

# *GLENIFFER HIGH SCHOOL*



Please complete the appropriate forms for your child's year group and return the stapled package to the school office.

Pupil's Name .....

House Class .....

**MEDICAL INFORMATION**

**NAME** \_\_\_\_\_

**CLASS** \_\_\_\_\_

**PARENT'S EMAIL ADDRESS** \_\_\_\_\_

1 Please provide details of any medical condition of which the school should be aware (e.g. allergies, eyesight or hearing problems, epilepsy etc.)

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2 Does your child receive regular medication? YES / NO  
If YES please give details:

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3 Family details which you feel the school would find helpful (e.g. one parent family, recent family bereavement):

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4 Is the pupil employed? YES / NO  
If YES, give details:

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5 Give here any other information of use to the school:

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**ACTIVE SCHOOLS**



**GLENIFFER HIGH SCHOOL NEEDS YOU !**

Dear Parent

My name is Nicole Brown and I am the Active Schools Co-ordinator for Gleniffer High School. It is my job to encourage pupils to be more active and so improve their Health and Wellbeing.

At Gleniffer High we are very proud of the range of extra-curricular activities that we offer each year. However, we are always looking for ways to improve on the opportunities available to our pupils and are also keen to involve parents as much as possible. If you are a sports coach or would simply like to volunteer your help, please complete the following questionnaire.

Name.....

Address .....

Contact Number .....

Email Address .....

Child's Name .....

Sports Interested in .....

Current Sport Qualifications (if any).....

.....

Are you currently coaching? (please state details) .....

.....

Would you be interested in volunteering after school in Gleniffer High School in the next school year?

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Availability after school (please tick)

Monday  Tuesday  Wednesday  Thursday  Friday

Thank you so much for your expression of interest. I will be in touch with you as soon as possible to discuss how we can expand this parent-school partnership.



# **FIRST YEAR ONLY**

## **Renfrewshire Council: Children's Services**

### **Responsible Internet & E-mail Use**

**Please print pupil name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

I have read and understand the terms of the Responsible Use Policy and agree to comply with this policy. I authorise Renfrewshire Council to monitor my use of any computer facilities and to record and make copies of any information sent or received by me. I accept that any breach of this policy could result in the withdrawal of access to computer resources and/or disciplinary action being taken.

**Pupil signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Parental Consent for Internet Access**

I have read and understand the Responsible Use Policy. I hereby give permission for my son/daughter to be provided with Internet access. I understand the establishment will monitor my son/daughter's use of the Internet and E-mail. I also understand that the establishment will take all reasonable precautions to ensure that pupils cannot access inappropriate materials. I understand that the establishment cannot be held responsible for the nature or content of materials accessed through the Internet or guarantee the reliability of such material.

Please tick the box if you do not give consent for your son/daughter's photograph to appear on the establishment's website.

Please tick the box if you do not give consent for your son/daughter to appear in GLOW Meet video conferencing.

**Parental signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
My child has access to a computer at home		
My child has access to the internet at home		