

Fourth Form 2019 (Boarder)



Shrewsbury School

## Shrewsbury School New Entrant Forms Booklet

Please refer to the Guidance Notes Booklet when completing these forms.

Please return these forms by **Monday 22nd July 2019**

By email: [admissions@shrewsbury.org.uk](mailto:admissions@shrewsbury.org.uk)

Or by post to:

Admissions Office  
Shrewsbury School  
The Schools  
Shrewsbury  
SY3 7BA

If you have any questions, please do not hesitate to contact:

General Queries - Admissions Office

[admissions@shrewsbury.org.uk](mailto:admissions@shrewsbury.org.uk)

+44 (0)1743 280552

Financial and Insurance Queries - Bursary Office

[bursarpa@shrewsbury.org.uk](mailto:bursarpa@shrewsbury.org.uk)

+44 (0)1743 280820

The following forms are enclosed:

- Confirmation of a Place Form
- New Pupil Medical Form
- NHS Family Doctor Service Registration
- Allergen/Intolerance Notification Form
- Payment of Termly School Fees by Direct Debit
- Shrewsbury School Shop Smart Card
- Mouthguard E-Letter
- House Singing Tickets
- Application Form to Begin Instrumental Tuition
- Music Questionnaire
- Use of Bicycle



# Shrewsbury School

## Confirmation of a Place Form



This form confirms parents' intention that their son or daughter will take up the place (conditional or confirmed) offered at Shrewsbury School, subject to the School's Terms and Conditions and to the child attaining the academic standard required for entry to the School.

**Pupil's full name:** .....  
(Please write in capitals)

Date of birth:      day ..... month ..... year .....

Nationality: .....      Religion: .....

Date of entry:      September 2019      Allocated house: .....

*Brothers/sisters in the School or who have previously attended Shrewsbury School*

Name: .....      House: .....      Year entered: .....

I/WE HEREBY DECLARE individually and jointly that:

1. **Terms and Conditions:** I/We have read and accept the Terms and Conditions provided with this form, which supersede any previously provided (and where appropriate, the conditions of award of a bursary or scholarship).
2. **Parental Responsibility:** I/We both have parental responsibility (ie legal responsibility) for my/our child; I/we both agree that my/our child should attend the School and no other person's consent is required.
3. **Court Orders:** I/We have informed the School if I am/we are separated or divorced and if any court orders have been made in relation to my/our child or either of us (including any orders relating to financial matters).
4. **Disabilities & Learning Difficulties:** I/We have already provided details of any learning difficulty or disability giving rise to a special educational need.
5. **Medical Matters:** I/We have provided in confidence all relevant information about any medical condition, health problem, or allergy which affects our child and/or which may prevent our child from taking a full part in the School's academic and games/sports curriculum and outdoor activities.
6. **Cancellation/Withdrawal:** I/We will not cancel my/our acceptance of this place or withdraw my/our child from the School without first giving a full term's written notice or paying a term's fees in lieu of notice in accordance with the Terms and Conditions referred to above.

I/WE HEREBY GIVE THE FOLLOWING EXPRESS AUTHORITIES on behalf of myself/ourselves and (so far as I am/we are entitled to do so) on behalf of my/our child:

1. **School Fees:** I/We confirm that fees payable to my/our child's current and any previous schools have been paid or will be paid in full before my/our child enters the School. I/We consent to the School making enquiries for confirmation that all sums due and owing to such school/s have been paid. I/we consent to your informing any other school or educational establishment to which I/we propose sending my/our child if any fees of this School are unpaid.
2. **Educational Visits & Transport:** I/We consent to my/our child taking part in educational visits which do not involve an overnight stay or travel abroad and I/we consent to my/our child being carried by public transport or school transport driven in a responsible manner by an adult who is suitably qualified and insured.

HOW WE USE YOUR INFORMATION: For information on how the School will use your and your child's personal data, please see the School's **Privacy Notice** available on the website – <https://www.shrewsbury.org.uk/privacy-notice>

**YOUR DETAILS - PLEASE PRINT CLEARLY**

Surname:	Surname:
First name:	First name:
Title/other names/initials:	Title/other names/initials:
Relationship to the child:	Relationship to the child:
Home phone:	Home phone:
Business phone:	Business phone:
Mobile:	Mobile:
Address:	Address (if different):
Postcode:	Postcode:
Email:	Email:
Business email:	Business email:
Employer's name:	Employer's name:
City/Town:	City/Town:
Profession/Industry:	Profession/Industry:
Job title:	Job title:
<b>First Signature:</b>	<b>Second Signature:</b>
<b>Date:</b>	<b>Date:</b>

**Please return this form**, together with a confidential letter addressed to the Headmaster if there are any matters of which we ought to be aware before your child enters the School, or once here.

# New Boarding Pupil Medical Form

Please complete ALL sections of this form, providing as much information as possible, so that we can register your child with the School's Medical Officer and provide the most effective medical care while he/she is at Shrewsbury School.



Shrewsbury School

<b>Child's surname:</b>	
<b>Child's first name(s):</b>	<b>Preferred first name:</b>
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>First language:</b>	
<b>School boarding house:</b>	

<b>Next of kin:</b>
<b>Current home address:</b>
<b>Contact telephone number:</b>
<b>Contact email address:</b>

<b>NHS number:</b>
<b>Name and address of current/previous registered doctor:</b>
<b>Name of last school attended:</b>

## Ethnic Origin

**Please indicate your child's ethnic origin.** This is not compulsory however it may help with healthcare, as some health problems are more common in specific communities. Knowing your origins may help with the early identification of some of these conditions. **Please tick ONE box that best describes your child.**

(This follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act 1976).

<b>White:</b> British <input type="checkbox"/> Irish <input type="checkbox"/> Other (please specify) <input type="checkbox"/> .....
<b>Mixed:</b> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> <input type="checkbox"/> Other (please specify) .....
<b>Asian or Asian British:</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other (please specify) <input type="checkbox"/> .....
<b>Black or Black British:</b> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other (please specify) <input type="checkbox"/> .....
<b>Chinese or other Ethnic Group:</b> Chinese <input type="checkbox"/> Other (please specify) <input type="checkbox"/> .....

## Childhood Immunisations

It is expected that ALL pupils have been vaccinated as per the current UK NHS schedule (\*please see and check the link below\*). It is important to protect your son or daughter from vaccine-preventable infections in addition to protecting the wider school community against outbreaks of infectious diseases.

**Please attach a copy of your son or daughters up to date vaccination history**  
(please tick to indicate this has been provided)  
**\*Available from your current registered GP surgery/Local Immunisation Team.**

**PLEASE NOTE: WITHOUT THIS ESSENTIAL INFORMATION THE IMMUNISATION TEAM MAY NOT BE ABLE TO OR BE DELAYED IN PROVIDING YOUR CHILD'S ADOLESCENT VACCINATIONS.**

As a continued part of your child's Childhood Immunisation Programme he/she will require further vaccinations whilst at Shrewsbury School and you will be sent a separate consent form via email when such vaccinations are to be offered by the Shropshire Immunisation Team.

\*The UK Routine Immunisation Schedule: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/699392/Complete\\_immunisation\\_schedule\\_april2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/699392/Complete_immunisation_schedule_april2018.pdf) (Subject to change)

## Annual Influenza (flu) Injection

**\*\*Only for those Eligible on the NHS\*\***

When registered with the School's GP the Annual Influenza (flu) vaccine is available free on the NHS for patients with long-term health conditions e.g. Asthma/diabetes. It is currently offered as a yearly nasal spray to young children aged up to 17 years old and as an injectable vaccine for those aged 18 years and over.

For those eligible please confirm consent for your child to receive this in Michaelmas Term:

**Please Indicate:**      **YES**       **NO**

For those not eligible on the NHS please contact your local pharmacy and for more information please visit:  
<https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/>

## Past Medical History

*Please give full details to any of the questions answered **yes** and on a separate sheet if necessary.*

Please note: this is the only information we will have until the previous records arrive.

Is your child currently under follow-up/investigation from their current GP?      YES       NO   
Details:

.....  
.....

Is your child currently under the care of or follow-up of any specialist or therapist/s?      YES       NO   
Details:

.....  
.....

Has your child ever been admitted to hospital for treatment or investigation?      YES       NO   
Details: (Please include dates)

.....  
.....

Has your child been diagnosed with any medical condition/s?      YES       NO   
Details: (Please include ALL information including diagnosis, treatment and the name of specialist if any and arrangements for follow-up once at school.) Letters from specialists are very useful.

.....  
.....

Please give details of any significant family medical history:

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

### **Medication**

Is your child currently on any medication? YES  NO

Details: (Please include all regular, occasional, controlled and/or over-the-counter medication/s)

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

Please Note:

- We do not accept, store or administer herbal medicines; medicines from abroad or alternative remedies unless prescribed or supported in writing by a UK Doctor
- Some overseas medication may not be licensed for use in the UK therefore the School Doctor will make an individual assessment and aim to supply UK licensed medication where able to do so – Please provide as much medical information prior to starting school to support sustained medical treatment.
- Pupils must not bring medication or drugs into school for their personal use unless prescribed by a doctor and with knowledge of the House/Medical Centre.
- Pupils will only be allowed to self-administer and store their own medication upon the completion of a ‘Pupil’s Assessment to Self-Administrate’

### **IMPORTANT: ALL MEDICATION**

To ensure your child receives uninterrupted treatment please supply him or her with at least one months’ supply of their current medication when starting school (to allow time for registration at the GP Practice) and ensure you have informed the House Matron at the start of term.

### **Controlled Medication ONLY**

Please enclose/ attach a photocopy of the latest clinic letter from the specialist/prescriber to ensure uninterrupted treatment (please tick to indicate this has been provided).

Please Note: Without this essential information the Doctor may not be able to or be delayed in providing your son or daughter’s medication.

### **Allergies**

Does your child have an allergy? YES  NO

Details:

.....  
.....

Does your child need to carry Injectable Adrenaline Pen for Anaphylaxis? YES  NO

Make/Model of Pen: .....

Number of Pens your child will be bringing to school with: .....

Date/s and circumstances that Adrenaline Pens have ever previously been used: .....

.....

## **Psychological Health and Well-being**

In order for us to provide your child with the right care and support, please inform us if he or she has or is suffering from any mental health issues such as depression, anxiety, self-harm, eating disorder, obsessive compulsive disorder and or panic attacks. Please include any specialist help received and helpful support mechanisms.

Are there any other features of your child's psychological health and well-being that you think the School Doctor should be made aware of?

Or which you would like to discuss further with either the Medical Centre Staff at School, the School Doctor or School Counsellor?

## **Private Medical Insurance**

Whilst at school will your child have private medical insurance?

YES  NO

**If YES, please provide details:**

<b>Company Name</b>	
<b>Policy Number</b>	
<b>Expiry Date</b>	

## **Dental**

It is important that parents register their child with a dentist at home and we expect routine treatments to take place there. If a child is not registered at home, any necessary treatment may have to be delayed or provided on a private basis.

**During term-time all emergency treatments and the fitting of gum shields will be undertaken by:**  
Mr R J Gatenby, New Park House Dental Centre, Brassey Road, Shrewsbury, SY3 7FA

If a pupil is not registered at home, any necessary treatment may have to be delayed or provided on a private basis.



# Your NHS Emergency Summary Care Record (SCR)

**Important, please read.**

A Summary Care Record is a computerised record that contains important information about any medicines your child has been or is currently taking, allergies he/she suffers from and any bad reactions to medicines that he/she may have had. It may be able to be accessed by doctors giving emergency treatment elsewhere. Your permission will always be asked if anyone needs to look at information in the SCR, unless in an emergency when you are unable to give permission.

**You have the right to opt out of this if you wish.**

**What it means if you DO NOT have a Summary Care Record:**

NHS healthcare staff caring for your child may not be aware of any current medications, allergies and bad reactions to medicines, when giving treatment in an emergency.	The medical records will stay as they are now with information being shared by letter, email, fax or phone.	If you have any questions, or if you want to discuss your choices, please: <ul style="list-style-type: none"><li>• Phone the Summary Care Record Information Line on 0300 1233020;</li><li>• Contact your local Patient Advice Liaison Service (PALS);</li><li>• Contact the Medical Centre or Mytton Oak Surgery</li></ul>
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**Do you wish your child to have a Summary Care Record?    YES     NO**

Your name ..... Your signature .....

Relationship to patient .....

**Please note: You are required to actively opt out in order not to have a Summary Care Record. If you do not fill this in, then in most cases a Summary Care Record will be created by default and uploaded.**

*If you change your mind later, please contact the Medical Centre or the Mytton Oak Surgery and we can change it.*

*Any summary already uploaded can be removed.*

# Consent

I authorise the School to administer first aid and appropriate medication from the Homely Remedy list (non-prescription medicines) if and when required. YES  NO

In the event of an emergency and if it is impossible to contact me personally, I empower the Headmaster, Second Master or Housemaster/mistress to give consent for any emergency treatment, including surgical operations. YES  NO

Whilst at Shrewsbury School I agree to inform the School of any new medical conditions/diagnoses that may arise for my child in the future. YES  NO

I will ensure the School's Medical Officer is updated of any reviews/appointments by a Doctor or specialist when my child is away from school. YES  NO

I will aim to inform the School's Medical Officer of any new medication or changes in medication which my child has been prescribed and will provide relevant medical documentation to this effect. YES  NO

I confirm my child's medication is in date and that they have a sufficient supply when they return to school after holidays/breaks. YES  NO

I consent to my child's medical condition/s to be entered onto the School's computer record and be shared on a 'needs to know' basis with relevant school staff. YES  NO

**Full name (please print):** .....

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

**Signature:** ..... **Date:** .....

**Should you have any further questions or wish to speak with us personally, please contact the Medical Centre and we will be happy to help.**

Tel: (01743) 280860

Fax: (01743) 280863

Email: [medicalcentre@shrewsbury.org.uk](mailto:medicalcentre@shrewsbury.org.uk)

Our School Medical Officer Dr Price and his team are based at the following GP surgery where all full-time boarding pupils are registered:

<p><b>Mytton Oak Surgery</b> Racecourse Lane, Shrewsbury, SY3 5LZ Tel: (01743) 362223</p>
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*Thank you for taking the time to complete this form*

## Patient's details

Please complete in BLOCK CAPITALS and tick  as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female	Town and country of birth
Home address	
Postcode	Telephone number

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

Your previous address in UK	Name of previous doctor while at that address
	Address of previous doctor

## If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving	Date you first came to live in UK
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## If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number	Enlistment date
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## If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

## If you need your doctor to dispense medicines and appliances\*

*\*Not all doctors are authorised to dispense medicines*

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient    Signature on behalf of patient   Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue or

Kidneys    Heart    Liver    Corneas    Lungs    Pancreas    Any part of my body

Signature confirming my agreement to organ/tissue donation   Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*For more information, please ask at reception for an information leaflet or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk), or call 0300 123 23 23.*

### NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register   Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*For more information, please ask for the leaflet on joining the NHS Blood Donor Register  
My preferred address for donation is: (only if different from above, e.g. your place of work)*

Postcode: \_\_\_\_\_

HA use only   Patient registered for    GMS    CHS    Dispensing    Rural Practice

To be completed by the doctor

Doctors Name HA Code

- I have accepted this patient for general medical services  For the provision of contraceptive services  
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above HA Code

- I am on the HA CHS list and will provide Child Health Surveillance to this patient or  
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above HA Code

- I will dispense medicines/appliances to this patient subject to Health Authority's Approval  
 I am claiming rural practice payment for this patient.  
 Distance in miles between my patient's home address and my main surgery is

*I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.*

Practice Stamp

Authorised Signature

Name Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUPPLEMENTARY QUESTIONS**

**PATIENT DECLARATION for all patients who are not ordinarily resident in the UK**

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

**You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.**

**The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.**

Please tick one of the following boxes:

- a)  I understand that I may need to pay for NHS treatment outside of the GP practice  
 b)  I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested  
 c)  I do not know my chargeable status


I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

**A parent/guardian should complete the form on behalf of a child under 16.**

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

**Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.**

**NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS**

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

Please tick  if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

**How will your EHIC/PRC/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

## Food Allergy and Intolerance Notification Form 2019

We understand that food allergies can present serious problems for some of our pupils. This form is designed to collect information about pupils who have allergies/intolerances so that we can cater for them appropriately. This form should be completed by the **parent or guardian** of pupils under the age of 18.

Name of Pupil: \_\_\_\_\_

### Part 1: To be completed by parents/guardian

1A. Does your child have an allergy or intolerance to any of the following allergens?

- No** Please go to Part 2
- Yes** Please tick the relevant boxes below:

<input type="checkbox"/> Peanuts	<input type="checkbox"/> Milk	<input type="checkbox"/> Crustacean	<input type="checkbox"/> Soybeans	<input type="checkbox"/> Fish
<input type="checkbox"/> Nuts	<input type="checkbox"/> Sesame Seeds	<input type="checkbox"/> Celery	<input type="checkbox"/> Mustard	<input type="checkbox"/> Lupin
<input type="checkbox"/> Eggs	<input type="checkbox"/> Molluscs	<input type="checkbox"/> Gluten	<input type="checkbox"/> Sulphites	<input type="checkbox"/> Other (please state)

If you ticked any of the above boxes please provide further details of the nature of the allergy/intolerance:

1B. Has this Allergy or Intolerance been medically diagnosed?

- No**
- Yes**

1C. Holroyd Howe use a colour coding system to identify special diets. Please tick which applies to your child:

<input type="checkbox"/>	<b>RED</b>	Pupil has a severe life-threatening allergy/ anaphylactic shock
<input type="checkbox"/>	<b>AMBER</b>	Pupil has an allergy or intolerance
<input type="checkbox"/>	<b>BLUE</b>	Pupil excludes foods due to preference including religious preference

#### If you have ticked **RED** please note:

Where Holroyd Howe cater for pupils under the age of 16 with a special diet in the **RED** category, we strongly recommend that a freshly prepared pre-plated meal is provided for them. A pre-plated meal is the safest way to minimise the risk to the pupil. If you DO NOT want a pre-plated meal to be provided to your child then please see Part 4.

Once this completed form has been received, a meeting can be arranged between the Catering Manager and the parent/guardian or school to discuss your child's food requirements in more detail.

## Part 2: Religious Preferences

Please provide details of non-permitted foods due to religious faiths and beliefs in the box below:

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## Part 3: Parent/Guardian Acceptance

Whilst we can provide meals which do not include nominated allergens, we cannot guarantee that dishes do not contain traces of allergens, as they will be stored and prepared in the same areas as nominated allergens. There is a risk of cross contamination on display counters, particularly self-service areas such as salad bars and dessert counters. Please be aware that while Holroyd Howe do not use nuts in any of the food we prepare and serve, we are unable to guarantee that dishes/products served are totally free from nuts/ nut derivatives, due to the use of precautionary allergy statements such as 'may contain' which are used by our suppliers.

**Data Protection - please tick where you agree / give permission:**

I'm happy for my child's allergen information and photo (where provided) to be passed to Holroyd Howe to enable them to assist the school in correct food provision.	
I'm happy for my child's allergen information and photo (where provided) to be displayed next to the main servery area to enable the catering staff to check allergy information.	

**I confirm that the information supplied within this document is correct. Any changes in my child's allergy/intolerance status will immediately be highlighted to the school:**

<b>Name of Parent/Guardian completing this form</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Daytime contact telephone number</b>	

**Part 4 - If you have ticked RED and DO NOT want a pre-plated meal to be provided to your child then please sign below:**

I hereby confirm that I \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
do not want my child to receive a pre-plated meal.

I am aware that:

- Holroyd Howe are unable to guarantee that dishes/products served are totally free from nuts/ nut derivatives, due to the use of precautionary allergy statements such as 'may contain' which are used by our suppliers.
- The meals provided to your child will be prepared in the same areas as nominated allergens.
- There is a risk of cross-contamination on display counters, particularly at self-service areas such as salad bars and dessert counters.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Shrewsbury School

## Payment of Termly School Fees by Direct Debit

Child's name (please print) \_\_\_\_\_

I would like to pay the school fees **by Direct Debit** (please tick the relevant box):

- In one instalment
- In three monthly instalments

Name (please print) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NB: There is no need to return this slip if you intend to pay the fees by cheque or bank transfer.  
This facility is available only to parents with a UK bank account.







Shrewsbury School

## Shrewsbury School Shop Smart Card

Child's full name (please print) \_\_\_\_\_

House \_\_\_\_\_

Please add the following amounts to my child's smart card:

	Requested amount	Recommended amount
Michaelmas (September) Term 2019	£ .....	£130
Lent (January) Term 2020	£ .....	£100
Summer (April) Term 2020	£ .....	£100

If you wish your child's School Shop Smart Card to be barred from being used to purchase confectionery, please tick the box.

Name (please print) \_\_\_\_\_

Signed \_\_\_\_\_



From: The Director of Sport  
Andrew Murfin BSc, MA

Tel: 01743 280697  
Email: [ajm@shrewsbury.org.uk](mailto:ajm@shrewsbury.org.uk)



Shrewsbury School

Shrewsbury School  
The Schools  
Shrewsbury  
SY3 7BA

School Switchboard  
01743 280500  
School Fax  
01743 243107

June 2019

## PUPIL MOUTHGUARDS

Dear Parent/Guardian,

The school policy is to endorse various sporting governing bodies in their guidelines surrounding the use of dental protection. All pupils will require a mouthguard to take part in hockey, lacrosse or rugby at the school throughout the school year.

TITAN will be catering for all students wishing to purchase a dental-fit mouthguard and will be visiting the school on the **13<sup>th</sup> September 2019, 13:30 – 17:30 in the Cricket Centre classroom** to supervise impressions for all those who require a guard for the new school year.

All TITAN mouthguards are provided at a cost of £44.99 with replacement/spare guards at a reduced cost of £35. This cost is vastly reduced from most dental practices and includes:

- Impression supervised by a member of the TITAN team
- Custom guards manufactured to achieve the highest level of protection available
- Student's name embedded
- Free boil+bite mouthguard for use in sporting fixtures during turnaround time
- Free delivery to school

If you wish to take advantage of this service, please complete the school's online order form by clicking the following link. Full details, pricing and updates are available on the form: <https://titanguards.typeform.com/to/Uwa4SO>.

TITAN suggest that orders should be placed in advance of the **pre-order deadline** on the **11<sup>th</sup> September 2019**. TITAN can take orders on the day of fitting, but this usually delays the delivery of the mouthguard and complicates admin processes. There is a **£5 price increase** on all guards after the pre-order deadline on the **11<sup>th</sup> September 2019**.

Yours sincerely,





Shrewsbury School

## House Singing Tickets

Please tick the relevant boxes and return to the Admissions Office with your other forms.

Child's name (please print) \_\_\_\_\_

House: \_\_\_\_\_  1 ticket  2 tickets (max)

Year: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_





## Application Form to Begin Instrumental Tuition 2019

A trial lesson is available for pupils who wish to try another instrument, or wish to take up lessons after a break from tuition. This lesson is free.

Child's first name: \_\_\_\_\_

Child's surname: \_\_\_\_\_

House and Year: \_\_\_\_\_

Instrument/Singing	Approximate Grade	Does your child possess their own instrument?

(When specifying name of instrument to be studied, please put a 'B' for a complete beginner in the grade column and if your child wishes to study guitar, whether it is *classical, acoustic* or *electric*)

### Music Fees, all instruments per 40-minute lesson

Payable to Music Teacher - To be confirmed (was £22.50 in 2018/19)

Payable to the School - To be confirmed (was £1.37 in 2018/19)

There will be 30 lessons per year, 12 in the Michaelmas Term, 10 in the Lent Term and 8 in the Summer Term. You will be invoiced directly by your child's Teacher.

Signed (Parent): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please note: one full term's notice is required in writing (from parents) if a student wishes to discontinue their tuition.**







Shrewsbury School

## Music Questionnaire

Child's first name: \_\_\_\_\_

Child's surname: \_\_\_\_\_

House and Year: \_\_\_\_\_

Has the applicant:
Sung in a choir?
Sung in a theatrical performance? If yes – what?
Experienced ensemble playing? If yes – what?
Taken any theory exams? If yes – what grade?
Please feel free to supply us with any relevant information that will enable us to ensure the applicant enjoys their music whilst at Shrewsbury School.





## Use of Bicycle

Name of child: \_\_\_\_\_

House: \_\_\_\_\_

I give/do not give\* my child permission to ride a bicycle at School. I understand that the use and possession of a bicycle is entirely at the rider's risk and that the School cannot be held responsible for any accident to the owner, or loss or damage to the bicycle resulting from its use.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Please delete as appropriate*

