

PUPIL INFORMATION FORM



Please print clearly

		'	rieuse print cleurly		
Surname:				Legal surname:	
Forename:				Middle name:	
Preferred name:				Gender:	Male / Female
Address:				Date of birth:	
				Post code:	
emergency	v. We pre	fer to have a minimum of 3			wish to be contacted in an at you wish for them to be
contacted in an emergency. Priority Name/Relationship			Home contact details		Work contact details
	Name:	<u> </u>	Address:		
ı	I Relationship: Date of birth: National Insurance number:		Tel: Mobile: Email:		Tel: Email:
2	Name: Relation Date of Nationa		Address: Tel: Mobile: Email:		Tel: Email:
3	Name: Relation	nship:	Tel: Mobile: Email:		Tel: Email:
4	Name:		Tel: Mobile: Email:		Tel: Email:
Please inform the school office of any changes of address, telephone number, emergency contact etc.					
Please pr	ovide det	ails of any existing cou	rt orders:		
Child's a	·ovious s	shool on players			Tol
Address:	revious so	chool or playgroup:			Tel:
Address.					
Travel ar	_		nly) Walk Taxi	Car Share	Other

Regular Travelling Home Permission Arrangements

Please tell us which adult(s) your child regularly has permission to go home with on days when you are not collecting them. Please include the adult's full name and relationship to your child. These arrangements will remain in place until you advise us of any changes.

	Full name	Relationship to child				
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Diotam poods						
Dietary needs	:					
Please continue o	on a separate sheet if needed and attach firmly. If yo o	ur child is having hot meals in school you				
	to complete a Special Diet Form for the hot					
more details.		-				
Milk - Free milk	s is available for all children aged under five in school	, funded by the UK government. In our school,				
this milk is prov	ided by Cool Milk. If you would like your child to re	eceive free school milk we can register your				
	chalf. By ticking 'yes' below you are giving us consen to as part of the registration process. Please tick 'No					
Shortly before y	and date of birth as part of the registration process. Please tick 'No' if you do not wish us to register your child. Shortly before your child turns five, you will be offered the opportunity to pay a subsidised rate for your child to					
continue to rece	eive milk. Milk is available at lunchtime for children e	eligible for free school meals.				
YES	NO					
www.coolmilk	www.coolmilk.com/register					
The Headtead	: Please provide any information you feel relector will be happy to discuss any special needseeds, medical needs.					
Please continue o	n a separate sheet if needed and attach firmly.					

				guages that your child has been		
your child's proficiency in Ei		opment	and currently in the home	or in the community, irrespective of		
Ethnicity	igiisii		Language	Religion		
Any other Asian Background			Arabic	Buddhist		
Any other Black Background			Bengali	Christian		
Any other Ethnic Group			English	Hindu		
Any other Mixed Background			Hindi	Jewish		
Any other White Background			Spanish	Muslim		
Bangladeshi			French	Sikh		
Black African			German	Other religion		
Black Caribbean			Swedish	No religion		
Chinese			Other (please state)			
Gypsy Roma			, , , , , , , , , , , , , , , , , , ,			
Roma						
Indian						
Pakistani						
Traveller of Irish Heritage						
White British						
White Irish						
White Asian						
White and Black African						
White and Black Caribbean						
This information will be kept of	onfiden	tial. It i	s required, so that we can ch	eck if your child is eligible for Pupil		
Premium funding. Please delet				, ,		
Adopted	YES	NO		nce of an adoption certificate.		
Special Guardianship	YES	NO		nce that your child left care under a		
Order			Special Guardianship Order	•		
Child Arrangement	YES	NO		at your child left care under a Residence		
Order (Previously known as			Order.	,		
Residence Order)						
Child looked after	YES	NO	If yes, please provide name	of local authority below -		
		after by	a local authority for one day	or more in the current term. Please		
specify which local authority -						
			T =			
Service Personnel	YES	NO		ives with a parent/carer who is serving in		
				r if your child is in receipt of a pension		
			from the Ministry of Defence. Please provide evidence for the			
			above arrangements.			
DADENITAL CONCENITO						
PARENTAL CONSENTS	44			, · · , ·		
Consent for your child to a	ittena	scnooi	trips and other offsite act	tivities.		
The trips and activities covered by this consent include;						
 All visits which take place during term time Adventure activities 						
 Adventure activities Offsite sporting fixtures outside the school day 						
The School will send you information about each trip or activity before it takes place.						
You can, if you wish, tell the school that you do						
activity.	ciiooi ti	iat you v	do not want your child to tak	te part in any particular school crip of		
activity.						
Written parental consent will	Written parental consent will not be requested from you for the majority of offsite activities offered by the school.					
For example, year group visits to local amenities, as such activities are part of the school's curricu						
	take place during the normal school day.					
- France daring the normal s	J 551 G	-,.				
I/We give permission for my/our child to take part in school trips and other activities which take place off school premises.						
Signature:			Date:			

Pupil Name

PARENTAL CONSENTS CONTINUED

Consent for your child to use the internet

Signature:

All areas of the school have access to the internet, including email. The school internet service provider operates a filtering system which restricts access to inappropriate materials and while the school ensures suitable safeguards are in place to protect them, pupils themselves must also play their part. We have a list of Rules for Responsible Internet

Use (available on the school website), which we ask pupils to agree to and abide by. The rules are on display in each class and are discussed with pupils. Anyone deliberately breaking the rules will have their access to the internet within school either denied or, at the very least, severely restricted.
I/We give permission for my/our child to access the internet.
Signature: Date:
Consent for your child to watch PG graded films (School age pupils ONLY) Children may be shown PG graded films in class, in Starfish Club or at PTA events. I/We give permission for my/our child to watch PG graded films.
Signature: Date:
Consent for photographs, videos and audio recordings of your child For educational, safeguarding and organisational purposes we sometimes take photographs, videos and audi recordings of pupils. Generally, these will be taken by school staff or by other pupils but occasionally these may be taken by other organisations e.g. local media photographers. We really value using photos, videos and audit recordings of pupils to enrich our teaching and learning, to help us ensure children are safe and well cared for, to shart school life with parents and others and to celebrate success.
Under the General Data Protection Regulation (GDPR) schools are permitted to use photos, videos and audit recordings of pupils where it is for the fulfilment of a public task to support teaching and learning and to ensur children are safe and well cared for e.g. on display boards or via whiteboards in classrooms and around school; and for a number of different systems for paper and electronic management of pupil records.
Where photos, videos and audio recordings of pupils are taken and used for reasons other than the fulfilment of public task it is necessary to obtain parental consent.
 We would be grateful if you could please sign below to provide your consent and indicate whether you child should be named and/or unnamed for the following: I/We give permission for photographs (including individual, group, class or whole school photos), videos and audio recordings of my/our child to be taken and used in school documents such as our newsletter and on YouTube or similar platforms with restricted access for school use and to share with parents, such as Show Cases; <u>AND</u> for group, class or whole school photos which include my/our child to be made available for purchase to me/us and other parents and staff which are:
unnamed only named or unnamed Please tick as appropriate
 I/We give permission for my/our child to take part in videos and recordings for use on YouTube or similar platforms with unrestricted access, such as Awesome Assemblies
Yes No Please tick as appropriate
 I/We give permission for my/our child to appear in photographs, videos and audio recordings that will be published online, unnamed, for marketing purposes e.g. to appear in our school prospectus or videos showing prospective parents our school in action Yes No Please tick as appropriate
Where a photo, video or audio recording of your child is to be used for a specific purpose outside of the reasons liste above we will make you aware and seek your consent.
Photographs, videos and audio recordings taken at public events/performances by parents and other third parties are considered to be for personal use and therefore, are not covered by the GDPR. However, it is <u>not</u> acceptable for these to be shared publically e.g. via social media, local media, websites etc.
If you have any questions or particular concerns and requirements please do get in touch.
If you change your mind at any time, please contact the school and we will arrange to update your preferences.

Date: ____

Pupil Name		
MEDICAL		
School age pupils ONLY - Year Reception to Year 6 - NOT Little Fishes Nursery	Pupils.	
The school will not administer medication unless this form is completed and signed. This info		
securely with your child's other records. If further information is needed we will contact you	. Please do 1	not
hesitate to contact the school if there are any issues you wish to discuss.		
The Medicine Believe control de calculation de Calle College College College	······································	.1.41.1
The Medicines Policy permits the school to administer the following non-prescription medical		
develops the relevant symptoms during the school day. Pupils will be given a standard dose su		
weight. You will be informed when the school has administered medication by text. The scho	ool holds a s	mali stock
of the following medicines:		
Paracetamol		
Taracetariio		
Anti-histamine		
Tick the non-prescription medications above that you give your consent for the school to ad	minister dur	ing the
school day and confirm that you have administered these medications in the past without adv	erse effect.	Please keep
the school informed of any changes to this consent.		
Signature: Date:		
Print Name:		
I/We give consent for any first aid or emergency medical treatment necessary to be giver educational visits or activities.	n during the	e course of
educational visits or activities.		
Signature: Date:		
Print Name:		
Medical Practice:		
Address: Tel No) :	
Has your child had any of the following -		
Asthma (parents of pupils with asthma must also sign an asthma protocol form – available	YES	NO
from the school)		
Bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Epilepsy	YES	NO
Severe headaches	YES YES	NO
Diabetes		NO
Allergies to any known drugs or medication	YES	NO
Any other allergies e.g. material, food, insect bites etc. (parents of pupils prescribed an	YES	NO
auto injector must also sign the relevant auto injector protocol form available from the		
school) Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO
Is your child taking medication	YES	NO
Is your child's vaccination against Tetanus up to date	YES	NO
Is your child receiving medical treatment of any kind from either your family Doctor or	YES	NO
, , , , , , , , , , , , , , , , , , , ,	-	

YES

NO

Hospital

Has your child been given specific medical advice to follow in emergencies

and dosage of any medication.
Please continue on a separate sheet if needed and attach firmly.
For Nursery and Reception Pupils ONLY
Evidence Me software allows us to share what your child is doing in school. The 'Parent Share' feature in Evidence Me enables you to view reports (complete with photos) via the app or web suite, showing you what your child has been learning and the new skills they are developing. You can send us your comments and feedback by simply adding them to the reports, allowing our staff to support your child even more effectively in the classroom. You can also take an active role in contributing to your child's observation portfolio by uploading your own observations, simply add these to the app or web suite.
If you agree to using this software you will receive an email in the coming weeks from support@2eskimos.com asking you to confirm that you would like to participate. Make sure you check your spam/junk inbox as sometimes emails can get lost in there.
Participation is optional, but we really recommend getting involved. If you have any questions or need any additional information, please contact the school directly.
Please visit http://help.evidence.me/parent-share/help-for-parents/ for further information and guidance.
We require your agreement for the following –
I. I understand that my/our child's image and/or first name may appear in photographic and video media in other children's Learning Journals, which can be viewed by their parents/carers and staff only.
2. I agree that I will not share any media contained within my child's Learning Journal on any social media sites.
3. I agree that the school can provide my email address to 2simple for the purpose of receiving updates and accessing my child's profile only.