

Agreement Form – To be returned to the Academy

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 National 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	them in with a note explaining
Signed:		
MEDICINES We agree to administer drugs at home whe medicines needing to be administered at to original named packaging with a comple Prescribed Medication Form and leave the second se	the Academy ted Agreeme	, we will provide them in the ent 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 wil	I be absent from the academy
Signed:		
MEDIA COVERAGE There are occasions during the academic yrecordings. At times these images may be Academy, articles in the Academy prospecimaterial and also on the Academy website. child's image can be used for these purpos	used to supp tus and intern . We will nee	oort display work in the nal/external marketing
Signed:		
I have also completed all of the below fo	rms and retu	irned back to the Academy.
 Contact Details Request Form Disability Equality Scheme Questi Noel-Baker Home School Agreem N-B Academy ICT Acceptable use Free Meals Application Form (if ap Biometrics Consent Form 	ent Policy	