



Earlscliffe

EARLSCLIFFE FORMS

Please email forms to admissions@earlscliffe.co.uk

FORMS INCLUDED

Activity Permission and Charging Form

Student Behaviour and Consent Form

Arrival, Departure and Travel Form

Guardianship Form

Student Medical History Form

Medical Consent Form

Student Medication Log

This form must be signed by Mother, Father and Student. By signing you are agreeing to jointly and individually agree and abide by the statements within.

Activity Permission and Charging Form



Earlscliffe

Student name

Date of birth

By signing this form you consent to your son/daughter taking part in any of the activities listed below, some of which may be considered high risk. High risk activities will only be delivered under the instruction of a suitably qualified coach, instructor or supervisor.

Kayaking / Swimming / Overnight trips accompanied by staff / Unaccompanied visits to Folkestone in free time until 10:30pm / Unaccompanied visits to other towns and cities including London until 10:30pm / Horse riding / Quad biking / Jet skiing / Rifle shooting / Carpentry and metalwork / Motorised karting / Surfing / Sailing / Land Yachting / Kite surfing / Windsurfing / Wake-boarding / Water-skiing / Skiing / Snowboarding / Rowing / Paintball / Rock-climbing / Learning to drive a car / Duke of Edinburgh expeditions and activities / Any activity or trip that, following a risk assessment, Earlscliffe deems to be low or medium risk.

My son/daughter is a
Non-swimmer
Poor swimmer
Good swimmer

I agree to costs being charged to my son/daughter's school account. These costs can include, but are not limited to, stationery, equipment, trips and extra activities.

The below charges and limits are in addition to any costs that have been pre-authorized by you. These can include, but are not limited to, airport transfers, pocket money payments and overnight school trips.

I acknowledge that should such costs not be paid by me as invoiced, then the school may recover such monies from my deposit.

My preferred termly limit for such expenses as outlined above is:

£1,000

£2,000

I do not wish to have items charged to my son/daughter's account

Please note that if you choose this option your son/daughter will be unable to participate in school trips or extra curricular activities

MOTHER

FATHER

STUDENT

Signature

Name

Date

Behaviour, Consent and Information Sharing Form



Student name

Date of birth

Behaviour policy

By signing this form I confirm that I have read and understood the school behaviour policy and agree to abide by the school rules and support the school in ensuring compliance.

Uniform

By signing this form I confirm that I have read and understood the school uniform policy and agree to abide by and support the school rules on uniform.

Room inspections and searches

By signing this form I confirm that I have read and understood the school policies on room inspections and searches.

Electrical equipment

By signing this form I agree that before bringing any electrical equipment in to the school I will inform the relevant staff, and allow the equipment to be PAT (Portable Appliance Testing) tested. Any equipment that does not pass a PAT test will not be allowed in school. All equipment will be PAT tested annually. The school does not allow certain electrical equipment to be kept in student bedrooms. This includes kettles, coffee machines, rice cookers and electrical stoves.

Photography

We want to celebrate the achievements of our students and to capture life at Earlscliffe for various purposes. Please tick the box below to indicate consent to us capturing images of the student and to use them for internal and external online and printed materials. If you choose to give consent, you can withdraw it at any time by contacting dataprotection@earlscliffe.co.uk.

I consent to my/my son/daughter's image being taken and used in Earlscliffe and Dukes Education online and printed material

I do not consent

Passport and visa storage

I consent to the school retaining the student's passport, ID card, BRP and Police Registration document. These documents will be kept securely and be available when required.

I do not consent

Alcohol/drug testing

If a member of staff believes the student may be under the influence of alcohol or drugs we may ask them to take a breathalysers test or a drugs test.

I consent to Earlscliffe carrying out alcohol and drug tests if the school has a reasonable belief that the student is under the influence of a substance banned by the school. These tests include breathalysers alcohol

tests and urine sample drugs tests. Results of these tests may be shared with school staff when deemed appropriate.

I do not consent

Processing and sharing of information

By signing this form I confirm that I understand that in order to support the student’s education, academic and pastoral data may be shared with members of Earlscliffe staff, other entities in the Dukes family of schools and third party providers of services to the school. The data may also be shared with your guardian and/or educational agent. Whenever Earlscliffe processes your data, it does so in order to fulfil our contractual obligations with you. I confirm that I have read and understood the school’s Pupil Data Protection Policy and Data Protection Policy.

Disclosure of information

By signing this form I agree to disclose any and all information relevant to ensuring Earlscliffe is fully able to support the student while at school. This includes academic, pastoral, medical and additional support needs information.

MOTHER

FATHER

STUDENT

Signature

Name

Date

Arrival, Departure and Travel Form



Student name

Date of birth

It is very important that we receive full information on each student's travel plans. We need this information for each time they arrive at or depart from Earlscliffe. This information must be collated for all students to comply with UK passport, VISA and immigration legislation regardless of nationality and to meet our duty of care with regard to safeguarding and student welfare.

You may be asked for any of the following details:

Travelling overseas

- Flight/train number
- Airport/station (including terminal)
- Flight/train date and time
- Whether a school transfer is required

Travel to/from a UK home or UK based guardian or family

- Name of guardian or family member they are staying with (students are not allowed to stay in hotels etc without a guardian or family member)
- Full address and telephone number of where they are staying

Travelling for the above purposes

Earlscliffe is able to offer a school transfer. Prices are below or by request from the school office. If students are not using a school transfer we require the following information:

Train/Bus/Coach

- Departure date and time
- Mode of transport

Private transfer (taxi/Uber/private car etc)

- Name of company and contact details
- Photo ID may be requested

Other (family member/guardian etc)

- Name and contact details of the person collecting/delivering the students
- Relationship to student
- Photo ID may be requested

A few weeks before the start and end of each term you will receive a Google form to complete the necessary information. Please ensure that we have the information before the deadline in order for us to make the necessary arrangements.

In all cases, this information must come from a parent/guardian.

We kindly request that you consult and adhere to the school's term dates before making travel arrangements. Travel outside of the published arrival/departure days will only be granted in exceptional circumstances and must be requested in writing to the Head Teacher (josswilliams@earlscliffe.co.uk).

Pricing (Single journeys) 2021-22:

London Heathrow £210	London Gatwick £160	London Stansted £220
Central London £220	London City airport £220	London Eurostar £220

Please note that if the student arrives or departs using an airline's Unaccompanied Minor service then there will be a fee of £60 which covers the additional time our drivers must be at the airport.

Checklist of documentation required to travel:

- Passport
- Passenger locator form completed (to be completed within 48 hours of travel) - www.gov.uk/provide-journey-contact-details-before-travel-uk
- Parental consent to travel letter (signed by both parents) - A blank template will be provided
- Earlscliffe acceptance letter

By signing this form I give permission for my son/daughter to travel to and from school by transport booked by the school/parents/guardian.

I confirm that I have read and understood the requirements for travelling to and from Earlscliffe and agree to provide this information fully when requested.

Optional

I give permission for my son/daughter to travel to and from school by public transport

I give permission for my son/daughter to book a taxi/Uber for themselves and travel to/from school in it

MOTHER

FATHER

STUDENT

Signature

Name

Date

Guardianship Form



Student name

Date of birth

In setting the highest standards of safeguarding the welfare of every student, we require parents who do not live permanently in the UK to appoint a guardian on behalf of their son/daughter, regardless of their age. Arrangements for this must be made by the parents. The UKVI guidance for sponsors states that suitable care arrangements must be in place for students in the UK and requires a letter from parents confirming the care arrangements as part of the visa application.

A guardian is not a student's legal guardian and so does not have legal rights to make major decisions relating to the student. Such rights remain with the parents. However, guardians are the parents' representatives in the UK and are essential in times of emergency. They have a student welfare role, bridging the gap between parents, the student and the school.

During term time Earlscliffe is legally responsible for each student's welfare and undertakes parentally delegated responsibilities. However, there are times (holidays, illness, suspension, personal 'off site' visits etc) when Earlscliffe must be able to hand over these responsibilities to an appointed guardian. In addition, those students who are under 16 years old on arrival must have an active guardian who will organise all travel, trips and accommodation outside of school. This can be a heavy responsibility so we strongly recommend a guardianship agency is used rather than a friend or relative.

You can find a list of Guardianship Agencies here who are AEGIS accredited: www.aegisuk.net. However the choice of guardian rests entirely with the parent. Alternatively parents can contact the Boarding Schools Association – www.boarding.org.uk/497/about-us/bsa-certified-guardian-scheme.

I agree that the duties of a guardian include the following:

- To be a 24 hour a day, 7 days a week point of contact in an emergency throughout the school term
- To be able to accommodate any student (in a host family if applicable) when Earlscliffe is closed, in an emergency, in case of a long term health issue or in a case of suspension from Earlscliffe
- To offer assistance with travel to and from Earlscliffe at the beginning and end of term
- To arrange proper care and supervised accommodation for any days when my son/daughter is in the UK but not at Earlscliffe
- To ensure my son/daughter does not stay in a hotel during such times unless supervised by a responsible adult
- To ensure arrival and departure times comply with the Earlscliffe's published term dates/times
- To communicate travel arrangements to Earlscliffe at least two weeks before my son/daughter leaves or returns to Earlscliffe, giving exact travel and accommodation details
- To give permission in my place for other arrangements where my son/daughter will be away from Earlscliffe for example school trips or visits to friends
- To give permission in my place for my son/daughter to participate in activities for which extra charges may be payable, for example music lessons
- To provide educational support, for example attending parents' meetings in my place

- To communicate in my place with Earlscliffe regarding my son/daughter's wellbeing

We strongly recommend that the guardian lives within two hours of Earlscliffe and visits the school within the first term of a student's arrival to meet the boarding team and establish clear lines of communication. It is expected that the guardian will maintain regular communication with the student and the boarding team.

The guardianship details below must be completed and returned before the student's arrival at Earlscliffe:

Student full name

Student date of birth

Name of guardian

Address

Email

Home telephone

Mobile

Relationship to the student

I appoint the above to be my son/daughter's UK guardian.

I confirm that the above is aged 25 or over, lives in the UK and is not a full-time student themselves.

I confirm that I have asked my Guardian to email photographic ID and proof of residency in the UK to Earlscliffe.

I would like my son/daughter's guardian to have access to the parent portal which enables them to see exam results/progress throughout the year to help support my son/daughter. Yes No

MOTHER

FATHER

STUDENT

Signature

Name

Date

Student Medical History Form



The information you give will be reviewed by the School Nurse. It will be incorporated into your son/daughter's NHS Medical Records.

Information relating to any special health care needs, relevant history and parental consents will be shared with your son/daughter's House Manager and staff on a need to know basis.

Please complete and return the Student Medical History and Consent forms as soon as possible and return to admissions@earlscliffe.co.uk

Surname

First name(s)

Male / Female

Day / Boarder

Date of birth

Town and country of birth

Please help us trace your previous medical records by providing the following information

Previous address where registered with a doctor (home or school as applicable)

Name of doctor

Address

Telephone number

If you have previously attended a school in the U.K. please provide the following details which will help us locate your records

Previous school

Arrival date in UK

These forms need to be returned minimum two weeks before your start date as Earlscliffe requires all medical details and consent forms to ensure your son/daughter's safety.

Please complete the following immunisation details for your son/daughter or attach an up-to-date summary from your doctor at home.

Please note that it is the parents' responsibility to ensure vaccines are up-to-date. Earlscliffe does not run a vaccination programme.

Type	Date of last dose	Booster required? When?
Yellow Fever		
Hepatitis A		
Typhoid		
Meningitis A		
BCG		
Diphtheria		
Tetanus		
Whooping cough		
Polio		
Hib		
Meningitis C		
Pneumococcal		
MMR		
HPV		
Influenza		
MEN ACYW		
Seasonal flu		
Covid-19		

Notes (please give any other details on any of the above)

Past medical history

Has your son/daughter ever had any of the following illnesses?

Illness	YES	NO	Date of illness
Measels			
Mumps			
Chickenpox			
Shingles			
Whooping cough			
Rubella			
Any other infectious disease			

If yes, please give details

Has your son/daughter ever had any of the following?
(Please give details of any dates and ongoing treatment)

	YES	NO	Date
Any serious illness			
Any surgical operation			
Any heart or lung disease			
Any ear disease			
Any fainting attacks, fits or convulsions			
Any kidney, bladder or urinary disorder			
Recurrent sore throats			
Any bone or joint problems			
Any serious head/neck injury			
Counselling for mental or emotional illness			
Any tropical disease			
Malaria			
Eating disorder			

If yes please give details

Current health

Has your son/daughter got any of the following?

(please provide a letter from treating doctor with details of current treatment)

	YES	NO	Date of last treatment
Asthma			
Hay fever			
Diabetes			
Epilepsy			
ADHD			
Eczema			
Any other ongoing conditions			

Is your son/daughter a carrier of a blood borne infective disease?

	YES	NO
Hepatitis B		
Hepatitis C		
HIV		

Is your son/daughter allergic to any medications, substances or food? (if yes please give details)

	YES	NO
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Does your son/daughter need to carry injectable adrenaline?

(If yes please provide letter from the doctor who issued the medication)

	YES	NO
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Do you consider your son/daughter fit for normal school routine, both work and sport?

(If no, please give details)

	YES	NO
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Does your son/daughter have any special dietary requirements?
(If yes, please give details)

YES

NO

Special educational needs

Does your son/daughter have any special educational needs?
(Please provide further details and most recent clinician's letter)

YES

NO

Dyslexia
Attention Deficit Hyperactive Disorder
Autism
Other

Mental health

Does your son/daughter have any mental health conditions or are there any concerns we should be aware of (anxiety, low moods, depression, self harming)? Please give details

Vision

YES

NO

Does your son/daughter wear glasses/lenses?
Has your son/daughter had their vision tested?

Date of last sight test
Date next sight test due

Hearing

YES

NO

Has your son/daughter had their hearing checked?

Date of last hearing test
Date of next hearing test

Dental treatment

When did your son/daughter last visit the dentist?

YES

NO

Is all necessary dental treatment up to date?

Is your son/daughter having any orthodontic treatment?

Date of last orthodontic treatment

Date of next orthodontic treatment

Family history

Has there been any of the following in your son/daughter's immediate family (Father, Mother, Brother, Sister)? If yes, please provide further details.

	YES	NO	Relation
Stroke			
Heart Disease (Heart attack/Angina)			
Diabetes			
Epilepsy			
Cancer			
Other (please give details)			

Other information

Is there any other information the doctor and medical centre should be aware of, for example, death of a parent or sibling, separation, divorce or other social circumstances?

YES

NO

Please give details

Medication

Please give details if your son/daughter is currently taking any medication regularly or occasionally (prescribed or non-prescribed) eg tablets, medicine, herbal medicine, inhaler, cream or spray. Please also complete the STUDENT MEDICATION LOG attached.

All medication sent with a student must have a full English translation including dosage and frequency.
Any medication without a translation and guidance will be removed from the student.

Medical Consent Form

Name of student

Date of birth

STORAGE OF MEDICATION

I consent to my son/daughter's medication being stored in a central location within the boarding house and can confirm that the student medication log has been completed.

Signature

Date

ADMINISTRATION OF NON-PRESCRIBED MEDICATION

I consent to the administration of non-prescription medication for my son/daughter within the school and boarding environment and on school trips. These can include medication such as paracetamol, ibuprofen, antihistamines, indigestion relief, cold remedies and herbal medicine.

Signature

Date

MEDICAL TREATMENT

In the event of an emergency, I give consent for my son/daughter to receive emergency medical or surgical treatment including a general anaesthetic.

I consent to my son/daughter receiving care and treatment at local health and wellbeing care services as required. This may include GP surgeries, dental practices, orthodontists, minor injury clinics, walk-in centres, hospitals, counsellors and other health care settings.

Signature

Date

Emergency contact name

Contact phone number

MEDICAL TESTS

I give consent for my son/daughter to receive medical tests as required to support their health and wellbeing.

Signature

Date

MEDICAL DATA CONSENT

Earlscliffe will use information provided about students' health to ensure that reasonable adjustments are made to enable students to fully and safely participate in life at Earlscliffe (for example, ensuring that accessibility, dietary, or educational requirements are catered for). Earlscliffe may share this information with members of Earlscliffe staff, other Dukes Education entities and relevant third parties.

Please tick the box below to confirm that you consent to Earlscliffe using health information for these purposes. If you choose to give consent, you can withdraw it at any time by contacting nurse@earlscliffe.co.uk. Please note that if you choose not to give consent, or give consent and subsequently withdraw it, Earlscliffe may not be able to make adjustments in light of the circumstances.

For further information about Earlscliffe's use of these types of personal data, please refer to the Data Protection Policy available at <https://sixthform.earlscliffe.co.uk/resources>.

By ticking this box, I explicitly consent to Earlscliffe using any health information provided in this form or that may otherwise be communicated to Earlscliffe to enable Earlscliffe to make appropriate adjustments for the student during their time at Earlscliffe (including during school hours, while boarding, during extra-curricular activities/trips, and any other times when the student is under Earlscliffe's care).

I have completed the student medical history and consent form accurately and provided all information requested to the best of my knowledge. I have read the information relating to the school's health policies and undertake to meet any obligations requested.

MOTHER

FATHER

STUDENT

Signature

Name

Date

Student Medication Log



Student name

Date of birth

This log must give details of ALL medication that the student named above brings with them to Earlscliffe and should be updated as and when new medication is prescribed or bought for the student.

THIS IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

All prescribed medication must be accompanied with a copy of the original doctor's prescription.

All medication must be supplied in the original packaging and labelled with the student's name and dosage requirements, including an English translation.

Name of medication	English name translation	Expiration date	Dosage
парацетамол	Paracetamol	02/03/2022	1 x 500mg every 4 hours
Treatment		Student name labelled?	Prescribed or shop bought?
For headaches as needed		Yes	Shop bought

Name of medication	English name translation	Expiration date	Dosage
Treatment		Student name labelled?	Prescribed or shop bought?

Name of medication	English name translation	Expiration date	Dosage
Treatment		Student name labelled?	Prescribed or shop bought?

Name of medication	English name translation	Expiration date	Dosage
Treatment		Student name labelled?	Prescribed or shop bought?

Name of medication	English name translation	Expiration date	Dosage
Treatment		Student name labelled?	Prescribed or shop bought?