**ST. JAMES' SCHOOL, GRIMSBY LIMITED**

**ADMISSION FORM**

**APPLICATION AND REGISTRATION**

***Please complete all sections using black ink and BLOCK CAPITALS.***

## PUPIL INFORMATION

**Pupil’s surname**:...................................................................Boy/Girl (please circle

**Legal Forename(s)**:...............................................................Preferred Name:.............................................

Photo

Date of birth (day, month, year):........................................................... Place of Birth:............................................................

Proposed date of entry:........................................................................ Boarding or day entry:................................................

## CENSUS

Nationality:.................................................................. Passport held if not British:.........................................

If your child does not hold an EU Passport please confirm whether your child will require sponsorship from the School in order to obtain a visa to study in the United Kingdom at this school. **Yes/No**

Religious denomination:.......................................................... First Language:.............................................................................

## FAMILY DETAILS

**Pupil’s home address**................................................................................................................................................................................................

.............................................................................................................................................................................................................

**Father’s name:**

**Title**:.............**Forename(s)**:...............................................................**Surname**:...................................................................................

Address (if different to pupil):..................................................................................................................................................................................................

.............................................................................................................................................................................................................

Occupation:.............................................................................. NI number:………………………… Nationality:........................................

Employer’s business name and address:...............................................................................................................................................................................................

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Marital Status:............................................................. Date of birth: ............................................

Telephone (work): ...............................................................................................................

Telephone (home): ................................................................................................................

Mobile: ................................................................................................................

Email: ................................................................................................................

**Mother’s name:**

**Title**:..............**Forename(s)**:.................................................................**Surname**:................................................................................

Address if different from that of pupil:....................................................................................................................................................................................................

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Occupation:.............................................................................. NI number:…………………………..…… Nationality:..................................

Employer’s business name and address:.............................................................................................................................................................................................

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Marital Status:................................................................... Date of birth: ………………………………………

Telephone (work): ................................................................................

Telephone (home): ................................................................................

Mobile: ...................................................................................................

Email: ................................................................................................................

## Names of other family members at St. James’ School

Present (Please give house name also):....................................................................................................................................

Past (Jacobeans):.........................................................................................................................................................................

**Names and date of birth of siblings other than those noted above:**

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**EMERGENCY CONTACT DETAILS**

**Contact 1**

**Name**:................................**Forename(s**):.........................................**.Surname**:.......................................................................................

Relationship to child: ……………………………………………………

Address: .........................................................................................................................................................................................

..........................................................................................................................................................................................

Telephone (home):.................................................... Mobile:...................................................................................................

Email:................................................................................................................

**Contact 2**

**Name**:................................**Forename(s**):.........................................**.Surname**:.......................................................................................

Relationship to child: ……………………………………………………

Address: .........................................................................................................................................................................................

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Telephone (home):.................................................... Mobile:...................................................................................................

Email:................................................................................................................

## FAMILY CIRCUMSTANCES

**Do both parents have parental responsibility for the child? Yes / No**

(If **‘No’** please give details here or in a covering letter or provide a copy of any relevant court order):

……….............................................................................................................................................................................................................

## Do both parents agree that the child should attend the school? Yes / No

(If **‘No’** please give details here or in a covering letter):.........................................................................................................................................................................................................

## Is there anyone else whose consent to the child coming to the school is required? Yes / No

(If **‘Yes’** please give details here or in a covering letter):............................................................................................................................

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## Is it proposed that anyone other than the parents will pay or guarantee payment of fees? Yes / No

(If **‘Yes’** please give their full details below):

**Name**:................................**Forename(s**):.........................................**.Surname**:.......................................................................................

Relationship to child: …………………………………………………… **Date of birth**: ………………………………………

Address:.........................................................................................................................................................................

.......................................................................................................................................................................................................................

Occupation:............................................... NI number:……………………………….………………… Nationality:………................................................

Employer’s business name and address:..........................................................................................................................................................................

.......................................................................................................................................................................................................................

Telephone (home): .................................................................Mobile: ............................................................

Email: ................................................................................................................

## SCHOOL HISTORY

1) **Present school**:...............................................................................................................State/Independent (please circle one)

Headteacher (name, title):................................................................................................. Date of Entry:.......................................... Address:...............................................................................................................................................................................................................

.....................................................................................................................................................................................................................

Telephone:...................................................................................................................................................................................................

Email **(this must be completed):..**...............................................................................................................................................................

Name of SENCO (if applicable): ………………………………………………………………………………………

Email (if applicable):.............................................................................................................

2) **Previous school(s),** with dates:

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## INTERESTS AND ACHIEVEMENTS

Please list details of any school teams, achievements, outside interests, hobbies and positions of responsibility held:

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## CONFIDENTIAL INFORMATION REGARDING SPECIAL EDUCATIONAL NEEDS AND LEARNING DIFFICULTIES

**All information received in this Section will be treated in confidence.**

Please disclose any learning difficulty or disability of your child. This will assist the School to consider any adjustments it might need to make to assist the child to partake in the School's admissions procedure or when the child enters the School.

## Does your child have any special educational need or learning difficulty or qualify for any extra time for exams? Yes/No Has your child had an Educational Psychologist's Assessment? Yes/No If yes, please supply a copy of the latest Educational Psychologists Report with this registration. Copy enclosed? Yes/No

**Date of latest assessment:……………………………………………………………………………………………………………………….**

Please provide us with as much detail as possible concerning **special educational needs.**

## SPECIAL EDUCATIONAL NEEDS/LEARNING DIFFICULTIES

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## CONFIDENTIAL INFORMATION REGARDING MEDICAL CONDITIONS

**All information received in this Section will be treated in confidence.**

Please disclose any medical conditions (including allergies) or health problems of your child. This will assist the School to consider any adjustments it might need to make to assist the child to partake in the School's admissions procedure or when the child enters the School. Please also complete our medical questionnaire separately.

**DETAILS OF GENERAL PRACTITIONER**

Doctor’s Name............................................................................................................NI Number ……………………………………………….

Address......................................................................................................................................

...................................................... ...............................................Telephone Number .................................................

## Does your child have any medical condition (including allergies and eating disorders) or disabilities? Yes/No

If yes, please provide us with as much detail as possible concerning **health problems.** Where possible, please provide any relevant documentation such as medical reports, assessments etc. Please also complete our separate medical questionnaire

## MEDICAL CONDITIONS (please add covering letter if required)

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## DIETARY REQUIREMENTS

## Does your child have any specific dietary requirements Yes/No

If yes, please provide us with as much detail as possible concerning any specific foods and requirements relevant to your child

## …………………………………………………………………………………………………………………………………………………………………………………………

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## MARKETING INFORMATION

**Please say how you first heard of the School. Was it from:**

* Local Reputation □ Present School\* □ Friends/word of mouth \*

□ Advertisement\* □ Website □ Other \*

□ Agent/Educational Consultancy\*

\* Please provide more details ………………………….………………………………………………………………………………………………………………………

## SPECIAL CIRCUMSTANCES

**Please inform us in a covering letter if:**

1. the parents are separated or divorced
2. any person named in this form expects to change address during the next 12 months
3. there are any Court Orders in relation to the child; for example, as to parental responsibility, residence, contact, prohibited steps, specific issues or periodical payments; or in relation to the parents or if either parent is an undischarged bankrupt or subject to an individual voluntary arrangement
4. the child may be unable to play a full part in the games and sporting curriculum of the school

**NOTES** - Admission and Entry to the school

**Registration:** pupils will be considered as candidates for admission and entry to the school when the Registration Form has been completed and returned and the non-returnable Registration Fee paid. Admission and entry will be subject to the availability of a place and the pupil satisfying the admission requirements at the time. The school operates an equal opportunities policy.

***Early registration is recommended. Registrations will be considered in the order in which they are received. A copy of the current edition of the standard terms and conditions will be supplied on request.***

# **PLEASE SIGN THE DECLARATION**

## DECLARATION

I/We request that our above-named child be registered as a pupil at St. James’ School. I/We understand that the school may obtain, process and hold personal information about me/us which may include financial information provided by me/us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings. I/We understand that the school may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and I/we consent to this for the purposes of assessment, and, if a place is later offered, in order to promote and safeguard the welfare of the child. If you would like further information about how the school processes personal information, please see our privacy notice document ‘Data Protection Policy which is published on our website.

**Please return this form to the Admissions Office with:**

## A cheque/cash for the non-returnable registration fee £150 payable by bank transfer Account Name The Saints Schools Ltd; Account Number 20480622 Sort code 204089. Along with 2 passport size photographs of the pupil.

**A copy of the front cover and inside details of the pupil’s passport. If no passport is held, please provide a copy of the pupil’s birth certificate.**

**Return address:**

Admissions Department, St. James’ School, Bargate, Grimsby, DN34 4SY or email becky.hamilton@saintjamesschool.co.uk

If you have previously indicated on this form that both parents have parental responsibility we require signatures from both parents overleaf.

Once this form is received we shall contact your child’s current school to request a confidential reference. If you have any concerns regarding this, please contact us to discuss further.

If your child is transferring from an Independent School, we may contact your child’s current and/or previous schools for confirmation that all sums due and owing to such schools have been paid.

• ***I have read and agree to the School’s terms and conditions and understand that, in order to withdraw my child from St. James’ School, I must give one complete term’s notice in writing to the Headmaster (by no later than the beginning of a new term). Please note that this notice is one complete month for those children in Fledglings only.***

First signature: .................................................................. Second signature: ........................................................................

Name in full: .................................................................................. Name in full: ...............................................................................

Relationship to child:..................................................................... Relationship to child:.............................................................................

Date:.............................................................................................. Date:............................................................................................

Fee payer signature (if not one of the signatories above): ..............................................................................

Name in full: ..................................................................................

Relationship to child:.....................................................................

Date:..............................................................................................

School is a member of the Woodard Corporation

Registered Charity Number 269667

St. James' School, Grimsby Limited

Company No. 4788370

Registered Charity No 529765 & 1099060

ST. JAMES’ SCHOOL, GRIMSBY LIMITED ST. JAMES’ SCHOOL TERMS & CONDITIONS

**It is essential for Parents to read these Conditions prior to returning the Acceptance Form so that you are fully aware of their contents.**

1. **Registration**

A registration fee of £ 75 is payable on submission of a registration form.

That registration fee is non-refundable.

2. **Acceptance**

2.1 The offer of a place at the School will normally be set out by the School in writing to the Parent. The offer will be accompanied by a prescribed Acceptance Form which is required to be returned to the School duly signed by the Parents.

2.2 The offer is made on the basis of these Terms and Conditions which may be varied from time to time. Should the need arise to vary the Terms and Conditions, the School will endeavour to give as much notice as possible of the variation and will give at least one term’s notice in the event of any major change.

2.3 The return of the Acceptance Form together with the payment of the deposit cheque will signify the Parents’ acceptance of the offer and the Terms and Conditions. This Agreement will thereafter continue until terminated in accordance with these Terms and Conditions.

3. **School Rules and Discipline**

The Parents and the Pupil will comply with all rules, regulations and customs concerning the School. The Head is responsible for the day to day running of and discipline at the School which includes the right to suspend or exclude a Pupil whether temporarily or permanently.

4. **Deposits**

4.1 A deposit, which is held until a Pupil leaves the School and which will be notified to you at the time the Acceptance Form is sent out but shall be not more than 10% of a term’s fees, is payable by the Parents on the first term’s account when the Acceptance Form is returned to the School. The School reserves the right to apply any deposit paid to any unpaid account of the Pupil at the School or to any unpaid account of any brother or sister of the Pupil at the School. Any balance due from the deposit will be refunded to the Parents on the Pupil leaving the School.

4.2 All parents of pupils from Overseas will be requested to pay a deposit, which is held until a Pupil leaves the School and which will be notified at the time the Acceptance Form is sent out and will be equivalent to one Term’s Tuition Fees, is payable on the first term’s account when the Acceptance Form is returned to the School. This is instead of the deposit referred to in 4.1 above. The School reserves the right to apply any deposit to any unpaid account of the Pupil at the School or to any unpaid account of any brother or sister of the Pupil at the School. Any balance due from the deposit will be refunded to the Parents on the Pupil leaving the School.

4.3 In addition, a £50 deposit, which is held until a Pupil leaves the School is payable by the parents of all boarding pupils. The School reserves the right to apply any such deposit paid to pay for any breakage and/or damage caused by the Pupil. If the cost exceeds £50 then the School will charge the excess to the parents of the pupil. Any balance due from the deposit will be refunded to the Parents on the Pupil leaving the School.

5. **Fees and Extras**

5.1 School Fees are billed termly and are payable on the following dates: Autumn Term – 31st August; Spring Term – 31st December; Summer Term – 30th April. In the event of the School agreeing to an instalment arrangement and one such instalment is not paid on the date agreed, the whole balance of the outstanding fees will become immediately due and payable.

5.2 The Fees are normally reviewed once a year and any increase will be notified to the Parents (at least one term’s notice of such increase will be given).

5.3 A late payment charge of £125 will be incurred if payment has not been received by the due date.

5.4 We can charge interest if you pay late. If you do not make any payment to the School by the due date for payment (see Clauses above) we may charge interest to you on the overdue amount at the rate of 3 per cent a month. Unless we tell you otherwise in writing, this interest will accrue on a daily basis from the due date until the date of actual payment of the overdue amount, whether before or after we obtain a court judgment against you. You must pay the School the interest together with the overdue amount

5.5 Should any part of the School fees remain unpaid by the first day of half term in the term to which the Fees relate, the School reserves the right to refuse to re-admit the Pupil and the amount unpaid will still remain legally due and owing.

6. **Cancellation and Termination Provisions**

6.1 A whole term’s notice must be given in writing to the Head, and an acknowledged receipt, before the first day of any term by the Parent or Guardian responsible for the attendance of the Pupil that the Pupil will not be attending.

6.2 Should the pupil be withdrawn from the School without the required notice having been given, a whole term’s fees in lieu of notice will become due and payable as a debt due to the School. The School will not be required to mitigate its loss or give credit for any mitigation or for the fact that the place is subsequently filled. For the avoidance of doubt, the debt due to the School shall be the Fees for the term in question but shall exclude “extras” for that term.

7. **Absence**

7.1 Should a Pupil be absent for the whole of a term or for part of a term through illness or otherwise, the term’s Fees will be payable in full for that term.

7.2 If the School is required to close because of an emergency, the term will not be extended nor will any part of the Fee be repayable.

7.3 Parents/guardians are advised to insure against a child’s absence or the School’s temporary closure.

8. **Exclusion and Supervision of Pupil**

The Head has the right to request parents to remove a Pupil either temporarily or permanently from the School where, in the opinion of the Head, such removal is in the interests of the Pupil or the School without prejudice to the generality of the foregoing, any serious breach of discipline by the Pupil will constitute grounds for removal. In such an event, there shall be no refund of Fees in respect of the balance of the term during which the request is made but Parents will not be liable to pay the one term’s fees in lieu of notice.

9. **Pupil’s Possessions**

 The School accepts no liability for a Pupil’s possessions while at the School and Parents/guardians are advised to arrange insurance cover accordingly.

10.1 **Medical Matters**

10.2 Parents/guardians must keep the School informed of any medical condition or disease or illness from which a Pupil suffers.

10.3 While a Pupil at the School, the Head stands in loco parentis in medical matters. The Head will, if reasonably possible, consult with Parents/guardians regarding any medical treatment but has the authority to give valid consent to any treatment but has the authority to give valid consent to any treatment recommended by a medical practitioner for the well being and safety of the Pupils.

11. **Miscellaneous**

11.1 Parents/guardians must keep the Head fully informed by any Court Order, formal agreement or extraordinary precautions relating to or required for the Pupil regulating parental responsibility, residence, contact, responsibility for the School Fees or the protection of the Pupil.

11.2 If a parent is not resident within the UK or is absent from the UK for more than 48 hours during term time or is likely to be absent for such period, the Head must be notified in writing of the name and address and telephone number of a guardian resident in the United Kingdom during the period of absence or likely absence.

12. **Jurisdiction**

 This contract was made at the School and is governed exclusively by English Law.

**Interpretation**

In these Conditions, unless the context otherwise requires: -

|  |  |
| --- | --- |
| ‘Deposit’  | means the sum payable by or on behalf of the Parent when the Acceptance Form is returned to the School.  |
| ‘Due Date’  | means the first day of term.  |
| ‘Extras’  | means any item reasonable incurred by the Pupil or by the School on behalf of the Pupil for which purpose the Pupil will be deemed to be the agent of the Parent.  |
| ‘Fees’  | means the rate at which the School sets the Fees for tuition and sporting or games activities from time to time and current at the start of each term together with any Extras. It includes any deposit payable and, in the case of boarders, board, lodging and laundry.  |
| ‘Head’  | means the Head of the School or anyone to whom any of the Head’s duties, obligations and functions has been delegated.  |
| ‘Parent’  | means any one or more Parent and/or guardian of the Pupil jointly and severally.  |
| ‘Pupil’  | means the Pupil named in the Acceptance Form.  |
| ‘School’  | means St. James’ School as from time to time constituted and/or the Head or other officers, which school is owned by St. James School, Grimsby Limited and ultimately by the Woodard Corporation.  |

|  |
| --- |
| Date of Entry: School Year: |

#  ST. JAMES’ SCHOOL

**Confidential Medical Questionnaire Day Pupils**

|  |  |  |
| --- | --- | --- |
| **SURNAME:**  | **FIRST NAMES:**  | **DATE OF BIRTH:**  |
| **ADDRESS:**  | **TELEPHONE NUMBER:**  |
| **Home:**   |
| **Work:**   |
| **Mobile:**   |
| **e-mail:**  |
| **NAME, ADDRESS AND TELPHONE NO. OF GENERAL PRACTITIONER:**   |
| **HAS YOUR CHILD HAD ANY HISTORY** **OF:**  | **YES/NO** | **FURTHER DETAILS**  |
| Disability?   |   |   |
|  Diabetes, Heart Problems?   |   |   |
| Convulsions/Epilepsy?  |   |   |
| Asthma/Hayfever?   |   |   |
| Any known food allergies?  |   |   |
| Allergic or sensitive to any drugs?  |   |   |
|  Allergic to bee/wasp stings   |   |   |
| Has your child had any operations or needed hospital treatment recently?   |   |   |
| Does your child require glasses of any description, please give full details |  |  |
| Does your child have any specific dietary requirements or preferences? |  |  |
|  **PLEASE LIST ALL MEDICATIONS YOUR CHILD IS CURRENTLY TAKE OR MAY REQUIRE IN AN** **EMERGENCY (i.e. if an allergic reaction occurred):**  **Name of Medicine: Dose Required: Time Required:**        |

|  |  |  |
| --- | --- | --- |
| **SCHEDULE OF IMMUNISATION:**  | **DATE/** **YEAR** **GIVEN**  | **FURTHER DETAILS i.e. reasons not vaccinated/any reactions to vaccines**  |
|  0 – 1 year Triple Vacc (Dip/Tet/Per) with Polio?   |   |   |
|  12 –15 months Measles/Mumps/Rubella?   |   |   |
| 4 years Pre-School Booster Dip/Tetanus/Polio?  Mumps/Measles/Rubella   |   |   |
| Meningitis C?   |   |   |
| Any other immunisations e.g. Hepatitis/Typhoid/Cholera/Yellow Fever   |   |   |

**Consent for Exchange of Information or Contact**

**In the event of an academic referral, the School may need to seek medical advice or treatment for your child. (eg: speech therapy, hearing etc..)**

**Do you consent to the above? Yes/No**

**Would you like to be informed if this should occur? Yes/No**

**Should your child require prescription medication to be administered at school, you must complete a separate Permission to Administer Medication form for each and every doctor, dental or nurse prescribed medication. All medication must be in original packaging and have the child’s name and date of birth on a dispensing chemists label.**

 **Consent for non-prescription medicines**
If your child is age 12 or over, non-prescribed medication may be administered by the School Health Co-Ordinator
Paracetamol preparations and some pharmacy (over the counter) preparations, according to the age of the pupil, will always be given in line with St. James School Medicine Policy.
Do you consent to this? Yes/No Would you like to be informed if this should occur? Yes/No

**If your child is not 12 years of age at the time of completion of this medical questionnaire, do you give your consent to this on your child reaching the said age? Yes/No**

The School Health Co-ordinator can be contacted directly Tel: 01472 503270

**Please note that all prescription medications, for children of all ages, may be administered by the School Health Coordinator subject to the completion of a PAM (permission to administer medicines) form and with the relevant doctor/pharmacy label clearly stating the child’s full name and date of birth.**

|  |  |
| --- | --- |
| **Signature of Parent/** **Person with Parental Responsibility**  | **Date**  |
|       |   |

**If your child suffers with any ongoing medical condition, the School Health Co-ordinator may contact you for some more detailed information.**

**The School Health Co-ordinator can be contacted directly Tel: 01472 503270**

**Ethnicity**

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner recommends that young people aged 12 years or older have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged 12 years or older in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves*.*

Please study the list below and tick one box only to indicate the ethnic background of the child. Please also tick whether the form was filled in by a parent or the child.

Name of Child:

|  |
| --- |
| **White*** [ ] British
* [ ] Irish
* [ ] Traveller of Irish Heritage
* [ ] Gypsy/Roma
* [ ] Any other White background

**Mixed*** [ ] White and Black Caribbean
* [ ] White and Black African
* [ ] White and Asian
* [ ] Any other mixed background

**Asian or Asian British*** [ ] Indian
* [ ] Pakistani
* [ ] Bangladeshi
* [ ] Any other Asian background

**Black or Black British*** [ ] Caribbean
* [ ] African
* [ ] Any other Black background [ ] **Chinese**

[ ] **Any other ethnic background**[ ] **I do not wish an ethnic background category to be recorded**This information was provided by: |
| Parent [ ] |
| Child [ ] |

*(Any information you provide will be used solely to compile statistics on diversity within the School. These statistics will not allow individual children to be identified).*

**ST. JAMES’ SCHOOL**

A WOODARD SCHOOL

MEDIA CONSENT FORM

Dear Parent/Guardian,

Our School website www.saintjamesschool.co.uk contains the following information:

**Contact details**: Address, telephone numbers, e-mail addresses, fax numbers etc.

**Information for current parents/pupils**: The school calendar, lunch menus, policies and news, in order to give you immediate access to all those important dates and notices.

**Information for prospective parents**: Many pages containing general information about St James’ School.

Obviously when updating the website and social media pages it is an advantage to use photographs in order to make the pages attractive and interesting to look at. I am writing to you, therefore, in order that I may have your permission to use photographs, which may contain your son/daughter. IF A PHOTOGRAPH IS USED then ONLY FIRST NAMES WILL BE PUBLISHED to accompany it. Our social media pages are a great way for you to keep fully up to date regarding the activities that your child/ren are taking part in at School.

I would be grateful if you could fill in and return the attached pro-forma in order to give your consent to the above and also consent for pictures to be used in any advertising material (e.g. local press, banners etc). If you have any thoughts about our website or have any questions to do with this matter then please do not hesitate to ring me on 01472 503263.

Yours sincerely

Becky Hamilton
Marketing & Admissions
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**St. James’ School Website and Advertising - FAO Becky Hamilton**

**I hereby \*give/do not give permission for St James’ School to use the following on their social media, web-site and in advertising material.**

A photographic image containing my son(s)/daughter(s) using their first names only\* **YES / NO**

Name of pupils……………………………………………………………………………
 **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Parent / Guardian **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Video footage containing my son(s)/daughter(s) using no names **YES/NO**

Name of pupils……………………………………………………………………………
 **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Parent / Guardian **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## SPEECH AND DRAMA (L.A.M.D.A) INDIVIDUAL TUITION



**To apply for speech and drama lessons at St. James’ School**

**TERMLY FEES**

Fees are £150 per term and are payable in advance for the whole term (failure to do so will result in suspension of lessons). There are 10 lessons during each term and lessons missed by the teacher will be made up at a time convenient for both teacher and pupil. These fees are based on an individual lesson of 30 minutes. Any group, shorter or additional lessons are available by arrangement.

**TIMES OF LESSONS**

We try to accommodate students so that they are taught on a rota basis and we try not to take years 10 – 13 out of lessons where possible.

**FURTHER NOTES**

1. You are encouraged to keep in contact with the tutor so that progress can be monitored.

2. When the tutor accepts a pupil for lessons, it is expected that the pupil will practice their speech and drama for at least 15 minutes a day.

3. It is usual practice for a tutor to steer the pupils towards a L.A.M.D.A (The London Academy of Music and Dramatic Art) examination course. Should you wish your child to learn purely on a pleasure basis, please contact the tutor so that a suitable programme can be arranged.

4. Any queries, please contact Miss Sophie Boardman directly.

**PLEASE FILL IN THE ATTACHED FORM AND RETURN IT TO THE LAMDA TUTOR**

APPLICATION FOR SPEECH AND DRAMA TUITION

Name of Student ………………………………………………………………………… Year group …………………..

Name of Parent ……………………………………………………………………………

Address of Parent ……………………………..………………………………………….……………………………………………….

Post Code ………………...…………

Tel ..……...……………................…...........….

Email ………………………………………………………………………………………………….

**Parental Agreement: (this acts as a contract with your teacher)**

1. I give consent to my child being withdrawn from the school timetable to attend speech and drama lessons where necessary

2. I will encourage my child to arrive for the lesson, on time, each week

3. I will inform the tutor of unscheduled absences from lessons

4. I will ensure that recommended material is brought for lessons

5. I will give a complete term’s notice to the L.A.M.D.A tutor, in writing on or before the first day of term, if I wish my child to discontinue lessons.

6. I will pay for any examination fees in which my child participates.

**Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**



**MUSIC DEPARTMENT**

**INDIVIDUAL / GROUP MUSIC TUITION from SEPTEMBER 2020**

**To apply for music lessons at St. James’ School**

Learning to play an instrument or sing properly is a great way to have fun exploring musical potential, but will also require self-discipline, determination, and a commitment to regular practice between lessons. Our aim is to inspire and motivate students of all ages to develop their own individual creative skills, and to discover the joy of making music. Students may be entered for both ABRSM examinations and LCM examinations, although this is up to the individual learner.

All tuition is subject to availability and there may be a waiting list. As a school we currently offer singing, theory, piano, strings, guitar, drum kit, brass and woodwind lessons and they can be either 20 or 30 minutes depending on the age and/or the standard of the student. Lessons are delivered at school in courses of 10 lessons a term and cost £100 per term for 20-minute lessons or £150 per term for 30-minute lessons.

Children will need their own instrument – brass, woodwind and strings may be available through school or the Music and Performing Arts Service (MAPAS). Instrument hire from MAPAS is free for the first year to new starters. If children need to loan an instrument, lessons will be subject to instrument availability.

To reserve a place, please complete the application form and return it to the Head of Music at school. Please be aware of the Terms and Conditions below:

1. Expect your child to continue with tuition for at least a year to enable them to achieve a reasonable standard of performing.
2. To enable pupils to progress, they will need to commit to regular practice at home with support and encouragement, and to attend all their lessons with their instrument and music.
3. Practice and progress will be evaluated and reviewed; progress reports may be given verbally or in writing by teachers as appropriate.
4. The number and cost of lessons will be specified on an invoice. **Payment for tuition is required in advance of each term** and additional lessons may be arranged by negotiation. Lessons may be temporarily suspended if payment is not received before lessons commence.
5. If the teacher is absent, the lesson will be made up at a later date, or a credit/refund will be issued.
6. Refunds, credits and replacement lessons are not given for pupil absences, including absences due to illness or due to taking a holiday in school term time.
7. Lessons will continue from one term to the next unless the parent gives notice to cancel as follows:

CANCELLATION OF TUITION

* **The parent must give WRITTEN notice to the teacher at least FIVE WEEKS BEFORE THE END OF A TERM for lessons to stop at the end of that term.**
* **Where insufficient notice is given to cancel tuition, payment will be due for the following term; this payment is in lieu of notice and does not entitle the pupil to attend any further lessons**

Thank you

Mr Andrew Hornsby
Director of Music

**PLEASE FILL IN THE APPLICATION FORM AND RETURN IT TO THE SCHOOL OFFICE**

**for the attention of Director of Music**

**Please tick box to indicate your choice of lessons:**

|  |  |
| --- | --- |
| **Theory** |  |
| **Singing** |  |
| **Piano** |  |
| **Violin** |  |
| **Cello** |  |
| **Flute** |  |
| **Clarinet** |  |
| **Trumpet or Cornet** |  |
| **Baritone, Tenor Horn or Euphonium** |  |
| **Guitar** |  |
| **Drums** |  |

**Lesson length – please tick one**

* **20 MINUTES**

* **30 MINUTES**

**Instrument hire**

* **My child has their own instrument**
* **My child needs to loan an instrument**

***Name of student: …………………………………………………………………. School year: ……………………………***

***Name of parent / guardian: ………………………………………………….. Tel: ..........…………………………......***

***Address: ……………………………..………………………………………………………..……………………………………….……***

 ***………………………………………………………………………………………………………………………………………***

 ***Post code: …………………………………………………………………***

***Email: ……………………………………………………………..……..…***

 **Declaration: I have read and agree to the Terms and Conditions for Tuition printed overleaf** 

 *(please tick box)*

**I agree to my contact details being shared with the relevant music teacher** 

 *(please tick box)*

**Signature of parent / guardian: ……………………………………………………………………………………………………**

**Date: ………………………………………………………………………..**

|  |
| --- |
| **THE FOLLOWING SECTION IS FOR COMPLETION BY CHILDREN WITHIN THE PRE-PREP ONLY (FLEDGLINGS, SPARROWS, RECEPTION, PREP 1 & PREP 2** |
| **LIST OF PEOPLE WHO HAVE PERMISSION TO COLLECT YOUR CHILD** |
| Name:  Relationship (eg. aunt, friend)  Phone:  |
| Name:  Relationship (eg. aunt, friend)  Phone:  |
| Name:  Relationship (eg. aunt, friend)  Phone:  |
| **DETAILS OF OTHER EARLY YEARS SETTINGS OR SCHOOLS ATTENDED**  |
| Name of Setting/School Dates attended:  1)  2)  3)  |
| **For Foundation Stage Classes** Details of any settings attended concurrently with St. James School  Name of setting:  Sessions attended at other setting:  |
| I agree to St. James' School requesting records from my child's last Early Years setting/school   Signature……………………………………… Date……………………   |
| **SPECIAL EDUCATIONAL NEEDS**  |
| Please give details of any known special educational needs which your child may have:  |
|  Has a Common Assessment Framework (CAF) been initiated? Yes/No Has an Individual Education Plan(s) (IEP) been initiated? Yes/No  |
| Details of any involvement by agencies (eg. Speech & Language Therapy; Child Development Centre; Social Services)   |
| From time to time children need support from the School's Learning Support Unit, or external agencies (For example, speech therapy assessments, and support from the LA SEN officers). I agree to the School obtaining the necessary support my child requires, and I shall be informed of this before support is requested.  |

|  |  |  |
| --- | --- | --- |
|  **Please indicate that you give/withhold permission for the following by ticking either yes or no.**  | yes  | no  |
| **I agree to photographs of my child being taken for use within the classroom and their individual records**  |   |   |
| **I agree to photographs of my child being taken for use on the school website**  |   |   |
| **I agree to photographs/records of my child being shared with local authority officers and practitioners from other settings for the purposes of staff training**  |   |   |
| **I agree to photographs of my child being taken by the local press.**  |   |   |
| **I agree to sending my child with sun cream and to allow staff to apply this as necessary**  |   |   |
| **I agree to allow the school to pass on records** **(including Special Educational Needs records) to other agencies who are working with my child**  |   |   |
| **I agree to allow the school to pass on records** **(including Special Educational Needs records) from The Pre. Prep to another setting/school which my child may attend in the future**  |   |   |

## SESSION REQUEST SHEET

## Please tick below to demonstrate the preferred sessions for your child and we will do our best to accommodate you. The admissions department will confirm whether all sessions are available upon receipt of the registration form. Please also tick if you would like school lunches or teas.

**Fledglings Class**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session**  | **Time**  | **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday**  | **Friday**  |
|  |  |  |  |  |  |  |
| **Morning**  | **8am - 1pm**  |  |  |  |  |  |
| School Lunch |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Afternoon**  | **1pm – 4pm**  |  |  |  |  |  |
|  | **1pm – 6pm**  |  |  |  |  |  |
| School tea |  |  |  |  |  |  |

**Sparrows Class**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session**  | **Time**  | **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday**  | **Friday**  |
|  |  |  |  |  |  |  |
| **Morning**  | **8am - 1pm**  |  |  |  |  |  |
| School Lunch |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Afternoon**  | **1pm – 4pm**  |  |  |  |  |  |
|  | **1pm – 5pm**  |  |  |  |  |  |
|  | **1pm – 6pm**  |  |  |  |  |  |
| School tea |  |  |  |  |  |  |