



ST THOMAS MORE COLLEGE
Middle and Secondary School, Zetun

Student Record Sheet - Scholastic Year 2026/2027

Student Details		PLEASE FILL IN ALL THE DETAILS	
Name			
Surname			
Date of Birth	d d m m y y	Id Card No	
Class			
Address of Student			
Post Code		Home Telephone No.	

Parents'/Legal Guardians' Details - <u>PLS TICK APPROPRIATELY</u>	
PARENTS ARE:	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> SINGLE PARENT
Parent 1 /Legal Guardian's Name	
Surname	
ID No.	Mobile No.
Home Tel. No	Work Tel.No.
Address of Parent 1 if different from Student	
Parent 1 email address	
Parent 2 /Legal Guardian's Name	
Surname	
ID No.	Mobile No.
Home Tel. No	Work Tel.No.
Address of Parent 2 if different from Student	
Parent 2 email address	

Emergency Telephone Number	
Telephone Number	

Student Health Record Sheet

Does your Son/Daughter suffer from (Mark as necessary)	
Diabetes	<input type="checkbox"/> If others give details
Epilepsy / seizures	<input type="checkbox"/>
Asthma	<input type="checkbox"/> _____
Others	<input type="checkbox"/> _____

	<u>Allergies</u>

Medication					
Student takes medication	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 30%;">YES</td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> <td style="text-align: center; width: 30%;">No</td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> </tr> </table>	YES	<input type="checkbox"/>	No	<input type="checkbox"/>
YES	<input type="checkbox"/>	No	<input type="checkbox"/>		
Medication taken at home	_____				

Medication taken at school	_____				

Please provide the following details:					
Directions (e.g. take one tablet, three times a day, immediately after food)	_____				
Name of medication	_____				
Quantity (e.g. 1-0-1)	_____				

NOTE:
It is the responsibility of parents to inform Head of School of any changes in the medical condition / medication of their son / daughter.

Health Check Consent Form

Declaration	
I, _____ the undersigned, mother/father/parent/ legal guardian of the above student, am aware that doctors, dentists, nurses and other paramedical professionals visit the school regularly to carry out health routine checks on children. I am also aware that such consent applies for these routine health checks to be carried out on the above mentioned child whenever necessary throughout the scholastic years that the child attends the above mentioned school, and that if I opt not to give consent, the Head reserves the right to ask for a medical certificate from a medical professional when required, a copy of which may be given to the school doctor. *	
Tick as appropriate	
I consent	<input type="checkbox"/>
I do not consent	<input type="checkbox"/>

* Hair screening does not fall under this health check consent form, since this service is provided in schools to screen all students.

Consent Form for the taking of and use of photo /video Images of Students

From time to time the school will require to

- take photos of its students during school activities
- film school activities including its students taking part
- use photos it has of students so that these will appear in publications of the school or in newspapers
- use photos / videos for the school website or the websites of the College or of the Education Directorates

So that the school will be working in accordance with the Data Protection Act of 2001, it requests your permission to use the above mentioned photo/video images. Please answer the following questions and then sign and write down the date in the space provided on this form. This consent can be revoked by you at any time in writing. This form is to be returned to the Head of School.

	YES	NO
1. Can we take photos of your son/daughter during school activities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you give permission for your son/daughter to be filmed during school activities?	<input type="checkbox"/>	<input type="checkbox"/>
3. Can we send photos and videos of your son/daughter to newspapers and television stations to be able to show school activities in the media?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can we use/publish photos of your son/daughter in publications (newsletters, magazines, etc.) or on notice boards, belonging to the school, and/or college, and/or the Education Directorates?	<input type="checkbox"/>	<input type="checkbox"/>
5. Can we use photos of your son/daughter on the school's digital platforms?	<input type="checkbox"/>	<input type="checkbox"/>
6. Can we use photos of your son/daughter on the website of the College and/or the Education Directorates?	<input type="checkbox"/>	<input type="checkbox"/>
7. Can we use photos of your son/daughter on other selected websites? (The identity and details of the student will remain anonymous)	<input type="checkbox"/>	<input type="checkbox"/>

We consent to
 photos / videos being taken at schools or during any school organised activities
 the publication of each photo / video on the publications and digital media channels pertaining to the school
 the sharing and possible publication of photos/ videos on external media

Consent for Electronic Messages Transmission

ACCEPTANCE TO RECEIVE SMS (messages)

I, _____ the undersigned, parent / mother/father/guardian of
 _____ am aware that the school may regularly send alerts and messages in respect of school activities, reports and results in the form of SMS. Therefore I hereby give my consent to the school to send such messages for my attention. I am also aware that such consent may be withdrawn by me at any time upon notice to the school.

Mobile No:

Note

It is the responsibility of parents to inform the Head of School of any changes in the mobile number where these messages are sent

The College's Psycho-social Services

I give my consent for my son/daughter to receive support from the College's Psycho-social Services in relation to matters concerning his/her well-being.

Agree

Do not agree

Parental Consent of students studying ETHICS: Participation in Religious Functions

I, the parent/guardian of _____, give permission to my child to attend school-held religious functions during the scholastic year, despite choosing Ethics as their subject.

Agree

Do not agree

If you agree, write down parent/guardian's email address: _____

Date:

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Name and Surname
of Parent 1 _____

Signature
Parent 1 _____

ID No
Parent 1 _____

Name and Surname
of Parent 2 _____

Signature
Parent 2 _____

ID No
Parent 2 _____

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.



ST THOMAS MORE COLLEGE
Middle and Secondary School, Żejtun

CODE OF BEHAVIOUR – SCHOLASTIC YEAR 2026/2027

Contract to be signed between school and students/parents or guardians.

We, the parents/guardians of [redacted] commit ourselves to ensure that our son/daughter of Class [redacted] 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.**
- **Treat others with dignity and respect** at all times, especially when there is disagreement.
- **Respect and treat others fairly,** regardless of race, ancestry, place of origin, colour, ethnic origin, religion, gender, sexual orientation, age or disability.
- Show **care and respect for school property** and the property of others.
- **Respect all members of the school** community, especially those in a position of authority.
- **Respect the need of others** 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.

[redacted]

Signature of Father/Guardian

[redacted]

ID card Number

[redacted]

Student's Signature

[redacted]

Signature of Mother/Guardian

[redacted]

ID card Number

JUNE 2026

Date



ST THOMAS MORE COLLEGE
Middle and Secondary School, Żejtun

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, Żejtun 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 **GOOD CONDITION** 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: _____

*N.B. If you completed this section during the school year, do not fill it out again.
We will only take note of the first submission.*

Language Version Selection for Religion, Social Studies, History, and Geography Notes and Annual Exams

Dear Parents/Guardians,

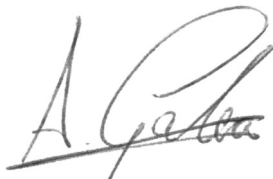
We hope this circular finds you well. We would like to inform you about an important decision regarding the language version of the notes and annual exams for the subjects of Religion, Social Studies, History, and Geography. As a school committed to providing a well-rounded education, we believe in offering our students the opportunity to learn in their preferred language. To cater to the diverse linguistic backgrounds of our students, we are introducing the option for students to choose the language version in which they would like to receive their notes and take their annual exams for these subjects.

Please keep in mind that once the language version is chosen, it will be in effect for the entire academic year until Year 11.

Name: _____ **Surname:** _____

Class: _____ **Maltese** **English**

Best regards,



Adrian Galea
Head of School
St Thomas More College,
Middle and Secondary School, Żejtun
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e: adrian.galea@ilearn.edu.mt
w: <https://zejtunmiddlesecondaryschool.com/>



ST THOMAS MORE COLLEGE
Middle and Secondary School, Zejtun

GENERAL CONSENT FORM FOR EDUCATIONAL OUTINGS SCHOLASTIC YEAR 2026-2027

I/We, the parent/s/guardian/s of _____, who is in class _____, give my/our consent for my/our son/daughter to attend **ALL** educational outings and activities organised by the school during this scholastic year.

Parent/s/Guardian/s' Name	Parent/s/Guardian/s' Signature	ID Card Number	Phone no. in case of emergency
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The school processes data in agreement with the Data Protection Act (2001). Personal details are used only for administrative purposes.

SPECIFIC REFUSAL FORM FOR AN EDUCATIONAL OUTING SCHOLASTIC YEAR 2026-2027

I/We, the parent/s/guardian/s of _____, who is in class _____, do **NOT** give consent to my/our son/daughter to attend the educational outing to _____ (name of outing) on _____ (date of outing).

REASON FOR CONSIDERATION: _____

Parent/s/Guardian/s' Name	Parent/s/Guardian/s' Signature	ID Card Number	Phone no. in case of emergency
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