

The 11+ Specialist www.atozeducationalservices.com

All sections must be completed using **BLOCK CAPITALS** in black or blue ink.

Child's info:
Full name of child///
Address:
Telephone number(s)
E-mail:
Gender: M / F (please circle) 11+ Exams in (please circle) – 2021/ 2022/ 2023/2024
Where did you hear about us?
Specify parent's/ Child's name
Names of siblings taught by AtoZ previously
Does your child have any learning difficulties, past or present?
The person to contact in case of emergency during this event is: Name
Relationship to child/young person:
Address:
Telephone no(s) Mobile no(s)
Should the above not be available, please contact:
Name
Relationship to child/young person:
Address:
Telephone no(s) Mobile no(s)

Child's registered GP:	
Name	
Address:	Postcode
Telephone no(s)	
National Health Number (if known)	
1. Does the child suffer from any allergies? (e.g. medicine, food, in Yes □ No □ (please tick) If yes, please give details	isects)
2. Does the child have any medical conditions which we should be (e.g. asthma, fits, migraine, epilepsy) Yes □ No □ (please tick) If yes, please give details	aware?
3. Does the child have any disability about which we should be aw Yes □ No □ (please tick) If yes, please give details	rare?
4. Is the child taking any medication?Yes □ No □ (please tick) If yes, please give details	
5. Has the child been in contact with or suffered from any disease in the last four weeks? Yes □ No □ (please tick) If yes, please give details	·
Declaration	
Please note that this declaration can only be signed by those wit not include a foster carer).	h parental responsibility (e.g. this does
• I give permission for (inspart in the event named above.	ert child/young person's name) to take
• I give permission for these details to be kept on computer or understanding that they will be held in accordance with privacy land parties apart from such as the emergency services.	
• I consider my son/daughter to be medically fit to participate in the	e activities outlined.
• I require that my son/daughter be excluded from the following:	
I confirm that the foregoing information is correct in all r manager/director of AtoZ Educational Services should any of the event or from time to time.	•
In an emergency and/or if I cannot be contacted, I am willing for m dental treatment including an anaesthetic, and give permission for Yes No (please tick)	•
Signed (parent or adult with parental responsibility)	Date /

Important Child Safety Policies/ Guidelines for all the centres

Dropping off

- Parents/Carers are requested to drop off their child ten minutes before the lessons start.
- On arrivals Parents/Carers bring their child into entrance and hand over the child to a member of staff.
- On arrivals Parents/Carers are solely responsible for dropping their child at the entrance and AtoZ Educational services will not be responsible for any accidents and incidents which take place in the process.
- We will not be responsible for any accidents in the play area or waiting area. This includes both the child attending the sessions and the siblings.

Pick-ups

- At the end of the session, the children are all gathered together in the Paper Class centre. Parents/Carers will give their child's name to a member of staff and wait until the child arrives.
- Any Parent/Carer who wishes to get feedback should queue up in the 'Feedback Queue' and wait for their turn to be called.
- Parents/Carers will expressly notify a member of staff when dropping their child if there are any changes to the person collecting a child. (e.g. A friend/relative/neighbour collecting their child)
- Parents/Carers are solely responsible for picking up their children after the Paper Classes and AtoZ Educational services will not be responsible for any accidents and incidents which take place in the process.
- We will not be responsible for any accidents in the play area or waiting area. This includes both the child attending the sessions and their siblings/friends.

First Aid Kit

A First Aid Kit is kept in all our centres.

Accidents and Injuries

Accidents and injuries are recorded in AtoZ Educational services- Accident Book. Parents are requested to sign this book when they are informed about accidents, incidents, injuries and exceptional events which have happened to their child and the action that was taken.

Hospital Treatment

When this is necessary a member of staff will telephone the Parent/Carer and an ambulance. If the parent or the other person stated in the Parent Consent Form cannot get to the Paper Class Centre in time a member of staff will not accompany the child to hospital, instead they will be handed over to the medical team. Efforts will continue to be made to summon the parent to hospital.

Emergency Evacuation Procedure

If there is a fire, gas leak, bomb or similar need to evacuate the building the children will be lined up by the fire exit door which are situated through the main doors of each hall and entrance.

Toilet Breaks

Parents/Carers are advised and are responsible to accompany their children to the toilets prior to the Paper Class, however if a child needs to use the toilet during the Paper Class session, they could use it safely. We have DBS checked teaching assistants supervising children during toilet breaks. Parents/Carers should not be alone in the toilet area with any children, except their own.

CCTV Cameras

CCTV Cameras may be installed and used for the safety and protection of children. The recordings will be deleted after a suitable time in accordance with privacy legislation and our data protection and privacy policy. A copy of the data protection and privacy policy can be found on our website or available on request.

If parents have any queries based on the details in this health and safety pack, please do not hesitate to contact Mr. Bala Sivaraman on the following number or email address.

0208 9355 604

Date: ____/____

bala@atozeducationalservices.com

Parent/Carer consent form for all the centres

- I have read and clearly understood the measures involved in arrival and departure policies implemented by AtoZ Educational services.
- I (I (Parent/Carer) understand that I am responsible for payment of all fees, when they are due. I also understand the fees paid is for five/six consecutive weeks and this cannot be transferred to another day and is not refundable under any circumstances.
- I (Parent/Carer) understand that if my child wishes to discontinue the Paper Classes after the consecutive weeks, I have to send an email to info@atozeducationalservices.com, if not my child will be charged. If I wish to continue again, I need to call and check for availability before I make the payment for the next five/six slots.
- I (Parent/Carer) have read and clearly understood the measures involved in Health and Safety policies implemented by AtoZ Educational services.
- I am (Parent/Carer) aware that CCTV cameras may be installed and used for the safety and protection of my child and these recordings will be deleted after a suitable time in accordance with our privacy policy and applicable data protection legislation.
- I (Parent/Carer) is aware that my child will only get a place if she/he clears the average score for four consecutive weeks. I am also aware and consent to the fact that the weekly Paper Class papers (blank/ unmarked papers) will not be released under any circumstances. I am also aware and consent to the fact that the answers for the old Paper Classes will not be released in any form (soft/hard copies) under any circumstances.

Please sign below to confirm acceptance of the terms and conditions set by AtoZ Educational Services.

Name (in block capitals):_______

Signature:______

Relationship to child: _______

GDPR

Parents/Carers should be most likely be aware the new EU General Data Protection Regulations (GDPR) that came into on 25th May 2018. We are pleased to inform you that we have updated our Child Safety Policies and data protection and privacy policy to reflect our commitment and compliance with GDPR including with regard to the handling of your/your child's personal data provided to us. All personal data provided is treated as confidential at all times and will not be passed on to a third party or organisation without your consent, save as provided in our data protection and privacy policy in accordance with the law. Please take time to review our data protection and privacy policy, available on our website or request.

As the laws around Data Protectio cross (if you disagree) and confirm version of our data protection and p	the fo	ollowing: Y	ou r	nay al	so refe	er to	our webs	ite v	vhich	has lat	test
I would like to receive class upo questions and answers etc) via				k, clas	s chanį	ges, I	Mock Test	: resu	ults, I	Paper C	lass
I would like to receive emails o AtoZ Educational Services.	r phon	e calls reg	gardii	ng nev	w class	es, la	atest offer	s ev	en af	fter leav	/ing
You can amend or withdraw info@atozeducationalservices.com	your	consent	at	any	time	by	sending	us	an	email	to
Name (in block capitals):											
Signature:											
Relationship to child:											
Date:/											

COVID-19 Safeguarding Policies

- Everyone should self-assess for COVID-19 symptoms before every training session or match. If you or your child are symptomatic or living in a household with possible or actual COVID-19 infection you or your child must attend our sessions.
- We would keep a record of the children/parents including their contact details, to support NHS Test and Trace.
- Parents should wear a facemask if they wish to talk to any of the teachers/teaching assistants in the reception area.
- Children are advised to bring their own water bottles and stationeries.
- Children are not required to wear a face mask during the sessions; however, parents are strongly advised to wear a face mask when dropping or picking their child and strictly maintain 2 metre plus social distancing.
- Children are allowed to bring in their own hand sanitisers, however we have a plentiful supply in all areas including the classroom.
- In addition to a daily deep clean carried out by the cleaners, the toilets and all areas that are used by multiple groups such as banister railings, doors etc are cleaned regularly.
- In line with Government guidelines, should we have a local COVID19 lockdown, we will continue our Paper Classes online.

Please sign below to confirm acceptance of the COVID-19 Safeguarding Policies set by AtoZ Educational Services.

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Signature):			
Relations	hip to child	d:	 	 _
Date:	1	/		

Name (in block conitals).

Paper Class Fee – Parent's Copy

I	(I (Parent/Carer) understand that I am responsible for payment of all fees, when they are due. I also understand the fees paid is for five/six consecutive weeks and this <i>cannot be transferred to another day and is not refundable under any circumstances</i> .
	If my child can't attend any of the five consecutive weeks, I have the following option:
	I can collect the blank papers for both English and Maths the following Saturday and complete it at home under exam conditions. I will mark the papers myself from the answers online.
	I know that this arrangement is temporary and cannot be carried on for long term.
	I am aware that the soft copies of the papers will not be emailed to me under any circumstances.
	I have read and clearly understood the measures involved in arrival and departure policies implemented by AtoZ Educational services.
	I have read and clearly understood the COVID-19 Safeguarding Policies set by AtoZ Educational Services.
	I (Parent/Carer) have read and clearly understood the measures involved in Health and Safety policies implemented by AtoZ Educational services.
	I am (Parent/Carer) aware that CCTV cameras may be installed and used for the safety and protection of my child and these recordings will be deleted after a suitable time in accordance with our privacy policy and applicable data protection legislation.
	I (Parent/Carer) is aware that my child will only get a place if she/he clears the average score for four consecutive weeks. I am also aware and consent to the fact that the weekly Paper Class papers will not be released in any form (soft/hard copies) under any circumstances.
	I am also aware and consent to the fact that the answers for the old Paper Classes will not be released in any form (soft/hard copies) under any circumstances.
	I (Parent/Carer) understand that if my child wishes to discontinue the Paper Classes after the consecutive weeks, I have to send an email to info@atozeducationalservices.com , if not my child will be charged. If I wish to continue again, I need to call and check for availability before I make the payment for the subsequent five/six slots.
	Name (in block capitals):
	Signature: Relationship to child:
	Date:/
	Passcode to check answers online: (This will be given on the first day at the centre)
	Please complete this form and bring it with you for the assessment.
	Do not post or email this completed form to any of our centres.