



HeadStart
International School, Phuket



Cambridge Assessment
International Education

Cambridge International School

Home School Agreement Pack

Student Name:

Class:

- Home and School Partnership Agreement
- Entrance and Endowment Fee Agreement
- Photograph and Video Release Form
- Field Trip Consent Form
- Insurance Agreement
- Pastoral Information and Agreement

Parents must complete all the forms contained within this pack and return to the school registrar before a student will be able to join the school.

Home and School Partnership Agreement

School Commitment

- ❖ Inspire a love of learning.
- ❖ Ensure that HeadStart International School is a safe and orderly place for students to learn.
- ❖ Provide lessons with challenge and stretch taught by proficient, enthusiastic and highly qualified staff.
- ❖ Set high expectations and encourage pride in students' achievements.
- ❖ Provide a wide range of opportunities for students to achieve their potential.
- ❖ Recognise and praise students' academic/social development, effort and commitment.
- ❖ Offer opportunities for students to take responsibility and be excellent global citizens.
- ❖ Inform parents of the progress and welfare of their children.
- ❖ Listen to, and where appropriate, act upon concerns of parents and students regarding school matters.

Student Commitment

In pursuit of HeadStart's aims and values I will:

- ❖ Attend school regularly and punctually.
- ❖ Be a committed and independent learner.
- ❖ Participate fully in lessons and school life.
- ❖ Follow the school rules outlined in the Parent Handbook.
- ❖ Follow the school dress code and appearance policy fully.
- ❖ Complete all work to the best of my ability, meeting coursework and home learning deadlines.
- ❖ Never behave violently or in a way that could pose a danger to others.

Parent Commitment

In pursuit of HeadStart's aims and values I will:

- ❖ Show respect for my child, the teachers, staff and the school ethos.
- ❖ Support the school's policies.
- ❖ Inform the school about any circumstances which may affect my son or daughter's attendance, punctuality or commitment to study.
- ❖ Support my child's learning and development.
- ❖ Attend parent meetings and discussions regarding son or daughter's schooling.
- ❖ Ensure that my child's attendance stays above 95%.
- ❖ Endeavor not to remove my child from school during term time for family holidays and recreational activities.
- ❖ Adhere to the expectations outlined in the Parent Handbook.

Students who fail to meet the obligations set out in this agreement will be approached by their homeroom teacher and/or the deputy head of the school. Contact will be made with parents, and a meeting set up to attempt to resolve any issues as required.

If a student persistently falls short of the standards required by HeadStart International School, as set out in this agreement and other school policies and procedures, they may be dismissed from the school.

I have read and agree with the conditions of this agreement.

Parent name and signature	Registrar
Student Name	Date

Entrance and Endowment Fee Agreement

Entrance Fee

Non-refundable. Must be paid upon students' enrolment.

Endowment Fee

Paid once. Payment must be made in full once the child has been enrolled at HeadStart. The endowment fee will be refunded on the permanent withdrawal of the student, after deduction of any outstanding amounts owed to the school, providing that the child has been enrolled until the end of the academic school year.

Withdrawal Policy

Parents must complete a Student Withdrawal form and submit this to the school office at least 1 month prior to the last day of the academic year. Refunds are processed at the end of the school year and paid out approximately two weeks after the last day of the academic year.

Endowment Refund

The endowment fee will be refunded on the permanent withdrawal of the student, after deduction of any outstanding amount owed to the school, providing that the child has been enrolled until the end of the academic school year from which he is being withdrawn from and provided a written notice of the student's withdrawal is given to the Registrar 30 days prior to the last day of Term 3.

School Fee Refund Policy

Refund of school Fees paid for Term 1: Written notice of a student's withdrawal must be given to the Registrar 90 days before the first day of Term 1.

Refund of school Fees paid for Term 2: Written notice of a student's withdrawal must be given to the Registrar 45 days before the first day of Term 2.

Refund of school Fees paid for Term 3: Written notice of a student's withdrawal must be given to the Registrar 45 days before the first day of Term 3.

I have read and agree with these conditions as explained above.

Parent Name and signature	Registrar
Student Name	Date

Photograph and Video Release Form

Please be aware that pictures, videos or work created by your child may be included in a classroom project or displayed for the public.

From time to time, the opportunity may arise for your child to be photographed or filmed by school personnel regarding a school event or activity. This information may be used in school updates, on the school website, Facebook page or in other mediums.

The school may use the resulting project in one or more of the following ways:

- ❖ As a demonstration for a project or activity in educational workshops, classes, and/or conferences.
- ❖ As a post on the school Facebook page or website.
- ❖ As a sample for programme publishers or as an entry to a contest.
- ❖ As a video recording on the HeadStart You Tube Channel, local TV channels or otherwise.
- ❖ Your child's photograph may be used in school promotional publications, billboards and media.
- ❖ Your child's first name or nickname may be used in relation to the pictures taken.

Please tick one of the options below:

☐ I **do NOT allow** my child to be photographed and/or filmed for any purpose. This includes internal school publications, public platforms, or the school yearbook. Use of my child's photo is permitted on the school's Student Portal only (including Tapestry for Foundation students). I understand that my child may be removed from a group or activity when photos are being taken.

☐ I **allow** my child to be photographed and/or filmed for all internal and general school communication purposes. This might include photos and videos shared via the school's TV screens, classroom displays, the school's social media platforms, weekly updates, the school's website, result boards, and the school yearbook. I understand that a digital copy of the Yearbook is available for download on the school website. (Please note that this does not give the school permission to use your child's photos for the school's commercial advertising projects, such as billboards, printing of prospectus covers, and/or materials used at advertising booths. If the school is to take professional photos to be used for commercial advertising purposes, such as those listed above, the school will seek additional written permission from parents.)

I have read and agree with the conditions of this agreement.

Parent name and signature	Registrar
Student Name	Date

Field Trip Consent Form

Parents will be informed by the teacher when a school field trip has been planned. More information regarding school trips can be found on the website and in the Parent Handbook.

Written parental consent will not be requested from you for the majority of the field trips offered by the school as such activities are part of the school's curriculum and usually take place during the normal school day. We will, however, contact you with a full itinerary and pricing of Outbound Field trips and request your approval before booking your child to join.

Please sign and date the form below if you are happy for your child:

- a) To take part in school trips and other activities that take place off of school premises.
- b) To be given first aid or urgent medical treatment during any school trip or activity.

The trips and activities covered by this consent form include:

- ❖ Day trips to educational sites (Field Trips).
- ❖ Overnight trips to educational or adventure venues (Outbound Field Trips).
- ❖ Adventurous activities at or out of school.
- ❖ Off-site sporting fixtures outside the school day.

It is within your rights to inform the teacher or trip organizer that you do not want your child to take part in any particular school trip or activity.

I have read and understand and agree with the conditions of this agreement.

Parent name and signature	Registrar
Student Name	Date

Insurance Agreement

The care and wellbeing of our students is of the most importance to us. HeadStart takes precautions and measures to ensure that school programmes are run, taught and managed by qualified professionals in a responsible manner and that our facilities are built and maintained to high standards to ensure the safety of our students.

The Student Group Accident insurance provides 40,000 Baht of accident coverage per student for all students participating in school programmes. This student group accident insurance is provided by the school and there is no additional charge to parents.

The student group accident insurance is not a health insurance policy and excludes accidents occurring from dangerous sports such as martial arts, water sports, motor sports and sport competitions. In the event that the school should organise a school programme which falls under the exclusions of the accident insurance, parents will be informed and will need to decide whether or not they would like their child to participate. If a parent approves for their child to participate, they will be required to sign a Risk Waiver and may need to pay for additional insurance for the programme.

Due to the limited coverage of the student group accident insurance, it is imperative that parents should purchase additional health and accident insurance for their child or children in case of emergencies.

Details of the student group accident insurance policy can be obtained from the school office. Our office can also provide the contact details of an insurance agent who can assist parents in selecting an appropriate private health and accident insurance package.

I, the parent of have read and understand the HeadStart insurance policy and will ensure that I purchase additional health and accident insurance for my child/children during the time that he/she/they are enrolled at HeadStart International School, Phuket.

Parent name and signature	Registrar
Student Name	Date

Pastoral Information and Agreement

I declare that the information which I have provided for my child is correct and that I will notify the school if any changes occur. I also understand that if the school requests additional testing for my child whilst they are at Headstart international school, I shall provide the correct medical or educational documentation.

All medication must be clearly labelled with the student's name, drug dosage and administration times. Medications must be handed directly to the school nurse by a parent or guardian. No student is permitted to self-medicate.

Student name/Class	Date of entry
Date of birth	Male/Female
Mother's name	Mother's telephone number
Father's name	Father's telephone number
Home Address	Home Telephone Number
Emergency Contact Name	Phone Number
Family Doctor Name and Contact Number	Regular Hospital
Insurance Policy Company	Insurance Number

Health and Medical Information

The space to your right is provided for further details

Blood Type	
Is the student taking any kind of medication?	
Is the student allergic to any type of medication?	
Has the student ever suffered from asthma? If yes, how severe is the condition? What medical treatment does the student use (e.g., inhaler or oral medication)?	
Does the student have any allergies? If yes, please specify: - How severe is the allergy? - What treatment is required? - If an EpiPen is prescribed, does the student have one available at school? -	
Does the student have bleeding disorders?	
Does the student have diabetes?	
Does the student have Epilepsy, convulsions or blacking out?	
Does the student have migraine headaches?	
Does the student have a heart condition?	
Does the student have joint problems?	
Has the student been hospitalized in the last 3 years?	
Does the student wear glasses or contact lenses?	
Does the student have hearing impairments?	
Please provide any dietary considerations for the student.	
Are there any other serious medical conditions not covered above?	

History of Immunisation

Please write a 'yes' or 'no' in the box

Pertussis	Hepatitis A or B
Tetanus	Diphtheria
Polio	Mumps/Measles
Rabies	Meningococcal
Influenza	Encephalitis
Chicken Pox	Tuberculosis
Human Papillomavirus (HPV)	

Pastoral Information

The space to your right is provided for further details

Can the student swim 25 meters?	
Does the student have any phobias i.e. fear of water, heights, etc.	
Does the student have any identified learning difficulty such as dyslexia, ADD, Asperger Syndrome?	
Does the student have any behavior issues?	

Medical Attention

I give my permission for HeadStart International School to call an ambulance, medical, surgical, hospital and dental attention as advised by qualified medical practitioners in any event where it is not possible to communicate with me prior to such attention being given or received by my child (You may choose either two options)

In the event that my child needs to be taken to a hospital, I indicate my preference as follows:

☐ I allow to transport by school bus (Free of charge)

☐ I allow to call an ambulance (Additional costs may apply, charged by the hospital)

I indemnify the School and its representatives from any litigation or responsibility for the actions of the medical practitioners administering such care and for the treatment by any institution regarding such circumstances described.

I give permission for the administration of an anesthetic	
I give permission for emergency dental care treatment	
I give permission for emergency surgical or medical attention	
I give permission for the medical staff to administer paracetamol	
I give permission for the medical staff to administer Antacids	
I give permission for the medical staff to administer anti-histamine	
I give permission for the medical staff to administer common cold preparations	
I give permission for the medical staff to administer Non-steroidal anti-inflammatory medicine	
I give permission for the medical staff to administer cough medicine	
I give permission for the medical staff to administer activated charcoal (for diarrhea)	
I give permission for the medical staff to administer Buscopan	

I have read, understand and agree with the conditions of this agreement.

Parent name and signature	Registrar
Student Name	Date

Student Card Pattern



☐ **Option 1**



☐ **Option 2**

Agreement Terms

I acknowledge that I am choosing one of the patterns to be the student access card. I understand and agree that if my student access card is lost or stolen, information associated with my student details could potentially be compromised. This includes, Name, Date of birth, Enrolment date and School ID number, personal details, academic records, and access privileges.

I accept full responsibility for the security of my new student access card and will take all necessary precautions to prevent its loss or theft. I understand that the school will not be liable for any consequences resulting from the loss or theft of the card.

In the event of loss or theft of my new student access card, I will promptly report it to the appropriate campus authority and take necessary steps to protect my information.

Signature

Parent Name: _____

Parent Signature: _____

Full Name of Child: _____

Date: _____