

Liverpool Arabic Centre (LAC), Tiber Street, Liverpool L8 0TP
Email: info@liverpoolarabiccentre.org.uk
Website: www.liverpoolarabiccentre.org.uk

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Parental Consent & Registration Form for children requiring Supplementary classes.

Child's information:

Child's Surname in English: _____
 _____: الإسم العائلي بالعربي:

Child's First name(s) in English: _____
 _____: الإسم الأول بالعربي:

Date of Birth: _____ (please circle) Male/Female

Home Address: _____
 _____ Post Code _____

Child's Country of Birth: _____
 Languages Spoken at home: _____

Name of child's school and Year: (this section must be completed)

Parent(s) / Guardian(s) information:

Full Name: _____
 Home Telephone No: _____ Mobile: _____

If parents are divorced or separated does father/mother have equal rights, please state if father/mother should not have contact with child in respect to schooling.

Give details: _____

Status of child in family (1) (2) (3) (4) (5) (6) (please circle)

Emergency Contacts

Name:	Relationship to the child	Daytime Tel. No:
1:		
2:		

Medical Details

Doctor's Name: _____
 Surgery Address: _____
 Telephone No: _____
 Child's NHS Number: _____
 Medical Conditions: (Please specify) _____
 Any allergies/physical conditions the school should be made aware of.
 e.g. hay fever, plasters, asthma
 Give details: _____

Does your child wear glasses? _____	yes/no
Does your child wear a hearing aid? _____	yes/no
Are you concerned about your child's speech? _____	yes/no
Has your child been assessed at a speech therapy clinic? _____	yes/no
Give details: _____	
Does your child take prescribed medication regularly?	yes/no
Give details: _____	
Has your child had a serious illness or accident?	yes/no
Give details: _____	
Has your child spent a period of time in hospital?	yes/no
Give details: _____	
Other information:	
Is there any other information you feel we should be aware of:	

During this funded programme photographic images may be taken of participants for use in publicity material such as flyers, websites, newsletters, programme reports etc. I give permission for photographs of my son / daughter to be taken, which may be included in these types of material.	Yes / No
During this funded programme vocal recordings may be taken of participants for use in publicity and evaluation material such as CDs, websites, programme reports etc. I give permission for vocal recordings of my son / daughter to be taken, which may be included in these types of material.	Yes / No

For our monitoring purposes please tick your ethnicity:						
White – British		White & Black African		Black - Other		Chinese
White – Other		Black – Caribbean		Yemeni		Indian
White – Irish		Black – British		Other Arabic Nationality		Pakistani
White & Black Caribbean		Black – African				Other
White & Asian		White European		Bangladeshi		Romany
Asian – Other		Black European		Somali		Prefer not to answer

Declaration/Consent: *In the event of unacceptable behaviour, where the young person is a risk to themselves or others, the parent/carer will be expected to collect the young person they are responsible for.* I confirm that I am the parent/carer of the above-named person and consent to him/her taking part in the following activities:

Saturday Arabic language school
GCSE Classes
Any other activities that LAC provide during the school hours
Educational Trips & visits

I understand that he/she will be under the supervision of the staff, workers and/ or other persons approved by the scheme and that all reasonable care will be taken at all times. I hereby agree to indemnify and keep indemnified LAC, their officers, servants, agents, contractors and sub-contractors from and against all claim or action losses, damages, costs and expenses which may be brought against, incurred or suffered by LAC other than those arising from negligent acts of LAC or aforesaid person. Arising directly or indirectly out of this arrangement except in so far as this cannot be required under the provision of the Unfair Contract Terms Act 1977. I acknowledge and accept that in so far as the law allows, the organisation providing the facilities, their agents or employees shall

have no liability whatsoever in respect of any personal injury, loss or damage occurring whilst in attendance at any of the activities organised with the Liverpool Arabic Centre. I understand that in order for my child to participate in this programme certain information will be held and may be shared with other key partner agencies if relevant and deemed to be in my child's best interests (and the appropriate consent to share information is attached). Information may also be shared where there is a legal obligation to do so. I agree to adhere to the LAC education policy and consent to the information on this form being stored in accordance with the Data Protection Act 1998. I also confirm that all completed information on this form is true and accurate.

Signature of Parent / Carer: _____ Date: _____

Name of Parent / Carer: _____

Inclusion Monitoring

Before returning this form, please ensure that you have attached a:

- photocopy of birth certificate or medical card
- utility bill received within the last two months
- Monthly Subscription

Tick if attached

If you fail to provide **the above documents** this will result in a delay or refusal of an offer of a school place.

Date application received at school: _____ Signed _____