

<u>Agreement Form – To be returned to the Academy</u>

Childs Name	Year:	DOB
BEHAVIOUR POLICY I have received a summary of the above and policies on attendance, discipline and other		
Signed:		
PE These activities form part of the Nationa responsibility to equip my child suitably for		-
If my child is unable to take part in PE lesso why they are unable to.	ns I will send t	hem in with a note explaining
Signed:		
MEDICINES We agree to administer drugs at home who medicines needing to be administered at a coriginal named packaging with a comple Prescribed Medication Form and leave the	the Academy, eted Agreemer	we will provide them in the nt for Self-Administration of
Signed:		
ABSENCE We agree to notify the Academy by 8.45am through illness on 01332 572026 option 2.	if our child will	be absent from the academy
Signed:		
MEDIA COVERAGE There are occasions during the academic y recordings. At times these images may be Academy, articles in the Academy prospec material and also on the Academy website child's image can be used for these purpos	used to supportus and internation. We will need	ort display work in the al/external marketing
Signed:		
I have also completed all of the below fo	orms and retu	rned back to the Academy.
 Contact Details Request Form Disability Equality Scheme Quest Noel-Baker Home School Agreem N-B Academy ICT Acceptable use Free Meals Application Form (if age) Biometrics Consent Form 	ent	