's allergy change.

I also confirm that I have read and understood the school's regulations on the provision and administration of medication of medication in school and on all school activities.

Signed: _____ (parent/carer) Date: _____

Please note that if your son/daughter has more than ONE allergy, you will be required to complete an addition form for each allergy.

OFFICE USE ONLY (Allergies)					
Spare epipens received:	YES / NO	Date:	_____	Received by:	_____

INFORMATION FOR PARENTS ON ADMINISTERING MEDICATION IN SCHOOL

Parents must:

- a) Sign a consent form giving the school authorisation to administer all medication (whether prescribed or otherwise) to their son/daughter.
- b) Make an appointment to discuss the request with the nominated person. (Please allow 15 minutes to do this).
- c) NOT send the medication into school with their son/daughter.
- d) Hand all medication to the school's nominated person only and in person.
- e) NOT hand medication to their son/daughter's tutor.
- f) Ensure that all medication is provided in sealed pharmacy labelled packaging.
- g) If necessary, ensure that the supply medication is split into two by a pharmacist (i.e. package for home and one for school).
- h) Collect all medication from school when requested to do so.
- i) Ensure that their son/daughter takes a prescribed medication for 24 hours before returning to school in case of an allergic reaction.
- j) Complete an 'Administration of Medication in School' form (available on the school website).
- k) Remember that it is ultimately their responsibility to administer medication to their child.

The school will:

- a) Have a nominated and trained member of staff who will be responsible for the safe and appropriate administration and storage of all medication in school.
- b) Assess each request to administer medication on its own merits.
- c) Have a comprehensive care plan for every child receiving medication (except for periods of fewer than five days).
- d) Have a dedicated medical room where all medication is administered ensuring privacy and confidentiality.
- e) Have an authorised drug cabinet ensuring that all medication is stored safely and a register of all medication administered.
- f) Ensure that your son/daughter is given his/her medication at the correct time and in the correct quantity.
- g) Keep you informed as to the progress of your son/daughter's medication regime.
- h) Act in accordance with DfE and Government Guidelines.
- i) Take all reasonably practicable measures to ensure that any child with medical problems is given access to the curriculum and that they receive as full an education as possible.

No medication is allowed to be carried by a child in school with the exception of epipens and inhalers

Authorised Persons

The authorised person responsible for the administration of medication in this school is Mr A Purvis. In the absence of the authorised person, medication will be administered by one of the school's trained First Aiders in telephone consultation with parent/carers. In the unlikely event that this is not possible, then parent/carers will be required to attend in order to administer the medication.

PARENTAL AGREEMENT FOR IN-SCHOOL ADMINISTRATION OF MEDICINE

The school will not give your son/daughter medicine unless you complete and sign this form. You are only required to complete this form as part of this Transition Medical Booklet if your son/daughter will be taking medicine at the time that he/she joins John Spence Community High School.

Please ensure that if your son/daughter has more than ONE medication, you will be required to complete an additional form for each medication to be administered in school.

Surname of pupil: _____ First name of pupil: _____
Tutor group: _____ Date of birth: _____
Name of medicine: _____ Strength of medicine: _____
Prescription date: _____ Expiry date: _____
Dosage: _____ Time: _____

Please give clear details describing the amount of medicine and the required times for administration.

Further details: _____

Emergency Contact Details 1:

Name of contact 1: _____
Relationship to pupil: _____
Mobile number: _____
Other number: _____

Emergency Contact Details 2:

Name of contact 2: _____
Relationship to pupil: _____
Mobile number: _____
Other number: _____

Parental Declaration

I confirm that the information I have given here is given in full and is both true and correct. I accept, acknowledge and understand my responsibility to inform the school in writing should anything about my son/daughter's medication change.

Signed: _____ (parent/carer) Date: _____

OFFICE USE ONLY (in-school administration of medicine)			
Agreed review date (to be set by school)	_____	Date set by:	_____

ADDITIONAL INFORMATION

If you consider that the school needs to be made aware of additional information regarding your son/daughter's health needs that are not covered by this document or any other aspects of the Transition Information, please record such details here:

OFFICE USE ONLY					
Form completed in full	YES/NO	Date	_____	Checked by:	_____
Read by HOY	YES/NO	Date	_____	Initials	_____
Read by Tutor	YES/NO	Date	_____	Initials	_____
Read by First Aider	YES/NO	Date	_____	Initials	_____

A copy of this form should be placed on the pupil file to be kept by HOY and where necessary a copy kept by the Authorised Person for Medical Needs.