



CONTACT FORM FOR FULWELL INFANT SCHOOL ACADEMY



Please read carefully and complete all sections. Thank you

DATE:

Child's Surname Boy Girl

Child's Forenames Date of Birth

Child's Address

..... Post Code:

Who has parental responsibility for the above named child

Parent 1: Name..... Relationship to child

Mobile No.

E-mail address

Work Telephone No. Occupation

Parent 2: Name..... Relationship to child

Mobile No.

E-mail address

Work Telephone No. Occupation

Please provide additional address if responsibility is shared or if a second report is required

Details of brothers/sisters:

Name	Age	School
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Name of your child's Doctor/Medical Practice:

Only prescription medicine can be dispensed at School to your child this includes asthma inhalers. If they suffer from a condition which will require medication to be taken whilst at School please contact the Office.

Does your child have any of the following health problems? Please circle!

Asthma	Yes	No	Eczema	Yes	No
Epilepsy	Yes	No	Diabetes	Yes	No
Food Allergy	Yes	No	(e.g. Nuts, Dairy, Gluten)		
Fainting	Yes	No	Blackouts	Yes	No
Speech Difficulty	Yes	No	Hearing Difficulty	Yes	No
Wears Glasses	Yes	No			

Would any of these affect your child's ability to take part in any school activity? **YES** **NO**
(Please give details)

Does your child take daily medication at home which may affect any emergency treatment they may require?

YES **NO**

Does your child receive regular hospital treatment

(Please give brief details)

YES **NO**

Does your child receive Specialist Help (e.g. Speech Therapy)

(Please give brief details)

YES **NO**



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PARENTAL PERMISSION FORM FOR EMERGENCY TREATMENT FOR ALL CHILDREN

In order to ensure that your child receives the best and most appropriate care, attention and treatment should there be a medical emergency either in School or whilst out on an authorised visit, please complete and sign the declaration below.

DECLARATION FOR EMERGENCIES

I **AGREE** to the Headteacher (or senior member of staff in charge) taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the School or while my child is on an authorised visit.

I understand that the Headteacher (or senior member of staff in charge) will make every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child to the Hospital in the case of a serious accident/emergency.

I give my permission for the (or senior member of staff in charge) to authorise hospital staff to administer essential treatment until my arrival.

Signed by those with parental responsibility:

Name:

Date:

Signature:

Name:

Date:

Signature:

If you do not agree to any or all of the above Declaration, please do not sign it but make your views known in the space below. The Headteacher (or senior member of staff in charge) will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the Declaration and would prefer the following procedure to be followed for my child in the event of an emergency:

Name:

Date:

Signature:

Name:

Date:

Signature:



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CONSENT FORMS

It may be necessary on occasion to share details of your child with multi-agency partners and they in turn share information with us.

Please tick this box to give consent

Parental consent for the use of photographs of children Internet/Press Photograph/Video Permission Form

Pupils are photographed in connection with their achievements in School, School Plays, Concerts, School Trips, performances and sports events for educational purposes. These photographs may be used in Learning Journals/Books, the Prospectus, the Newsletter, displays in School or the School Website. They are kept until the year after the child leaves School and then destroyed.

I am the parent/legal guardian and I indicate below my preference regarding photography or videotaping of my child whilst in the care of Fulwell Nursery and Infant School Academy for the purpose of publication on the School Website (no name will appear alongside the photograph).

Please circle your preferences:

Learning Journals/books

Yes

No

School Prospectus

Yes

No

School Newsletter

Yes

No

Displays in School

Yes

No

School website

Yes

No

Professional individual/class photographs

Yes

No

Press Photographs (Parents will be contacted on an individual basis) Yes
 No

Please be aware that a photograph will be held on the Management Information System, and in the school kitchen if your child has identified allergies or dietary needs.

FOR CHILD PROTECTION REASONS, NO PERSONAL INFORMATION ABOUT ANY CHILD WILL BE GIVEN IN ANY PUBLICATION.

Parent's signature(s)

Date:

Any consent given by a parent or guardian in this form may be withdrawn at any time by providing a written statement and handing it to the School Office.



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INTERNET USE & E-SAFETY

ICT including the internet, e-mail and mobile technologies, etc has become an important part of learning in our School. We expect all children to be safe and responsible when using any ICT.

Please read and discuss with your child the e-Safety rules, which can be viewed on the School Website.

We have discussed this and agree to follow the e-Safety rules and to support the safe use of ICT at Fulwell Infant School Academy

Parent/Carer Signature

All policies can be viewed on the School Website - www.fulwellinfant.org.uk - please follow the links. If you require a paper copy of any policy please contact the School Office.

VISITS OUT OF SCHOOL

From time to time, we need to take children out of School into the local area as part of their curriculum activities (e.g. to the Library, Sea Road).

NB: If the trip involves any form of public transport/hire of coaches, we will contact you with specific arrangements

Please sign to give your permission here:

Parent/ Carer Signature:

FRUIT SCHEME

I give permission for my child to take part in the free fruit scheme.

Parent/ Carer Signature:



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FOR YOUR CHILD TO VIEW DVDS/VIDEOS IN SCHOOL

At certain times of the year, we like to give the pupils a 'treat' and watch a film or DVD in class. This is normally a Disney film (Shrek, Toy Story etc) and linked to curricular study, comparing books with film.

Obviously there are classifications of films that we must observe. This information is to both advise you of the School's practice in this area and request your permission for your child to participate when we decide to show a film.

The choice of movie will *always* be appropriate to your child's age group and we would never show anything that we judge likely to cause upset.

Please take a moment to review the options and tick the most appropriate one.

I am happy for my child to watch films/programmes-classification **PG** **Yes** **No**

I would prefer my child to watch films/programmes - classification **U** **Yes** **No**

NB: PG classification would be at the discretion of the School - movies such as Matilda - we would check with Class Parents before showing (text message)

U classification - we would not seek further authorisation from Parents.

Parent's / Carer's signature



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HOME-SCHOOL AGREEMENT

SCHOOL WILL:

- Encourage the children to keep the School Rules
 1. Be kind and caring
 2. Be respectful to adults and each other
 3. Do as an adult asks you in School
 4. Be friendly and polite
 5. Be honest
- Care for the children's safety and happiness
- Treat all children equally, celebrating cultural diversity and challenging prejudice
- Encourage the children to do their best at all times
- Encourage the children to take care of their surroundings and others around them.
- Share information with multi-agency professionals to keep children safe.
- Keep parents informed about their children's through reports and progress meetings

FAMILIES WILL:

- Encourage their child to keep the School Rules
- Make sure their child arrives in School on time each day
- Keep the School informed of any concerns or problems that might affect their child's work behaviour
- Listen to their child read each night and support them generally in any opportunities for home learning
- Attend open evenings
- Keep to agreed procedures about leave of absence and take family holidays during designated school closures
- Protect the safety of all children by keeping Ebdon Lane as a traffic free zone and not bringing cars into the School Grounds
- In their use of social media/Facebook/Twitter, refrain from naming the School, staff or children or discussing School issue
- Share information from other professionals regarding the child's development
- Inform the School on the first morning of their child's absence

TOGETHER WE WILL:

Do everything in our power to help each child reach their full potential in all aspects of their early development whilst enjoying School life

Parent/Carer Signature:

Headteacher Signature:

Wendy Angus

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TO WHICH RELIGION IS YOUR FAMILY AFFILIATED? (Please circle)

Church of England	Methodist	Roman Catholic	Hindu
Jewish	Sikh	Muslim	
Jehovah's Witness	No Religion		

If other please specify

Is your child able to take part in: Religious Education	YES	NO
Assemblies	YES	NO

TO WHICH ETHNIC GROUP DO YOU CONSIDER YOU BELONG?

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.**

The information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.

Please study the list and select **only circle** to indicate the ethnic background of the pupil named on the Admissions/Contact form

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Chinese

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Black or Black British

- Caribbean
- African

Any other Black background

WHICH LANGUAGES ARE SPOKEN AT HOME:



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WHICH LANGUAGES ARE SPOKEN AT HOME:

We would like the following Educational Information:

Has your child attended a nursery / playgroup before? **YES** **NO**

Name of Nursery

Year of Admission to Nursery Number of Terms Attended

Which sessions has your child attended

Has your child attended another school? **YES** **NO**

Name of provisionNursery Infant Primary

Local Authority

**Is there anything else that you would like to share with us that you consider would be helpful:
(e.g. court orders affecting contact; childminder who cares for your child)**

Parent/Carer Signature

Date

Any other information you would like to share?



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SCHOOL DINNERS

Although all children, **except Nursery**, will benefit from a free school meal in September, if you qualify for any one of the following criteria you still need to apply for free school meals. School will then receive additional funding which will be of benefit to your child, such as After School Club and School Trips.

- Income Support
- Income Based Jobseekers Allowance
- Income related Employment and Support Allowance
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- The guarantee element of State Pension Credit
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190
- Working Tax Credit run-on
- Universal Credit

To check if your child is eligible please access www.togetherforchildren.org.uk - Family Portal which gives information regarding the eligibility criteria and if eligible please complete the on line application via the Family Portal.



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DISABILITY EQUALITY SCHEME

We have a Disability Equality Scheme, which is a statutory responsibility for all schools. As part of this we are required to consult with parents and gauge your views and needs.

The information about disabled parents and community users will be used to assess:

- The effect of our policies and practices on the involvement of parents in their child's education
- The effect of our policies and practices on the involvement of disabled users in community activities.

The definition for disability being used is:

The Disability Discrimination Act 1995 defines a disabled person as someone who has a 'physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. The Disability Discrimination Amendment Act 2005 has extended the definition of disability to include people with HIV, multiple sclerosis and cancer from the point of diagnosis. Individuals with a mental illness no longer have to demonstrate that it is "clinically well-recognised"; although the person must still demonstrate a long-term and substantial adverse effect on his/her ability to carry out normal day-to-day activities.

We have 2 areas for your attention and consideration

SECTION ONE – IDENTIFICATION

For adults, identification of disability is by self-declaration. If you have any needs, disabilities or barriers that you would like to make us aware of, and any way in which we can meet these needs, please feel free to write below or telephone School Office 0191 549 5666

SECTION TWO – THE DISABILITY EQUALITY SCHEME AND ACTION PLANS

These are available from the School Office, on request. If at any time your position changes or you choose to share information with us, please contact the school. This way we can ensure we offer you every support and meet your needs.



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If your child is unwell we may need to contact someone who could look after him/her.

This could include yourself if you are usually available (during the day)

	First Contact (Priority)	2nd Contact	3rd Contact	4th Contact
Name				
Address				
Home Number/Works Number				
Mobile Number				
Relationship to Child				

REGULAR ADULT COLLECTION

Please write in box below the names of the adults who are allowed to collect your child. If your child is being collected by a childminder or will be attending Rainbow Club on a regular basis please indicate this.

The person collecting your child must be known to him/her. If someone calls to collect your child and their name is not on this list, your child **will not** be handed over. In an emergency you may ring giving a description and name of the person who will be collecting your child. If you wish to add or delete any name, please contact the School Office.

Anyone collecting your child **must be over the age of 16.**

Monday	Tuesday	Wednesday	Thursday	Friday