



**Smedley Lane** Cheetham Manchester M8 8SA

Telephone: (0161) 205 1932 E-mail: admin@oasistemple.org

#### Ms. S. Talib. Principal. BA (Hons) QTS Med NPQH

### **Academy Contact Forms**

Surname of the child		
Forename (s)		
Date of Birth		
Gender	M/F	
Siblings in the		
Academy and the		
class they are in		
Address		
Postcode		
Should an emergency of	occur at sch	ool, it is sometimes necessary to contact a parent (s) / carer (s) during
the day. Please indicat	<u>e bel</u> ow wh	ere each parent (s) / carer (s) maybe be contacted during school hours.
Parent's / Carer's Nam		
Parent's / Carer's Place	e of Work	
Daytime Telephone Nu	umber	
Mobile Number		
Email Address		
Parent's / Carer's Nam	ie	
Parent's / Carer's Place	e of Work	
Daytime Telephone Nu	umber	
Mobile Number		
Email Address		
16.1	_ <del>-</del>	
• • • • • • • • • • • • • • • • • • • •	•	makes daytime contact difficult, please give the names, relationship
	mber and lo	ocation of up to two persons who may be reached in the event of an
emergency.		
Person 1		
Name		
Relationship to Child		
Daytime Telephone Nu	ımber	
Place of Contact		
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Date of Arrival in the UK (if applicable)

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Person 2	
Name	
Relationship to Child	
Daytime Telephone Number	
Place of Contact	
Family Doctor	
Name	
Name and Address of the practice	
Post code	
Telephone number	
Medical Conditions	
Please tell us of any medical conditions your child ha	s:
Is your child entitled to Free School Meals? Yes	No.
Is your child entitled to Free School Meals? Yes	No
Lunch time arrangements – KS2 Only	
School Lunch Packed Lunch	
Dietary requirements	
Halal Vegetarian Other (Please detail)	
Vegetarian Other (Flease detail)	
Allergies	
Yes No Other allergies? (Please detail)	
If yes, please provide details of the allergies your child has	•
in yes, prease provide details of the allergies your criticality	1.
Other important information	
Ethnicity	
Country of Birth	
Child's first language	
Parent's first language	
Is English an additional language	





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Name and address of previous s	schools:			
Dates from/to				
How do you travel to school?				
Who will be collecting your child	d at the en	d of the school day:		
Name of person				
Relationship to child				
Contact number				
Please sign this form using you	r normal si	ignature		
Signature of Mother / Carer				
Signature of Father / Carer				
In the event of an emergency I	give permi	ission for a member of the school staff to sign on my behalf		
for my child to be medically treated and to be transported to an appropriate medical facility.				
Parent (s) Carer (s) signature				
Print Name				



Date



















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#### **Using Images and Videos – Multimedia Consent Form**

I give permission for my child	to be photographed, videoed or recorded for the following purpo	ses:
Academy/School Website		
Academy Displays		
Academy Presentations		
Teaching School Website		
Newsletters		
Named work to be displayed in	school	
To receive information from Oa	asis about its work in the UK and Worldwide	
To receive marketing information	ion about events in Academy, hub and community	
To release personal data to loc	al or national media	
To use images of the student in	n Academy external publications	
To use images of the student in	n Oasis national internal and external print	
To use images of the student o	n Academy social media	
To use images of the student w	vithin Oasis national office	
Please note:		
For specific events / activities,	we will seek additional permission.	
Permission will be re-sought a	fter 3 years if we still wish to use the images.	
I give consent to the Academy con	ntacting me by: Post Phone Email Text for information pu	rposes.
your personal data in line with ou	irming that you are consenting to Oasis Academy Temple holding and pr r privacy notice and policy which can be found by clicking on the link at the the supplementary privacy notice can be found under the Parent informa	e bottom
Parent (s) Carer (s) signature		
Print Name		
Date		

\*You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data; (so for example we may not be able to let you know about forthcoming events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use our data from our 'Privacy Notice' which is available on our website.

\*You can withdraw or change your consent at any time by contacting the Administrator at the Academy office. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.















