



STUDENT
FORENAME

STUDENT
SURNAME

Photography:

Please circle and sign below to indicate your acknowledgement of the information provided regarding student photographs.

I give permission for my son/daughters image to be used in school related documentation.

I do not give permission for my son/daughters image to be used in school related documentation.

Parent/Carer signature:

Date:

Emergency Consent:

If your child has any medical needs not previously disclosed to the school, please provide details below:

In the very rare event of an emergency the Richmond upon Thames School would actively seek to locate a parent or guardian. When parents or the emergency contact person cannot be reached, it could be necessary for the Richmond upon Thames School to obtain urgent treatment for your son or daughter from a doctor, dentist or casualty department of a hospital.

As delay in such circumstances could be dangerous we would ask that you give your consent below in case such an emergency should unfortunately arise. This consent will be valid whilst your son or daughter is on site or on a day visit.

Longer term residential trips will require an additional form to be completed.

This emergency consent will remain valid for the period of time your son or daughter attends the Richmond upon Thames School unless you instruct us otherwise in writing. The consent will automatically expire after this time.

Declaration

In the event of sudden illness or accident affecting my son/daughter, if recommended by a doctor and considered necessary by the medical authorities present, I agree to emergency treatment, including

- medication as instructed
- any emergency dental, medical or surgical treatment including any operative treatment and/or administration of a general anaesthetic
- blood transfusion

Parent /Carer Name 1	
Parent /Carer Name 2	
Emergency contact number 1	
Emergency contact number 2	
Emergency contact number 3	

Please sign here to indicate your acknowledgment of emergency procedures at The Richmond upon Thames School.

Parent/Carer signature:

Date:

**The Richmond
upon Thames
School**

Egerton Road,
Twickenham,
Middlesex,
TW2 7SL

Tel: 020 8891 2985

Email: info@rts.
richmond.sch.uk



Uniform and mobile phones:

I acknowledge that I must send my son/daughter in the correct uniform to school each day.

Parent/Carer signature:

Date:

I acknowledge the rules and procedure relating to **mobile phones** at the Richmond upon Thames School.

Parent/Carer signature:

Date:

Punctuality and attendance:

I acknowledge the importance of punctuality and attendance at The Richmond upon Thames School, that attendance below 96% has a direct impact on academic achievement.

Parent/Carer signature:

Date:

Free School Meals:

Please indicate below if you are or have applied for Free School Meals (FSM).

I am already FSM

I have applied for FSM

Parent/Carer signature:

Date:

School visits:

I acknowledge The Richmond upon Thames procedures regarding trips and visits.

Parent/Carer signature:

Date:

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