

Fourth Form 2019 (Day)



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

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

+44 (0)1743 280552

Financial and Insurance Queries - Bursary Office

bursarpa@shrewsbury.org.uk

+44 (0)1743 280820

The following forms are enclosed:

- Confirmation of a Place Form
- New Day Pupil Medical Form
- 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:

- 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).
- 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.
- 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).
- Disabilities & Learning Difficulties:** I/We have already provided details of any learning difficulty or disability giving rise to a special educational need.
- 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.
- 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:

- 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.
- 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:
First Signature:	Second Signature:
Date:	Date:

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 Day Pupil Medical Form

Please complete ALL sections of the form, providing as much information as possible.



Shrewsbury School

Child's surname:	
Child's first name(s):	Preferred name:
Date of birth:	
Gender:	
First language:	
School house:	

Next of kin:
Current home address:
Contact telephone number: Contact email:

NHS number:
Name and address of current registered doctor:

Past Medical History

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

Has your child been diagnosed with any medical condition/s? YES NO

Details: (Please include ALL information including treatment/specialist support and medication)

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.....

Please give details of any significant family medical history:

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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 child from vaccine-preventable infections in addition to protecting the wider school community against outbreaks of infectious diseases.

Please attach a print out or photocopy of your child's 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 REQUIRED INFORMATION THE IMMUNISATION TEAM MAY NOT BE ABLE OR BE DELAYED IN PROVIDING YOUR SON OR DAUGHTER'S ADOLESCENT VACCINES.

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 (Subject to change)

Medication

Is your child currently on any medication? YES NO

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

Please inform House Matron at the start of term.

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

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 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 they have or are 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?

Consent

We will contact you via telephone or email about any routine medical illnesses or injuries.
Please ensure you keep the School informed of any changes to your contact details.

I authorise the School to administer first aid and appropriate medication 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 House Master/Mistress to give consent for any emergency treatment, including surgical operations.

YES NO

As my child will remain registered with their current GP surgery, I agree to inform the School of any medical conditions or circumstances that may affect my child whilst at Shrewsbury School.

YES NO

I consent to my child's medical condition/s being entered onto the School's computer record and being shared on a 'need 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

Thank you for taking the time to complete this form

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:

	RED	Pupil has a severe life-threatening allergy/ anaphylactic shock
	AMBER	Pupil has an allergy or intolerance
	BLUE	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:

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

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



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Shrewsbury School
 The Bursary
 Kingsland House
 The Schools
 Shrewsbury
 SY3 7AA

Name(s) of Account Holder(s)

Bank/Building Society account number

□ □ □ □ □ □ □ □ □ □

Branch Sort Code

□ □ □ □ □ □ □ □ □ □

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society
 Address

 Postcode

Originator's Identification Number

8 3 8 3 4 5

Reference (For School Use Only)

□ □

Instruction to your Bank or Building Society

Please pay Shrewsbury School Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Shrewsbury School and if so, details will be passed electronically to my Bank/Building Society.


Signatures

 Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DD12

This guarantee should be detached and retained by the Payer.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Shrewsbury School will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Shrewsbury School or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.



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



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 **13th 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 **11th 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 **11th 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: _____

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 - £22.95

Payable to the School - £1.39

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.



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*

