

<u>CODE OF BEHAVIOUR – SCHOLASTIC YEAR 2023/2024</u> <u>Contract to be signed between school and students/parents or guardians</u> (Please sign and return to your son/daughter's Form Teacher)

We, the parents/guardians of

to ensure that our son/daughter of Class

commit ourselves shall be abiding by

the following school rules with our support.

Our son/daughter is expected to:

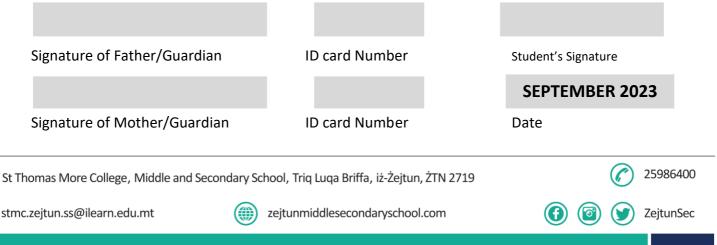
- Respect and follow ALL school regulations.
- Do both schoolwork and homework regularly.
- Demonstrate honesty and integrity.
- <u>Treat others with dignity and respect</u> at all times, especially when there is disagreement.
- **<u>Respect and treat others fairly</u>**, regardless of race, ancestry, place of origin, colour, ethnic origin, religion, gender, sexual orientation, age or disability.
- Show <u>care and respect for school property</u> and the property of others.
- **<u>Respect all members of the school</u>** community, especially those in a position of authority.
- **<u>Respect the need of others</u>** to work in an environment that encourages learning and teaching.
- Seek help from school staff, if necessary, to resolve conflict peacefully.
- To make use of technology and social media respectfully.

We, the parents/guardians, are responsible for, and are expected to:

- Show an active interest in our son's/daughter's school development and progress.
- Ensure that our son/daughter do their schoolwork and homework regularly.
- Communicate regularly with the school.
- Become familiar with the school rules and ensure that these are being respected.
- Cooperate with school staff in dealing with disciplinary issues.

In view that the above expectations are not met, we understand that there will be consequences.

As parents, we accept that our son/daughter will be given consequences if and when the need arises.



# St. Thomas More College, Middle & Secondary School, Zejtun

Student Detai	ls	PL	EA	SE	FIL	LI	N A	LL	TH	E D	ETA	AIL S	S									
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Surname																						
Date of Birth										ld C	ard N	0										
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Surname																						
ID No.											Mobi	le No	•									
Home Tel. No											Work	Tel.	No.									
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Father's Email ac	Idress	;																				
Mother's/Legal G	uardia	an's N	ame																			
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#### Student Record Sheet - Scholastic Year 2023/2024

# Student Health Record Sheet Scholastic Year 2023/2024

Student Details			
Name			
Surname			
Date Of Birth		rd No.	
d d m Class	m y y		
Address			
Postal Code	Home Telephon	e No.	
Does your Son/Daughter suffer	from (Mark as necessary)		
Diabetes	Asthma	Allergic to Penicilin	
Epliepsy	Skin Problems	Behavioural Problems	
Hay Fever	Others		
Sinus	If others give Details		
Fits			
Nose Bleeding			
Heart Problems			
Medicinals (If student needs me	dicinals during School Hou	rs please advise	
Student takes Medicinals	YES	No	
<u>NOTE:</u> It is the responsibility of parents to info	rm Head of School of any change	in the medical condition of t	heir daughter.
		Signature:	
		ID No:	
		Date:	
Data Protection Statement			, ,
This information is required for school administration pur to the Education Authorities. It will be held in strict confit 327 of the Laws of Malta). Parents/Guardians are to info about this data. All data is collected and processed in a Parents/Guardians may write to the Head of School for a	lence by anyone who can have access to it. The rm the Head of School with changes to the infor cordance with all Data Protection Regulations a	school and the Education Directorates can nation submitted above, and have the right	rry out their functions under the Education Act (Cap t to request amendments as well as information

## St. Thomas More College, Middle & Secondary School, Zejtun

Health Check
Consent Form
Scholastic Year 2023/2024

Details of Student	
Name	
Date of Birth	number
Declaration	
I,the und student, am aware that doctors, dentists, nurses and other par out health routine checks on children. I am also aware that su carried out on the above mentioned child whenever necessary above mentioned school, and that if I opt not to give consent, f from a medical professional when required, a copy of which m	ich consent applies for these routine health checks to be / throughout the scholastic years that the child attends the the Head reserves the right to ask for a medical certificate
Tick as appropriate	
I consent	I do not consent
Signature:	

#### Data Protection Statement

This information is required for school administration purposes. Information may be shared with other Colleges, the Education Directorates, other competent authorities and persons giving IT service to the Education authorities. It will be held in strict confidence by anyone who can have access to it. The school and the Education Directorates carry out their functions under the Education Act (Cap 327 of the Laws of Malta). Parents/Guardians are to inform the Head of School with changes to the information submitted above, and have the right to request amendments as well as information about this data. All data is collected and processed in accordance with all Data Protection Regulations and Laws and subsidiary regulations (GDPR, Cap 586 of the Laws of Malta). Parents/Guardians may write to the Head of School for access to this data.

## Consent Form for the taking of and use of photo /video Images of Students Scholastic Year 2023/2024

Details																_						
Name of Student			<u> </u>	1	1	1	1		1	1	1				1			I	1		1	1
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Name of Parent/Legal Guardian	i	L																				
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<ul> <li>use photos it has of stu</li> </ul>		-					• ·		pub	olicat	tions	of the	e sc	nool	or i	n ne	ewsp	ape	rs			
• use photos for the scho	ol v	vebsi	ite or	r the	weł	osite	s of	the (	Colle	e e	or of	the E	duc	atior	n Dii	recto	orate	es				
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1. Can we take photos of	you	r sor	ı/dau	ıghte	er du	uring	scho	ool a	ictiv	ities	?									Τ		
2. Do you give permission	for	you	r sor	ı/dau	ught	er to	be f	filme	d dı	uring	sch	ool ad	tivit	ies?						╈	T	
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<ol> <li>Can we use/publish pho notice boards, belonging t</li> </ol>		-			-	-	-			•				-			etc.)	or o	n		T	
5. Can we use photos of y	our	son/	/dauç	ghter	r on	the	scho	ol w	ebsi	te a	nd th	e sch	ool	face	boo	k pa	age?					
6. Can we use photos of y Directorates?	our	son/	/dauç	ghter	r on	the	webs	site c	of th	e Co	ollege	e and	/or t	ne E	duc	atio	n				Ţ	
<ol> <li>Can we use photos of y student will remain anony</li> </ol>			/daug	ghter	r on	othe	er se	lecte	ed we	ebsit	tes?	(The	ider	tity	and	deta	ails o	of th	е			
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## St. Thomas More College, Middle & Secondary School, Zejtun

#### Consent for Electronic Messages Transmission Scholastic Year 2023/2024

Details of Studen	it
Name	
Class	
Date of Birth	ID number
ACCEPTANCE T	O RECEIVE SMS (messages)
SMS. Therefore	d messages in respect of school activities, reports and results in the form of re I hereby give my consent to the school to send such messages for my also aware that such consent may be withdrawn by me at any time upon
Mobile No:	
Signature:	
ID No:	
Date:	

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## TEXTBOOKS AND LIBRARY BOOKS ON LOAN FROM THE SCHOOL LIBRARY

I, Mother / Father / Guardian\* of \_\_\_\_\_\_who is in Year \_\_\_\_\_\_understand that we will be receiving the school textbooks on loan from St. Thomas More College, Middle & Secondary School, Zejtun for our son/daughter during this scholastic year. I will help my son/daughter to take care of these textbooks and will return them back to school at the end of the scholastic year in <u>GOOD CONDITION</u> as given to us.

I also understand that in case any book is lost or torn I will have to pay for the book the relevant amount asked by the school textbook services.

Signature of Mother / Father / Guardian*
(*delete as applicable)

Date

ID no: \_\_\_\_\_







