

Form 7: Rossall Student Declaration Rules and Drugs Policy

Rossall Rules

General Rules

All Members of Rossall must:-

1. Fulfil all Rossall commitments: schools, games, meals, Chapel, extra-curricular activities, etc.
2. Treat each other, all members of the Rossall Community and all members of the public with respect, courtesy and consideration.
3. Take care of all personal property, that of others as well as their own, and of the fabric of Rossall.
4. Show respect for, and give all possible assistance to visitors, as has always been the tradition for Rossall.
5. Be conscious at all times that the good name of Rossall is in their hands, and that their conduct must be a credit to Rossall.

Whilst a member of Rossall any student may not:-

1. Smoke nor have possession of any smoking materials.
2. Consume nor have possession of any illegal substance.
3. Consume nor have possession of any alcohol, without due authority.
4. Use nor have possession of a firearm or other weapon, ammunition or any explosive substances, including fireworks.
5. Engage in gambling.
6. Use nor have possession of the property of another student without the willing permission of the owner.
7. Buy or sell property, nor borrow money, without the permission of the Houseparent(s).
8. Indulge in personal relationships of a physical nature with another pupil.

A comprehensive guide to the Rossall Rules will be issued to the student upon arrival at Rossall.



Rossall Rules continued.....

All students are required to sign this form upon admission to Rossall. Please print this form, complete and return by fax to Mrs Calderbank on +44 (0) 1253 772052 or by post to Mrs Calderbank, Rossall School, Broadway, Fleetwood, Lancashire FY7 8JW, UK.

Student's Name: _____

Date of Birth: _____

I have been given a copy of the Rossall Rules and Sanctions Document. I understand them.

I agree to abide by the Rossall Rules and understand the Sanctions that may be imposed if I break the rules. I agree to accept the authority of the Headmaster.

Signed: _____ **Date:** _____

In the presence of : _____ **Date:** _____

Rossall Drugs Policy

Statement of Policy

It is Rossall policy that it shall actively discourage the use of controlled drugs and shall treat cases of use by its students or staff as serious misconduct.

Implementation of this Policy

Where a member of staff suspects that a student is using a controlled drug, or there is evidence of equipment used in connection with the use of such substances or there is information which indicates such use, the matter will be investigated by the Headmaster.

The Headmaster or in his absence the Deputy Headmaster, may after considering the evidence, require that the student take a urine test. This test shall be carried out in accordance with a strict procedure and take place in the School Medical Centre under circumstances of the strictest hygiene and care, whilst still maintaining the privacy and dignity of the student.

The sample shall be submitted to an independent laboratory for testing. A second sample will be available, on request, for re-testing by another laboratory, if required, by the parents.

Discipline following misuse

If the test is positive the Headmaster will exercise his discretion as to whether the student will be allowed back to school after a period of suspension. If the student is re-admitted, it will be on the express understanding that random testing will occur. Any second offence will lead to immediate and permanent exclusion.

Any student caught in possession of or using controlled drugs or being in possession of them with intent to supply, shall invariably be expelled.

The above is a summary of the Rossall Drugs Policy Document: a full copy of this document is available on request.



Rossall Drugs Policy continued....

As a Condition of Acceptance, parents are required to sign the following form and return this slip to Rossall immediately. Please print this off, complete and return by fax to Mrs Calderbank on +44 (0) 1253 772052 or by post to Mrs Calderbank, Rossall School. Broadway, Fleetwood, Lancashire FY7 8JW, UK.

I have read the Drugs Policy and consent to my son/daughter* being required to provide urine samples for testing, in accordance with the policy.

Parent's Name: _____
(in block capitals)

Student's Name:
(as shown in their passport) _____

Student's House: _____

Signed: _____ (father) _____ (mother)

Date: _____

When the pupil is over 16 at the beginning of the term, or will become 16 during the term, the pupil's consent is also required to the following statement:

Student Declaration:

I have read the School Drug Policy and will provide urine samples for testing if required to do so in accordance with the Policy.

Signature of Student: _____

Date: _____

*Please delete as appropriate.