



HELSTON COMMUNITY COLLEGE

ENROLMENT FORM

(March 2025)

(Please note: This application form does not constitute an offer of admission)

PLEASE READ THE ENROLMENT FORM EXPLANATORY NOTES AND COMPLETE ALL SECTIONS

CONFIDENTIALITY: The information given below will be maintained on the College's data base to which no unauthorised person shall have access and will be subject to strict control under the Data Protection Act. Your signature on this form implies your consent for the College to process the data.

SECTION A - Basic Student Details

Legal Forename:		Preferred Forename:			
Middle Name(s):		Preferred Surname:			
Legal Surname:		Previous Surname:			
Sex:		Date of Birth:			
Gender:					
Pronouns:					

Names of Parents/Carers:	
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Siblings (*Siblings means brothers or sisters. They are defined as children with at least one natural or adoptive parent in common, living at the same or a different address. Children living permanently in the same household at the same address would also be counted as siblings regardless of their actual relationship to each other*):

Please list in age order any siblings **who are currently at this College.**

Forename/s	Surname	Gender	Date of Birth DD/MM/YYYY	Same address as student Yes/No	Relationship to student

SECTION B - Student Ethnic/Cultural Information

The College is required by law to provide the information you give in this section to the DfE. The College will not use this information for any other purposes.

Ethnicity		
<input type="checkbox"/> Refuse to Declare	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> White – Cornish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Any Other Asian Background
<input type="checkbox"/> Other White British	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> White – Irish	<input type="checkbox"/> Any Other Mixed Background	<input type="checkbox"/> Black – African
<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> Indian	<input type="checkbox"/> Any Other Black Background
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Any Other Ethnic Group
<input type="checkbox"/> Any Other White Background	<input type="checkbox"/> Chinese	

What is the student's First Language?	What is the student's Second Language? (if they have one)

Religion		
<input type="checkbox"/> Anglican	<input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> Roman Catholic
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh
<input type="checkbox"/> Christian	<input type="checkbox"/> Methodist	<input type="checkbox"/> Other Religion
<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim	<input type="checkbox"/> No Religion

Status					
Asylum Seeker	<input type="checkbox"/>	Date From DD/MM/YYYY			
Refugee Status	<input type="checkbox"/>	Date From DD/MM/YYYY			
Traveller Status	<input type="checkbox"/>	Date From DD/MM/YYYY			
If Traveller Status please specify:					
Roma	<input type="checkbox"/>	English and Welsh Gypsies	<input type="checkbox"/>	Irish and Scottish Travellers	<input type="checkbox"/>
Showmen and Circus People	<input type="checkbox"/>	Bargees (Occupational boat dwellers)	<input type="checkbox"/>	New Travellers	<input type="checkbox"/>
Other (Please Specify)					
Additional Information					

SECTION C - Student's Address

House Number/Name:	
Street:	
Town/City:	
County:	
Postcode:	

SECTION D – Family/Home

Priority Contacts

Priority contacts are namely the parents/carers of the student who automatically share parental responsibility as stated on the student's birth certificate. Non-resident parents, those not living in the family home, may still have certain rights if they have parental responsibility. Married parents have equal parental responsibility, even when separated or divorced.

The College recognises that, while the parents of some students may be divorced or separated, both have a right to be informed of / involved in their child's education. However, we expect that parents, whatever the nature of their separation, will do all they can to communicate with each other and share information from and for the school, for the benefit of their child. It is assumed that the parent with whom the student principally resides will keep the other parent informed.

For all day-to-day communications, the school will only contact the resident parent. This includes informing resident parents of any:

- Personalised educational support the school is providing for the student
- Behaviour incidents involving the student (except in the case of suspensions and permanent exclusions)
- Accidents or injuries
- Illnesses which require a student to be collected from the school early

Unless the non-resident parent has specifically asked the school to receive consent from them for trips, the school will act on consent from the resident parent. In cases where the non-resident parent wishes to be consulted, consent from both parents will be needed before the student takes part in any trip or visit.

The school cannot hold places for students whilst parents consult and the onus is on the family to indicate that both parents give consent. We do not send text messages to non-resident parents, which give information on cancelled activities and reminders regarding events in the school.

We do, however, recognise that communication between parents is not always possible. If an estranged parent (one who is not on the school records) wishes to receive information from the school such as progress reports or an invitation to attend parent / teacher meetings, they should send in a written request to the school with a specific request for separate communication.

Should an estranged parent seek information or access to their child, the school will always inform the main carer of this to check Parental Responsibility and ensure no Court Order is in place. Proof of identity and of Parental Responsibility of the non-resident parent will always be required in these cases.

With whom does the student live?	
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Priority Contact

Relationship to student:

☐

Biological Parent

☐

Carer

☐

Other

If other, please state:☐

This contact has parental responsibility.

Title:	
Forename:	
Surname:	
Full Address:	

Email:**Telephone****Mobile:**☐**Home:**☐**Work:**☐

Please tick ONE telephone number as the main number for emergency use.

Please state which days/hours to use these numbers. I.e., Do not call the home number between the hours of 09.00 and 17.00, Monday-Wednesday.

Priority Contact

Relationship to student:

☐

Biological Parent

☐

Carer

☐

Other

If other, please state:☐

This contact has parental responsibility.

Title:	
Forename:	
Surname:	
Full Address:	

Email:**Telephone****Mobile:**☐**Home:**☐**Work:**☐

Please tick ONE telephone number as the main number for emergency use.

Please state which days/hours to use these numbers. I.e., Do not call the home number between the hours of 09.00 and 17.00, Monday-Wednesday.

SECTION E - Additional Contacts

From time to time it may be necessary to contact someone during the College day; e.g., in the case of a student's sickness. Please list below the details of any person we can contact on such an occasion, other than those listed above. Details should be listed in the order of contact preference.

Contact 1	
Relationship to student:	
Title:	
Forename:	
Surname:	
Full Address:	
Email:	
Telephone:	

Contact 2	
Relationship to student:	
Title:	
Forename:	
Surname:	
Full Address:	
Email:	
Telephone:	

Contact 3	
Relationship to student:	
Title:	
Forename:	
Surname:	
Full Address:	
Email:	
Telephone:	

SECTION F - Court Orders

If the student is subject to any Court Orders, please specify the terms below. This information is CONFIDENTIAL but will help the College understand the student's position.

A COPY OF ANY COURT ORDER WILL NEED TO BE PROVIDED.

Please tick if attached ☐

SECTION G – Use of Images Consent

At **Helston Community College** we sometimes take photographs of students. We use these photos in the College prospectus, on the College website, on display boards and around the College, in newsletters, on College social media accounts and for the press.

As a TPAT school, Truro and Penwith Academy Trust (“the Trust”) would also like to use these photos on the Trust’s website in newsletters, marketing materials, for the press and social media accounts.

I give consent for my child’s photograph to appear in publications that the College and the Trust produces for promotional purposes such as a prospectus both printed and online.	<input type="checkbox"/>
I give consent for my child’s photograph to appear in the newsletters of the Trust and the College (which may be published online).	<input type="checkbox"/>
I give consent for my child’s image to be used on the College and Trust website and social media.	<input type="checkbox"/>
I give consent for video of my child to be used on the College and Trust website and social media.	<input type="checkbox"/>
I give consent for my child and their details to appear in the media. For example, in the local press, radio or TV. This may be printed or on their social media.	<input type="checkbox"/>
I give consent for my child to be included in any College or class yearbook and other mementos on leaving the College.	<input type="checkbox"/>
I give consent for my child’s name to be released for publication such that they may be identified as an individual or as part of a small group to include sporting activities for fixtures and achievements. For example, raising money for charity that is recognised in the local media.	<input type="checkbox"/>
I give consent for my child to be photographed for College or Trust group photos, that may be sent out and then bought by other families who have children in the photo.	<input type="checkbox"/>
I give consent to information from the finger scan of my child (named above) being taken and used as part of an automated biometric recognition system for access to cashless dining facilities, library and in the College or Trust ICT services. I understand that I can withdraw this consent at any time in writing.	<input type="checkbox"/>
I do NOT consent to my child’s image being used.	<input type="checkbox"/>

Why are we asking for your consent?

To ensure we are meeting the requirements of general data protection regulation, we need to seek your consent to take and use photos of your child. We and the Trust really value using photos of students to be able to showcase what students do in College and show what life at our College is like to others, so we would appreciate you taking the time to give consent. For more information on GDPR please follow the link:

[Truro and Penwith Academy Trust - GDPR - General Data Protection Regulations \(tpacademytrust.org\)](https://tpacademytrust.org/GDPR-General-Data-Protection-Regulations)

If you wish to withdraw consent at any time, please email enquiries@helston.tpacademytrust.org with clear instructions as to what consent you would like to withdrawn.

SECTION H – Young Carers

A young carer is defined as **someone under the age of 18 who looks after a family member or friend who has a physical or mental health condition, or misuses drugs or alcohol**. They may also look after brothers, sisters or elderly relatives too. As a College, it is important that we know who these students are, in order to fully support them. Should you wish to discuss this matter, please contact Mrs Elizabeth Martin, the Young Carer lead at the College via email: enquiries@helston.tpacademytrust.org.

☐

My child is a young carer

If you have ticked the above, please provide us with additional appropriate information here:

SECTION I – Adopted and Previously Looked After Children

If a student is adopted, or has ever been in the care of a local authority, the College is able to apply for additional funding to support that student's education. In order to do this, we would require some form evidence (such as an adoption certificate). We understand that this information is highly sensitive and would treat it in the utmost confidence. Should you wish to discuss this matter, please contact Mr. Andrew Oates (Senior Assistant Headteacher - Inclusion).

☐

My child is adopted

☐

My child is a previously looked after child

Dates when in care:	
Local Authority which provided care (e.g., Cornwall):	
I have enclosed a copy of any relevant documentation (Y/N) <i>E.g., Adoption Certificate or Special Guardianship Order</i>	
Any additional comments/information:	

SECTION J - Student Medical Information

Please tick to confirm your agreement for the College to initiate appropriate medical treatment in the event of an emergency.

☐

Emergency Medical Consent

Doctor's Surgery	
Medical Practice:	
Practice Address:	
Telephone:	
Doctor's Name:	

Dietary Needs	
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Kosher foods only
<input type="checkbox"/> No dairy produce	<input type="checkbox"/> No nuts of any type/quantity
<input type="checkbox"/> No pork	<input type="checkbox"/> Ramadan
<input type="checkbox"/> Seafood allergy	<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Other	If Other please specify:

<p>Does your child have a medical condition that the College should be aware of? This could include asthma, diabetes, migraines, epilepsy, bad period pains, sleepwalking, bedwetting or any other illness, medical condition or disability.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give details below:</p>
<p>Is your child allergic to anything? E.g., Penicillin, other medications, elastoplast, food or drink?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give details below:</p>
<p>Does your child regularly see a medical professional?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give details below:</p>
<p>Is your child receiving any medical treatment or medication at present? E.g., EpiPen, inhaler etc.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide name, dosage and confirm if it is required during College.</p>
<p>Does your child have a Medical Care Plan provided by their consultant or GP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please email a copy to medical@helston.tpacademytrust.org.</p>
<p>Does your child's medical condition mean they require a more complex response than basic first aid?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give details below:</p>

Medication

If your child requires medication due to sudden illness, you will need to complete the 'Parental agreement for school/setting to administer medicine' form which is available on the College website.

Prescribed medicine must be in its original box and kept with the Healthcare Champion.

Please inform the College in writing or via email, medical@helston.tpacademytrust.org if any medical conditions or medication change.

SECTION K – Student Data – Youth Support Services

PROVIDING INFORMATION TO PROVIDERS OF YOUTH SUPPORT SERVICES AND THE RIGHT TO OPT OUT

Once your child is aged 13 or over, we are required by law to pass on certain information to providers of Youth Support Services in your area. This is the local authority support services for young people aged 13 to 19 in England and enables them to provide youth support services and careers advisers. We must provide both the child's and parent's name(s) and address, and any further information relevant to the support services' role. A parent or guardian can object to any information in addition to their child's name, address and date of birth being passed to their local authority or provider of youth support services by informing us. This right is transferred to the child once they reach the age 16. Data is securely transferred to the youth support service via a secure file transferring system and is stored within local authority software.

SECTION L - Student School History

Please ensure you give details of any previous schools including nursery, overseas or private education.

Name of current school/academy:				
Address of current school/academy:				
Dates attended:	From: (DD/MM/YYYY)		To: (DD/MM/YYYY)	
Has your child been excluded:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your child has been excluded, please provide details and dates of the exclusion(s):				

Details of any other schools attended should be listed in chronological order below.

Name of current school/academy:				
Address of current school/academy:				
Dates attended:	From: (DD/MM/YYYY)		To: (DD/MM/YYYY)	
Has your child been excluded:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your child has been excluded, please provide details and dates of the exclusion(s):				

Name of current school/academy:				
Address of current school/academy:				
Dates attended:	From: (DD/MM/YYYY)		To: (DD/MM/YYYY)	
Has your child been excluded:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your child has been excluded, please provide details and dates of the exclusion(s):				

Name of current school/academy:				
Address of current school/academy:				
Dates attended:	From: (DD/MM/YYYY)		To: (DD/MM/YYYY)	
Has your child been excluded:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If your child has been excluded, please provide details and dates of the exclusion(s):				

SECTION M– Special Educational Needs and Disabilities (SEND)

Is your child on the Record of Need?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any other information you feel we should be aware of? (e.g., Does your child have any special educational needs or disabilities?)
Have any other services been involved with your child? (e.g., Health Visitor; Social Services; Educational Psychologist; Bilingual Support Service; Speech Therapist.) If so, please give details.

Has your child been involved in termly review meetings with your primary school SENCO?
Did your child receive additional support with their end of year tests (if taken)? (e.g., Reader/Scribe/Extra time.)
Do you have any concerns that your child may have additional needs?
Has your child had a Dyslexia Screening Test?
<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION N - Student Additional Information

Cashless Catering System

Cashless Catering System		
<input type="checkbox"/> I confirm that I wish my child to be registered on the school's Biometric Cashless Catering System.		
<input type="checkbox"/> I understand that I may withdraw my child's registration at any time.		
Please set my child's daily limit at	£	(Default amount £5.50.)

Meals (Please select ONE option)	Mode of Transport (Please select ONE option)
<input type="checkbox"/> School Meal <input type="checkbox"/> Currently eligible for Free School Meals <input type="checkbox"/> Free School Meals within the last 6 years <input type="checkbox"/> Packed Lunch <input type="checkbox"/> Home	<input type="checkbox"/> Car <input type="checkbox"/> Car Share <input type="checkbox"/> Walks <input type="checkbox"/> Bicycle <input type="checkbox"/> School Coach <input type="checkbox"/> Public Transport <input type="checkbox"/> Taxi

Free School Meals

Funding from Free School Meals means that we are able to claim additional funding for our College. With this money we could arrange one to one tuition, provide a range of intervention programmes and provide a wider range of enrichment activities.

If your child is currently in receipt of Free School Meals, you DO NOT need to re-apply. This will automatically transfer over as your child moves from primary to secondary school.

If your child is currently NOT receiving Free School Meals and you would like to apply, please visit the following website: [School meals - Cornwall Council](#)

Free School Meals Team: schoolmeals@cornwall.gov.uk Tel: 01872 324295

Child of Service Personnel (Child living with parent/carer serving in Royal Navy, Army or RAF)

If you, as the resident parent/carer of your child, are service personnel, serving in regular military units of all forces (including those who have served within the last 6 years), please tick the box below.

☐ Yes

☐ No

Please also indicate if a non-resident parent/carer is service personnel.

☐ Yes

☐ No

The Department for Education (DfE) has asked for this information to be collected on the School Census so that they can identify both the impact that being a Service child has on their education and the impact that catering for large numbers of Service children has on the school.

Can your child swim 50 meters?

☐ Yes

☐ No

SECTION O – ICT Acceptable Use Agreement

Please carefully read section O of the enclosed help notes before completing this section.

Student

This form relates to the student ICT Acceptable Use Agreement, which is included in the explanatory notes. Please sign below to confirm that you have read, understood and agree to the rules included in the Acceptable Use Agreement. If you do not sign and return this agreement, access will not be granted to College ICT systems.

I have read and understand the above and agree to follow these guidelines when:

- I use the College internet and ICT systems and equipment (both in and out of College).
- I use my own equipment in College (when allowed) e.g., mobile phones, tablets, cameras etc.
- I use my own equipment out of College in a way that is related to me being a member of this College. e.g., communicating with other members of the College, accessing College email, Google Apps, website etc.

Parent/Carer

- I understand that the College will take every reasonable precaution, including monitoring and filtering systems, to ensure that young people will be safe when they use the internet and ICT systems. I also understand that the College cannot ultimately be held responsible for the nature and content of materials accessed on the internet and other mobile technologies.
- I understand that my child's activity on the internet and ICT systems will be monitored and that the College will contact me if they have concerns about any possible breaches of the Acceptable Use Agreement.
- I understand that the College will not accept responsibility for the loss or damage of my child's personal electronic devices (including mobile phones) which they choose to bring on site.

Home IT Provision

Please indicate which of the following your child has access to at home. Devices include PCs, laptops and chrome books.

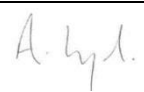
Shared home device	<input type="checkbox"/>	Shared tablet	<input type="checkbox"/>	Own device	<input type="checkbox"/>
Own tablet	<input type="checkbox"/>	None	<input type="checkbox"/>	Other	<input type="checkbox"/>

Student signature:		Parent/Carer signature:	
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SECTION P – Data Protection: Fair Processing (Privacy) Notice

- ☐ Please tick to indicate that you have read and understood the Fair Processing (Privacy) Notice for the purpose of data protection laws as detailed in Section P of the "Explanatory Notes".

SECTION Q - Home-College Agreement

I have read the agreement and will support the College's policies and procedures.	Parent/Carer Signature:	
I will do my best to help myself and be responsible for my learning.	Student Signature:	
On behalf of the College	Headteacher:	

SECTION R – Formal Electronic and Postal Communications

Please read and agree the following:

The College will send communications (letters, notices, emails, messages, etc) via post or electronically, e.g., via email or via our College system "Arbor". All communications will be treated as formal communications which could be referred to at College meetings or for legal purposes, e.g., attendance.

- ☐ I agree to receive formal electronic and postal communications.

SECTION S – Consent for Trips and Other Off-site Activities

Please sign and date below if you are happy for your child to take part in school trips and other activities that take place off school premises. Please note the following important information before signing below:

1. The College has Risk Protection Arrangement membership with the Department for Education. Details of which can be provided on request. It should be noted however that there is a limited amount of cover for personal accident and loss of personal belongings.
2. The trips and activities covered by this consent include:
 - all visits (including residential trips) which take place during the holidays or at weekends
 - adventure activities
 - off-site sporting fixtures (including after school)
 - those activities considered a normal part of the school day such as visits to local amenities and fieldwork activities
 - Work Experience / Work Shadowing
3. Students must behave responsibly at all times.
4. Students will travel in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated LA guidance.
5. Staff responsible for the activities will take all reasonable care of the students.
6. The school will send you information about each trip or activity including timings, arrangements and cost before it takes place.
7. You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity by emailing enquiries@helston.tpacadmytrust.org.

Parent/Carer Electronic Signature:		Date:	
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Educational Visits and School Journeys Form of General Indemnity and Medical Consent

I give consent to my child taking part in educational visits and activities highlighted above.

I give consent to any emergency treatment necessary. I therefore authorise the party leader(S) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

I give consent to my child being given paracetamol and/or other medication or treatment given or prescribed by a doctor.

Parent/Carer Electronic Signature:		Date:	
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Data Protection Act 2018

The College is registered under the Data Protection Act for holding personal data. The College has a duty to protect this information and to keep it up to date. The College is required to share some of the data with the Local Authority and with the DfE. For further information, please see the Data Protection Policy on the College website.

Student signature:		Parent/Carer signature:	
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SECTION T – Declaration)

I confirm that the above information is true and accurate. I undertake to inform the College if any of the above details change. I understand that this form does not constitute an offer of admission by the College.

Parent/Carer Electronic Signature:		Date:	
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SECTION U – Ipad Device Loan Agreement

1. This agreement is between:

1) **HELSTON COMMUNITY COLLEGE** (hereinafter referred to as *the School")

2) Parent Name:

Student Name:

(hereinafter referred to as "the parent" and "I")

And governs the use and care of devices assigned to the parent's child (the "student"). This agreement covers the period from the date the device is issued through to the return date of the device to the School.

All issued equipment shall remain the sole property of the School and is governed by the School's policies.

1. The School is lending the student an ICT device ("the equipment") for the purpose of school-related learning and study e.g homework, research, etc.
2. This agreement sets the conditions for taking a School ICT device ("the equipment") home.

I confirm that I have read the terms and conditions set out in the agreement and my signature at the end of this agreement confirms that I and the student will adhere to the terms of the loan.

2. Damage/loss

By signing this agreement I agree to take full responsibility for the loan equipment issued to the student and I have read or heard this agreement read aloud and understand the conditions of the agreement.

I understand that I and the student are responsible for the equipment at all times, whether on the School's property or not.

If the equipment is damaged, lost or stolen, I will immediately inform Mr Dave Dudley at Helston Community College and I acknowledge that I am responsible for the reasonable costs (see guidance and table below) requested by the school to repair or replace the equipment. If the equipment is stolen, I will also immediately inform the police.

I agree to keep the equipment in good condition and to return it to Helston Community College on their demand from the School in the same condition.

I will not leave the equipment unsupervised in unsecured areas.

I will make sure my child takes the following measures to protect the device:

- Keep the device in a secure place when not in use
- Don't leave the device in a car or on show at home
- Don't eat or drink around the device
- Don't lend the device to siblings or friends
- Don't leave the equipment unsupervised in unsecured areas

Guidance on 'Reasonable Charges' as of February 2024

When properly cared for and kept within the provided case, iPads are robust and unlikely to be damaged by normal use in school and at home, requirements for any repairs or replacements as a result of accidental damage should be low.

Keeping the iPad in the case provided by the school is compulsory. If damage occurs to the iPad when it is not in the case it will be treated as deliberate damage.

If the equipment is damaged, lost or stolen, and your child is eligible for pupil premium, contact the Headteacher.

TPAT iPad Damage Charges

Scenario	Basis of Charge	Likely Charge to Parents
Accidental Damage - First Time	10% of the Repair/Replacement Charge	£10-£25
Accidental Damage - Second Time	40% of the Repair/Replacement Charge	£40-£100
Accidental Damage - Third and Subsequent Times	100% of the Repair/Replacement Charge	£100-£260
Deliberate Damage (including any Damage where the iPad was not in its case.	100% of the Repair/Replacement Charge	£100-£260
Loss of iPad and Case	100% of the Replacement Charge	Around £280
Loss of Charging Plug	100% of the Replacement Charge	Around £20
Loss of Charging Cable	100% of the Replacement Charge	Around £20
Reasonable Wear and Tear	<p>We understand that normal wear and tear may occur with everyday use. However, to qualify as reasonable wear and tear, the iPad must be kept in its supplied case, and the device must be in full working order with no damage to the screen.</p> <p>We acknowledge that signs of use are natural and acceptable.</p>	No Charge

3. Unacceptable use

I agree that my child will not carry out any activity that constitutes 'unacceptable use'.

This includes, but is not limited to the following:

- Using ICT or the internet to bully or harass someone else, or to promote unlawful discrimination
- Any illegal conduct, or statements which are deemed to be advocating illegal activity
- Activity which defames or disparages the School, or risks bringing the School into disrepute
- Causing intentional damage to ICT facilities or materials
- Making any hardware or software changes to the equipment without authorisation from the School IT Department
- Using inappropriate or offensive language

I accept that the School will sanction the student, in line with our behaviour/discipline policy, if the student engages in any of the above **at any time**.

4. Filtering and Monitoring of online activity

I am aware that Ipads are internet enabled devices with filtering tools designed to mitigate the risk of accessing unsuitable content, supported by a mix of passive and active monitoring provided by Netsweeper onGuard. Potential safeguarding alerts generated by the iPad monitoring software will ordinarily be accessed by staff during school hours.

Where Netsweeper's onGuard AI monitoring software identifies a high level of concern (e.g., immediate threat to life, health, or wellbeing) out of school hours, alerts will be verified by a member of the Netsweeper team.

This team will then share the concerns directly with the relevant emergency services as reasonably practicable. **There is no guarantee that intervention can occur in every incident, and therefore strongly recommend parental controls are applied as they would be to any other internet device in the home setting.**

5. Personal use

I agree that the student will only use this device for educational purposes and not for personal use. The equipment will only be shared with family members in support of educational outcomes.

6. Data protection

I agree to take the following measures to keep the data on the device protected.

- Do not share the equipment among family or friends
- Do not share your passwords with other people

If any passwords have been compromised, I will notify the School as soon as possible.

7. Return date

I will return the device in its original condition to the School within 7 days of being requested to do so. I will ensure the return of the equipment to the School if the student no longer attends the School.

8. Consent

By signing this form, I confirm that I have read and agree to the terms and conditions set out above.

STUDENT'S FULL NAME	
PARENT'S FULL NAME	
PARENT'S SIGNATURE	
DATED	

SECTION V – Registration (OFFICE USE ONLY)

UPN	Admission Number	Admission Date	Year Group
Quick Note Information (Y/N)	Name Change Documents seen (Y/N)	Informed DDU Loan form signed (Y/N)	
Birth Certificate seen (Y/N)			

Once completed, please **SAVE** the Enrolment Form to your device and send as an attachment via email to

admissions@helston.tpacademytrust.org

HELSTON COMMUNITY COLLEGE, Church Hill, Helston, Cornwall, TR13 8NR

01326 572685 | enquiries@helston.tpacademytrust.org

