



St Clare College

St Julians Primary School, 98, Lapsi Street, St Julian's STJ1264, Malta

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💻 <https://scc.stjulians.skola.edu.mt/>



Scholastic Year 2026-27

Name of Child	
Class	

This form must be duly filled in by both parents, unless there are special circumstances that the school is aware of. (example: court papers, widowed parents)

Mother's Name	
Identity Card Number	
Telephone & Mobile Numbers	
Email address	

Father's Name	other
Identity Card Number	
Telephone & Mobile Numbers	
Email address	

Legal Guardian's Name	
Identity Card Number	
Telephone & Mobile Numbers	
Email address	

Legal Custody

Unless legal documentation is presented, the school will, by default, treat both parents as having equal rights and equal access to the child. If otherwise, kindly tick one or more of the following as appropriate:

_____ Legal custody is retained by only one parent (please specify: mother, father, etc.)

_____ School correspondence and SMS should be sent to both parents.

NB: In cases of separations, present all legal documentation by the first week of the scholastic year.

Parents' official permission regarding who can collect their children from school

We give permission for only the persons listed below to collect our child from school. We confirm that the information provided is correct and that the persons listed have accepted full responsibility for collecting our child from school. Please attach a photocopy of each authorised person's identity card.

Name and surname	Relation to the child (e.g. grandparent)	Identity Card Number/ Passport	Telephone and Mobile Numbers	Email address

PERMISSION FOR CHILDREN TO COME HOME ALONE

Please mark YES or NO accordingly

We give consent to our child to leave the school premises on his/her own, meaning that our child can leave school without being accompanied by an adult.

YES	NO
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(The school recommends that all children are accompanied by a responsible adult to and from school).

Tick the days when your child will leave school	Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐
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- For our child's own security, we are asking the school to adhere to the instructions listed in this form.
- If, throughout the scholastic year, there are any changes, we will be responsible for informing the school and for updating the information listed in this form.

Change of address

Please provide your new address if you have moved house within the last year.

Health/ Medical Conditions/ Allergies

Does your child have any health problems/ conditions or allergies that we should know about? Please write and explain:

Nut-Free School

I understand that this is a nut-free school, and I confirm that I will abide, always, with the regulations (N.B. No nuts or products related to nuts are to enter the school).

Healthy Eating Policy

I understand that I must abide by the school regulations listed below:

1. Only water can be given to children, even during outings.
2. No sweets, packets, sponges, or cereal bars are allowed at school and during outings.
3. Plain vanilla birthday cakes are allowed.

I understand that the healthy food policy found on the school's website must be followed at all times.

Declaration

I, _____ the undersigned, mother/father/legal guardian of _____, am aware that doctors, dentists, nurses, and other paramedical professionals visit the school to carry out routine health checks on children. I am also aware that such consent applies for these routine health checks to be carried out in the above-mentioned child whenever necessary within 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.

I consent ☐

I do not consent ☐

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 pupils during school activities.
- Film student activities, including its pupils taking part in it.
- Use photos it has of pupils so that these may appear in school publications or in newspapers.
- Use photos for the school website or the College websites or those of the Education Directorates.

So that the school will be working with the Data Protection Act of 2001, it requests your permission to use the above-mentioned photo/video images. Please answer the following questions.

1. Can we take photos of your child during school activities? Yes ☐ No ☐
2. Do you give permission for your child to be filmed during school activities? Yes ☐ No ☐
3. Can we send photos and videos of your child to newspapers and television stations to be able to show school activities in the media? Yes ☐ No ☐
4. Can we use/publish photos of your child in publications (newsletters/ magazines) or on noticeboards belonging to the school, and/or College, and/or the Education Directorates? Yes ☐ No ☐
5. Can we use photos of your child on the school website? Yes ☐ No ☐
6. Can we use photos of your child on the College website and/or that of the Education Directorates? Yes ☐ No ☐
7. Can we use photos of your child on other selected websites? (The identity and details of the child will remain anonymous.) Yes ☐ No ☐
8. Please note that before videos/ photos are published on the school website, they must be published on YouTube. These will be published as "Unlisted". May we use your child's video/photo stories on the school website, as therefore on YouTube as well?
Yes ☐ No ☐

Data Protection Statement

This information is required for school administration purposes. Information may be passed to the College of which the school forms part and the Education Directorates as required by law. It will be held in strict confidence both manually and on the computer where only authorized staff can have access to it. The school, the College and the Education Directorates carry out their functions under the Education Act 1988. All data is collected and processed in accordance with the Data Protection Act 2001, other subsidiary legislation and the School Privacy Policy, a copy of which is available on demand.

RELIGION CONSENT FORM

Dear Parents,

Our school teaches the Roman Catholic faith. Kindly take some time to fill in this form to indicate your preferences regarding Religious Education for your child.

Kindly tick ✓ the right boxes. I would like my child to:

	IVA/YES	LE/NO
Lezzjonijiet tar-Reliġjon Take part in Religion Lessons		
Li t/jagħmel Krafis tar-Reliġjon p. eż. Presepu Participate in Religious Crafts eg. Cribs.		
Li t/jagħmel Krafis tar-Reliġjon li huma ta' natura kommerċjali p. eż. <i>Xmas Tree</i> jew <i>Easter Egg</i> Participate in Religious Commercial Crafts eg. Christmas Tree or Easter Egg		
T/jattendi l-Quddies Attend Mass		
T/jitqarben Receive Holy Communion		
T/iqerr Confess to sins		
T/jattendi ċelebrazzjonijiet ohra Reliġjużi p.eż. Purċissjoni jew Festa. Attend other Religious Celebrations eg. Procession or Feast.		
T/jattendi ħargiet li jinvolvu Reliġjon p.eż. Vista f'xi Knisja. Attend Outings involving Religious Activities eg. Visit a Church.		

Meta l-Iskola tkun se torganizza attivitajiet Reliġjużi li jinvolvu Twemminiet Diversi, l-Iskola tavżakom minn qabel.

When non-Catholic religious celebrations /crafts/ activities will be taking place, the school will inform you accordingly.

Consent Form for students to use VR



We are pleased to be introducing new Virtual Reality (VR) devices in schools. Students can watch 3D videos by wearing these devices. VR Technology offers an innovative wonderful learning experience. Some students may react differently to this immersive experience. Hence, we are kindly requesting parental consent to ensure safe use of these devices while achieving a great learning experience.

Please complete this consent form

1. Does your child ever experienced or been diagnosed with any of the following that the teacher needs to be aware of, such as blackouts, dizziness, loss of awareness triggered by light flashes or patterns, sensitivity to light, migraines, heart conditions or motion sickness?

Yes __No

If yes, kindly specify: _____

2. Is there anything your child is afraid of? E.g. Sharks/Height... **Yes __No ____**

If yes, kindly specify: _____

3. Does your child have a record or been diagnosed with epileptic seizures throughout their lives?

Yes _____

No _____

If yes, kindly specify: _____

4. If there any other serious medical conditions not mentioned above that the teacher should be aware of kindly specify below:

I, (first name and surname) _____ with ID number _____

Mother/Father/Guardian of (student's name and surname) _____

☐

I Accept

☐

I Don't Accept

that my child uses Virtual Reality technology during lessons.

Signature _____

Date _____

I confirm that all data mentioned in the previous pages is correct and up-to-date. I will inform the school should I request for any changes to be made.

Mother's/Legal Guardian's Name and Surname:

Mother's/Legal Guardian's Signature:_____

I.D. number:_____

Date: _____

Father's/Legal Guardian's Name and Surname:

Father's/Legal Guardian's Signature:_____

I.D. number:_____

Date: _____