



# Bloxham School

## Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

**The Bursary  
Bloxxham School  
Bloxxham  
Oxfordshire  
OX15 4PE**

Name(s) of Account Holder(s)

  

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager

Bank/building society

Address

  

Postcode

Reference (PLEASE LEAVE BLANK)

Service user number

4 0 6 3 0 9

For Bloxxham School Limited official use only  
This is not part of the instruction to your bank or building society.

For completion by Carer/Parent :  
Student Name :

### Instruction to your Bank or Building Society

Please pay Bloxxham School Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Bloxxham School Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

  

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DDI 15/15

This guarantee should be detached and retained by the payer.

## The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Bloxxham School Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Bloxxham School Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Bloxxham School Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when Bloxxham School Ltd asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



## Student Photo Consent Form

We are asking for you or your child’s permission to take, store and use images or video of your child for further purposes related to Bloxham. These will include promotional activity and publicity through printed material, our website and school social networking platforms. Images will be carefully and sensitively chosen and will not be used out of context. Images or video may also be displayed or used within the school premises and within the school community, and kept for the school’s archive.

Students will not be identified by full name in the photographs, although we may wish to refer to them by first name and the first letter of their surname. Groups may be referred to collectively by year or House or team.

Consent will remain in place until the parent or student withdraws. You or your child can withdraw your consent at any time.

Please confirm below if you are happy for photographs to be used in this way. For those joining First or Second Form, we require a parental or guardian’s signature. For those joining in Third Form to Sixth Form, we require a student’s signature.

Do you give permission...	Yes, with their first name and initial of surname	Yes, without their name	No
for your child to be photographed or filmed for the school’s website?			
for your child to be photographed or filmed for use on the school’s social media channels (Twitter, Facebook, Instagram, LinkedIn)?			
for your child’s photograph to be used in the school’s printed materials including the school prospectus and annual magazine?			
for your child’s photograph to be used in press articles and stories?			

Student’s Name: \_\_\_\_\_

Student’s Signature: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Dear Parent/Guardian

Please find our Drugs Policy at [www.bloxhamschool.com/about-us/policies-reports](http://www.bloxhamschool.com/about-us/policies-reports)

Under the Policy it is open to the Headmaster or the Deputy Head to require a student to take a urine or saliva test when circumstances warrant this. Consent to testing is a condition of entry to the school, and I am writing to ask you to give your consent with regard to your son or daughter who is about to join us. I would be grateful if you would sign the attached form.

If you have any questions please do not hesitate to get in touch.

Yours sincerely

*Paul Sanderson*  
Headmaster

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## Drug Testing Consent Form

Name of student: \_\_\_\_\_

I have read the school's Drugs Policy and I consent to the above named student being required by the Headmaster or the Deputy Head to undergo a urine or saliva test for illegal drugs, as laid down in the Policy Statement.

**Signed**

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

*(Students joining Fifth Form or above should sign alongside their parents.)*



## Medical Consent Form

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

House: \_\_\_\_\_ Year group: \_\_\_\_\_

1.  I consent  I do not consent to:

the administration of first aid, including on school trips

the administration of 'over the counter' medicines including on school trips (see list below)

Please add any comments and/or identify any medicines you do not wish your child to have:

2.  I consent  I do not consent: for my child to self-administer any of their own medication

I will ensure that Palmer Health Centre is informed of all medicines brought into school.

Please complete this section if your child is asthmatic and/or carries an adrenaline pen.

### USE OF EMERGENCY SALBUTAMOL INHALER

#### Child showing symptoms of asthma/having asthma attack/anaphylactic reaction:

1. I can confirm that my child has been diagnosed with  asthma  anaphylaxis and has been prescribed an  inhaler  adrenaline auto injector (tick as appropriate).

2. My child has a working in-date inhaler/adrenaline auto injector, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma/anaphylaxis and if their inhaler/adrenaline auto injector is not available or is unusable, I consent for my child to receive salbutamol/adrenaline from an emergency inhaler/auto injector held by the school for such emergencies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Student's name: \_\_\_\_\_

### Homely Medicines that may be administered by Registered Nurses at Bloxham School Health Centre:

Paracetamol 500mgs • Soluble Paracetamol 500mgs (over 12 years) • Ibuprofen 200mgs • Ibuprofen syrup 100mg/5ml  
Paracetamol suspension 250mgs/5ml • Simple/Glycerine & Lemon linctus • Chlorpheniramine Maleate 4mgs tablets or  
2mg/5ml syrup • Cetirizine 10mg tablets or 10mg/10ml syrup • Antiseptic/menthol throat lozenges • Indigestion tablets  
Travel sickness tablets • Mouth gel • Petroleum jelly • Decongestant rub/inhalent • Antihistamine cream • Magnesium sulphate  
paste • Glucose tablet • Arnica cream • Antiseptic cream • Sun cream • After sun cream

I have completed the Health Questionnaire accurately and provided all information requested to the best of my knowledge.  
I have read the information relating to Bloxham Schools Health Policies and undertake to meet any obligations requested.

I understand that in an emergency every effort will be made to obtain my consent to an operation and/or the administration of  
an anaesthetic, but if this proved impossible I hereby authorise the Headmaster, Housemaster, Housemistress, or their Deputy,  
to act in loco parentis.

Name (printed): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Health Questionnaire

Your answers to this questionnaire will be CONFIDENTIAL to the Palmer Health Centre team and the information will not be shared with anyone else until further discussion with you and your child have taken place and your written permission has been received. The purpose of the questionnaire is to establish if your child has any health problems that could affect them at school or that might place them at risk without health centre staff being aware, which may require treatment, support or intervention e.g. medication. An appropriate care plan will be developed for children who have health related conditions and will be shared with parents/guardian and student prior to being circulated to the appropriate members of staff. Bloxham School aims to promote and maintain the health & wellbeing of all its students.

**Please ensure that you supply copies of relevant reports or medical letters, e.g. asthma care plans, to Palmer Health Centre before your child commences at Bloxham School.**

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of birth (town and country): \_\_\_\_\_

Home address: \_\_\_\_\_

School House: \_\_\_\_\_  Day  Full/weekly boarder  Day Boarder

Doctor's name and address: \_\_\_\_\_

Do you wish to register your child with the school doctor?  Yes  No

*This option is usually for full and weekly boarders only (not for day boarders).*

NHS Number (if known): \_\_\_\_\_

**Details of parent or guardian to contact in an emergency:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**1. ROUTINE CHILDHOOD IMMUNISATIONS:** *Please give dates of all vaccinations.*

		Date	Date	Date
<b>a</b>	Primary course of vaccinations at 8, 12 and 16 weeks (Diphtheria, tetanus, pertussis, polio, Hib)			
<b>b</b>	Pre-school booster (Diphtheria, tetanus, pertussis, polio)			
<b>c</b>	Meningitis vaccinations (Men C, Men B, MenACWY) Please specify:			
<b>d</b>	MMR (1 and 2 (Measles, Mumps, rubella))			
<b>e</b>	Senior School Booster (Tetanus, diphtheria and polio) (aged 14)			
<b>f</b>	HPV 1 and 2 (aged 12 - 13 years)			
<b>g</b>	Covid 19 vaccination and boosters			
<b>h</b>	Other vaccinations: Influenza (Flu), Hepatitis B, Rotavirus, Pneumococcal, any travel vaccinations. Please specify:			



## Health Questionnaire continued

Has your child had any of the following childhood illnesses?

**Mumps:**  Yes  No **Measles:**  Yes  No **Rubella (German Measles):**  Yes  No **Chickenpox:**  Yes  No

**Other (please specify)** \_\_\_\_\_

### 2. PHYSICAL WELL BEING

**Has your child had any of the following?** *(Please give dates, details and any on-going treatment).*

- a) Any serious illness \_\_\_\_\_  Yes  No
- b) Any surgical operations \_\_\_\_\_  Yes  No
- c) Any heart or lung disease including congenital abnormalities \_\_\_\_\_  Yes  No
- d) Any ear disease \_\_\_\_\_  Yes  No
- e) Any faints, fits, convulsions, migraine or any neurological problems \_\_\_\_\_  Yes  No
- f) Any kidney, bladder or urinary disorders \_\_\_\_\_  Yes  No
- g) Recurrent sore throats \_\_\_\_\_  Yes  No
- h) Any bone or joint problems including fractures \_\_\_\_\_  Yes  No
- i) Any serious head or neck injury \_\_\_\_\_  Yes  No
- j) Any tropical disease (including malaria) \_\_\_\_\_  Yes  No
- k) Any other illness or disorders \_\_\_\_\_  Yes  No
- l) Specialist or therapist care in the past year \_\_\_\_\_  Yes  No

### 3. EMOTIONAL WELLBEING

- a) Has your child had any psychological ill health? (e.g. low mood, anxiety, OCD) \_\_\_\_\_  Yes  No
- b) Has your child received professional support for psychological ill health? \_\_\_\_\_  Yes  No

If you have answered **yes** to any of the above questions 2 or 3, please give further details & attach any medical reports:

Physical:	Emotional:



## Health Questionnaire continued

### 4. CURRENT HEALTH

Does your child have (Please provide details of current treatment):

a) Asthma \_\_\_\_\_  Yes  No

Please provide details of inhalers and asthma medication \_\_\_\_\_

b) Hayfever \_\_\_\_\_  Yes  No

c) Eczema \_\_\_\_\_  Yes  No

d) Is your child allergic to anything (including drugs, foods)? \_\_\_\_\_  Yes  No

e) Does your child have any dietary preferences or sensitivities? \_\_\_\_\_  Yes  No

f) Does your child sleep walk? \_\_\_\_\_  Yes  No

g) Does your child suffer from enuresis (bed wetting)? \_\_\_\_\_  Yes  No

h) Does your child suffer from travel sickness? \_\_\_\_\_  Yes  No

Details of current treatment \_\_\_\_\_

i) Do you have any other concerns about your child's health? \_\_\_\_\_  Yes  No

Details \_\_\_\_\_

j) Is your child taking any medication (including homeopathic/complementary treatment)? \_\_\_\_\_  Yes  No

Details and dose \_\_\_\_\_

**Any medicines brought into school must be licensed for use in the UK. The medicine must be in the original packaging and clearly labeled with the pupil's name, as well as details in English of the medicine, strength, dose and frequency of administration.**

k) Do you consider your child fit for normal school routine, both work and sport? \_\_\_\_\_  Yes  No

If **no** please give details of any requirements for adaptations which may be required to support and assist their daily living, function and activity (physical or psychological).

### 5. VISION

a) Do you have any concerns about your child's eyesight? \_\_\_\_\_  Yes  No

Details: \_\_\_\_\_

b) Date of the last eye test: \_\_\_\_\_

c) Does your child have any problems with colour vision? \_\_\_\_\_  Yes  No

d) Does your child wear glasses or contact lenses? (Please specify) \_\_\_\_\_  Yes  No



## Health Questionnaire continued

### 6. HEARING

a) Has your child had any problems with their hearing? \_\_\_\_\_  Yes  No

*If yes please give details:* \_\_\_\_\_

b) Has your child had their hearing tested? \_\_\_\_\_  Yes  No

*Date of last hearing test:* \_\_\_\_\_ *Result:* \_\_\_\_\_

### 7. DENTAL TREATMENT

a) When did your child last visit the dentist? *Please give date:* \_\_\_\_\_

b) Any dental issues or ongoing treatment? \_\_\_\_\_  Yes  No

c) Is your child having orthodontic treatment? \_\_\_\_\_  Yes  No

*If yes where:* \_\_\_\_\_

### 8. SPECIAL EDUCATIONAL NEEDS

Does your child have any special education needs e.g. Dyslexia, Attention Deficit Disorder? \_\_\_\_  Yes  No

*If yes please give details:*

Has a report been submitted to the school? *If not, please attach.*

### 9. FAMILY HISTORY

Is there physical or psychological ill health in the family that may be relevant to your child's health?

In particular - any history of sudden cardiac death, unexplained deaths at a young age, anyone under the care of a cardiologist or any close relative known to have HOCM

(hypertrophic obstructive cardiomyopathy)? \_\_\_\_\_  Yes  No

*If yes please give details:*





## Health Questionnaire continued

### 10. OTHER INFORMATION

Is there any other information the doctor and Health Centre should be aware of that impacts on your child's physical or mental wellbeing, e.g. bereavement, divorce or other social circumstances? If so, please give details below.

### 11. MEDICAL INSURANCE

If your son or daughter is covered by a private medical insurance scheme, and you wish that to be used for emergency treatment or specialist referral, please give details below.

Signed by parent: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**Please ensure that you inform Palmer Health Centre of any changes in your child's physical or mental health and wellbeing during term and holiday periods whilst they are at Bloxham School (including accidents, illnesses, operations and mental health issues).**



## Request for Music Tuition

Information about music tuition can be found in the Broader Curriculum and Finance chapters of the accompanying pack. Please make sure that you read the Music Tuition Terms & Conditions before submitting this form. Further enquiries should be addressed to the Director of Music at music@bloxhamschool.com.

**Please choose from the following music tuition options (please tick):**

- Flute       Oboe       Clarinet       Saxophone       Recorder       Trumpet       French horn
- Tuba       Trombone       Violin       Viola       Cello       Double bass       Drum kit
- Piano       Organ       Voice       Jazz piano       Acoustic guitar       Electric guitar
- Orchestral percussion       Music production

Student's name: \_\_\_\_\_ House: \_\_\_\_\_

Form: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Instrument(s): \_\_\_\_\_

**PLEASE TICK WHICH LENGTH OF LESSON IS REQUIRED**

- 30 minute lesson – £30 per lesson\*       60 minute lesson – £60 per lesson\*

**PLEASE INDICATE IF YOUR CHILD REQUIRES INSTRUMENT HIRE**

Hiring is at a cost of £50 per term, in addition to the cost of lessons.  Yes  No

**Please indicate if your child is currently learning to play a musical instrument or has previously had lessons, and their grade level**

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone : \_\_\_\_\_ Email: \_\_\_\_\_

**I understand and accept the Music Tuition Terms and Conditions, as set out on page 32 of the accompanying Parent Handbook.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Prices correct at time of print, subject to change*

*For office use only*

DATE RECEIVED	ALLOCATED	INFORMED	STARTED
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## First Form GCSE Language Options

New First Form students must choose their preferred option in Modern Foreign Languages. They will continue this choice of language through to GCSE.

The main languages offered are French or Spanish and students should give their preference for the language which they have predominantly studied previously. Please note that there is currently no timetabled option in First Form to study both French and Spanish.

All First Form students also study Latin, which they can select to continue to study in Third Form (in place of Computing). If they then wish to choose Latin as a GCSE option in the Fourth Form, French or Spanish must also be chosen to fulfil the requirement of studying a modern language.

Please email the Head of Languages, Mrs McCaffrey ([cmm@bloxhamschool.com](mailto:cmm@bloxhamschool.com)) if you have any queries.

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### First Form Modern Foreign Language Choice 2023-24

Name of student: \_\_\_\_\_

French  Spanish



## Third Form GCSE Language Options

New Third Form students must state their preferred option for their GCSE study in Modern Foreign Languages. Current Second Form students moving up to Third Form will continue with their current language choice.

The main languages offered are French or Spanish and students should give their preference for the language which they have predominantly studied previously.

For those who are strong linguists and for those who have studied Latin at Common Entrance they can also select to continue to study Latin (in place of Computing). If they then wish to choose Latin as a GCSE option in the Fourth Form, French or Spanish must also be chosen to fulfil the requirement of studying a modern language. If you would like your child to study Latin, please email the Head of Languages, Mrs McCaffrey at [cmm@bloxhamschool.com](mailto:cmm@bloxhamschool.com) and Deputy Head (Academic) Mr Matthew Buckland at [mab@bloxhamschool.com](mailto:mab@bloxhamschool.com).

There is currently no timetabled option to study both French and Spanish, but for very able linguists this may be possible within the activities programme.

Please email the Head of Languages, Mrs McCaffrey ([cmm@bloxhamschool.com](mailto:cmm@bloxhamschool.com)) to discuss further.

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### Third Form Modern Foreign Language Choice 2023-24

Name of student: \_\_\_\_\_

French  Spanish

Latin (in place of Third Form Computing)



## Third Form Laptop Scheme (2023-24)

New students beginning Third Form in September 2023 will receive a school laptop. This will be charged for in nine termly payments at a cost of between £120 and £160 (final cost to be confirmed in Summer Term). At the end of Fifth Form, the laptop will be owned by you.

This is a scheme to offer our students a high specification laptop ideally suited for both classroom and home learning. The device comes with a digital pen which offers additional e-learning capabilities. A three year warranty is also included and offers peace of mind for accidental damage. If the device is damaged through inappropriate use, then an administration fee will be charged.

If a student starts in the Third to Fifth Form at a point in the term other than September, they will be provided with a spare laptop, on a temporary basis, until an appropriate laptop is available. Choice can be made to purchase a new laptop through the school, which will be of an equivalent specification to that used within the year group, with a payment plan to be agreed. If a pre-used school laptop of an equivalent specification is available, a reduced cost payment plan can be agreed.

If a child joins in Fourth or Fifth Form, payments will be the same as those in their year group. If you choose then to purchase the laptop at the end of Fifth Form, a further payment will be necessary to pay the balance.

### High Specification Device

- Laptop with a case and digital pen.
- Latest generation Intel i5 processor, with 8GB RAM and 256GB SSD.
- WiFi6 compatible.

### Three Year Warranty

- Three years extended warranty, including accidental cover (terms and conditions apply).
- Warranty claims managed by the school.
- A spare laptop provided if required and depending on availability, when device is in for repair.

### Fully Managed Software Package

Includes:

- Windows 11 Pro
- Microsoft Office
- Microsoft Advanced Threat Protection
- Safeguarding software

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I confirm I/we have read and acknowledge the termly payments associated with this scheme.

Signed by parent: \_\_\_\_\_ Date: \_\_\_\_\_



## Ordering Uniforms with Schoolblazer

Simply log in at [www.schoolblazer.com](http://www.schoolblazer.com)

Why not order early and relax this summer with **FREE UK P&P from 3rd July – 16th July 2023**. Our returns policy is 120 days which means that any items ordered at the start of the holidays can be exchanged if you find they no longer fit before the start of term.

Schoolblazer.com was founded by parents for parents to take the chore out of shopping for school uniform.

Our secure online ordering service allows you to shop for uniform at your convenience, and we even offer to sew all of the name tapes into the garments for free – so throw out the sewing box and enjoy the summer!

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### FREQUENTLY ASKED QUESTIONS

#### How do I know what sizes to order?

We ask you to input your child's measurements and our Intelligent Sizing System will indicate the recommended size on the shopping page. However, this is a suggestion only, based on the measurements you have entered. Should you wish to choose an alternative size, you can use the drop-down menu to select this.

#### What if I need to return an item?

We offer a free returns service so please return any item unsuitable using our online returns tool, and we will either refund or exchange as required.

#### Do I have to pay for name tapes?

We only charge for the cost of the name tapes and sew them in free of charge.

#### How long will my order take to be despatched?

We promise to despatch orders within 3 working days, and more swiftly than this wherever possible. FastTrack delivery also available.

#### I need an item that is showing as out of stock on the website, what should I do?

As an online retailer we typically hold much higher levels of stock than a high street store, but if an item you require is showing as out of stock, please place your order and we will work to supply this as quickly as possible.

#### What if I need further information or help with my order?

Our Schoolblazer website features lots of useful information including a How to Shop video and more Frequently Asked Questions. Alternatively you can call our Customer Services Team on 0333 7000 703 and they will be happy to help.

#### Online Ordering

Enjoy our simple, easy-to-navigate website for straightforward shopping - we even feature a How to Shop video. Plus, you can shop easily on your phone and tablet.

#### Name-taped garments

Fully name-taped orders dispatched within 3 days.

#### Free UK Returns

Free UK returns, with 120 days to return your item.

We are committed to making your preparations for the new term as easy and pain-free as possible.

If you have any questions or require help, please do not hesitate to contact our Helpline on:

**0333 7000 703**

**Mon-Fri 9am-8pm, Sat 9am-5pm**

**or email Schoolblazer at:**

**[customerservices@schoolblazer.com](mailto:customerservices@schoolblazer.com)**