|  |
| --- |
| Child’s Name: |



**Marlfields Primary Academy**

**Pupil Registration Pack**

****

**Welcome to Marlfields Primary Academy**

This Registration Pack forms part of your child’s school record.

Please complete **ALL** forms in the pack.

If you have any questions, please speak to a member of the office staff who will be happy to help.



|  |
| --- |
| **Details of Child** |
| Surname: |  |
| Forename: |  |
| Middle Names(s): |  |
| Date of Birth: |  | Sex: | **Male / Female** |
| Address: |  |
| Previous Pre-School or Primary School: |
| **Parent / Carer Details** |
| Please Circle Applicable Title: | **Miss / Mrs / Ms / Mr / Dr / Other** (please specify) |
| Surname: |  | Parental Responsibility?**Yes / No** |
| Forename: |  |
| Relationship to Child: | **Mother / Father / Other** (please specify) |
| Address: |  |
| E-mail Address:  |  |
| Contact Numbers: | CCF16062008_00000Home:Mobile:Work: |
| Does your child live with this person? **Yes / No** |
|  |  |
| Please Circle Applicable Title: | **Miss / Mrs / Ms / Mr / Dr / Other** (please specify) |
| Surname: |  | Parental Responsibility?**Yes / No** |
| Forename: |  |
| Relationship to Child: | **Mother / Father / Other** (please specify) |
| Address: |  |
| E-mail Address:  |  |
| Contact Numbers: | Home:Mobile:Work: |
| Does your child live with this person? **Yes / No** |

When a child lives with someone other than a parent, the school needs details of those persons who have parental responsibility. This is always the natural mother and where parents were married at the time the child was born, the natural father also retains parental responsibility,

If parents are separated or divorced, has a court order been issued? **Yes / No**

**Emergency Contact Details**

If your child becomes ill during the day we may need to contact you or someone acting on your behalf who is able to collect your child.

 **In the first instance, we will always try to contact parents unless notified otherwise.**

Please give emergency contact numbers that we may use in an emergency. If you have no relatives in the area, then ask a friend, neighbour or child-minder if they would be willing to act on your behalf as an emergency contact.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Contact | Relationship to Child | Contact Number | Does this person have permission to collect your child? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Service Children**

****Do any of the following apply to your child?

“one of their parents is serving in the regular armed forces” **Yes / No**

 “one of their parents served in the regular armed forces in the last 3 years” **Yes / No**

 “one of their parents died whilst serving in the armed forces and the child

 is in receipt of a pension under the Armed Forces Compensation Scheme **Yes / No**

 and the War Pensions Scheme”

**Other Information**

Do any of the following apply to your child? (This could support funding for your child, but we appreciate that you may prefer not to answer)

 “My child has previously been ‘looked after’ or ‘cared for’ by the Local Authority” **Yes / No**

 “My child is or has previously been under a ‘special guardianship order” **Yes / No**

 “My child is adopted” **Yes / No**

**Ethnically Based Statistics**

We ask for this information regarding ethnically based statistics to adhere to the statutory duties place upon us by the Department for Education. Information regarding ethnicity is classed as a “special category” under the GDPR regulations and we therefore need consent to collect and process this data.

**May we record and process this information? Yes / No**

First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information Refused**

**Medical, Health and Allergy Information**

We ask for information regarding medical conditions, general health and allergies that the children suffer from to enable us to keep the children safe whilst they are in the care of Marlfields.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child suffer from asthma? **Yes / No**

Type of inhaler(s) used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have answered “Yes” to this question, then please ensure that your child has a clearly named inhaler to be kept in their classroom.

This inhaler will be sent home at the end of each term.

Does your child have problems with their vision? **Yes / No**

Does your child have difficulties with hearing/wear a hearing aid? **Yes / No**

Does your child have any speech and language issues?  **Yes / No**

Please use the space below to let us know about any medical conditions/non-food allergies that your child suffers from that you feel the school should be made aware of.

Was your child a premature baby? **Yes / No**

Were there any birth complications?  **Yes / No**

If you have answered “yes” to either of the above questions please give details below of any significant medical interventions, needs or illnesses.

From time to time, classes will do food tasting, preparation and cooking.

 Does your child suffer from any food allergies or intolerances? **Yes / No**

If you have answered “yes” to the above question, please give us more details below.

**Please note, that if your child requires a special diet we will need a letter from (in the case of allergies) your child’s consultant, or for other reasons, from yourselves.**

Please tick this box if you will be requesting a special diet.

Please note that if your child’s dietary needs change in any way please inform the school office immediately.

When was your child’s pre-school check-up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were any issues raised? **Yes / No**

 Did your child meet all the milestones (in the Red Book) **Yes / No**

**Other Agencies**

To enable us to work in partnership with other agencies in the best interests of your child we ask that you let us know if there has previously been, or is currently, any outside agencies involved with your family.

This information is voluntary, but we would ask that, if you are happy to do so, you provide any relevant details below.

May we record and process information regarding outside agencies involved with your family? **Yes / No**

Are there any other professionals/agencies involved with your child? **Yes / No**

Name of professional / agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you happy for us to share information about your child’s development / well-being? **Yes / No**

Does your family have a social care worker for any reason? **Yes / No**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the reason for their involvement?

**Family Doctor Details:**

 Doctor Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If anything changes in the future, please contact the school office to let us know.**

Parent / Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please PRINT name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Settling your child into EYFS**

(For Foundation Stage children ONLY)

To help us settle your child into EYFS as smoothly as possible, we would be grateful if you could share some information with us so that we know a little bit more about them before they join us.

The information provided will remain confidential and will be kept, and destroyed in line with our Record Management Policy.

*Please note: this information is given on a voluntary basis.*

Are you happy to provide us with information to assist in a smooth transition? **Yes / No**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your child’s personality?

 Is your child toilet trained? **Yes / No**

Does your child need any assistance using the toilet? **Yes / No**

 What experience has your child of being cared for away from you? **Lots Some None**

 What type of childcare has your child had? **Relative Friend Baby Sitter Nursery**

 **Playgroup Child-minder Other**

What other information is it important for us to know about your child?

For example: what they like/dis-like, what fears/phobias they may have, any special words they use, what comforts them best when upset etc.

Is there any other relevant information or comments that we need to support your child’s emotional well-being?

For Example: a new baby, recent death in the family, separation of parents, house move etc.

**Home School Agreement**

Marlfields Primary Academy is an inclusive school where all are treated equally and given equality of opportunity regardless of gender, special needs, disability or race. To this end teachers and classroom assistants will provide a tailored approach to support learners with SEN – learning will be focused on individual pupils’ needs and abilities.

Literacy and Numeracy will be the backbone of a child’s success in learning. This school will drive its own improvement, set our own challenging targets and develop assessment for learning, which enables knowledge about individuals to inform the way they are taught and learn.

All will benefit from a rich, broad, balanced curriculum that will be presented in an interesting, exciting and imaginative manner with lots of opportunities for first-hand experience, practical work, investigation and learning through play.

We will enhance the curriculum whenever appropriate by visits, visitors and use of the environment. Success will be promoted and progress and achievements rewarded.

Parents and the wider community will be seen to be partners within the school. Marlfields Primary Academy will be welcoming, friendly, bright, lively, happy place where children come first and feel secure so they enjoy growing up.

**School:**

The school will try to:

* Encourage your child to do their best at all times
* Deliver a balanced and carefully planned curriculum which meets the needs of your child
* Encourage your child to take care of their surroundings and others around them
* Inform you of your child’s progress at regular meetings and in an annual report
* Keep you informed about general matters and about your child’s progress in particular

**Parents / Carers:**

I / We will try to:

* Ensure that my child attends school regularly, on time, and if absent to notify school as soon as possible
* Support the school’s policies and guidelines for behaviour
* Support my child in homework and other opportunities for learning at home
* Attend Parent’s Evenings and discussions about my child’s learning

**Pupils:**

I will try to:

* Do my best in all of my lessons
* Complete and return homework on time
* Wear my school uniform to show that I am proud to be at Marlfields Primary Academy
* Take good care of the school and equipment
* Be kind, helpful and polite to everyone

**Together:**

 We will try to:

* Support and encourage children’s learning to help them achieve their best
* Support Home / School communication

**Please sign below to confirm that you have read, understood and agree**

**to this joint agreement**

 On behalf of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent / Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Using Images of Children**

We often take photographs of children at Marlfields Primary Academy as a way of recording learning, experiences and memories. These images may be used in our school prospectus or in other printed publications that we produce, as well as in Newsletters, on our web-site and social media accounts

Pupils may be videoed for school-to-school conferences, monitoring, play performances or other educational use.

Marlfields Primary may be visited by the media who will take photographs or film footage of a visiting dignitary or other high profile event. Pupils will often appear in these images, which may appear in local or national newspapers, or on televised news programmes.

In order to comply with the *General Data Protection Act*, we need your consent to use these images publicly.

Please answer the following questions and sign and date the form

**If the form is not signed, we cannot, and will not use the photograph.**

Name Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Are you happy for Marlfields to use your child’s photograph in the ways mentioned above? **Yes / No**

Are you happy for Marlfields to use your child’s image on our web-site and social media accounts? **Yes / No**

Are you happy for your child to be videoed eg during performances/assemblies? **Yes / No**

If you answered “yes” to the last question are you happy for Marlfields to use the footage

on our web-site and social media accounts? **Yes / No**

Are you happy for your child to appear in the media (local press/television etc) **Yes / No**

Are you happy for your child to be photographed by other schools and companies if attending

external lessons or special events? **Yes / No**

**Please note that the web-sites can be viewed throughout the world –**

**not just in the United Kingdom where U.K. laws apply**

**Full information about using images can be found in the “Using Images Policy” which is available**

**on the Marlfields Primary Academy web-site.**

**WE WILL NOT ACCEPT UNSIGNED FORMS, OR FORMS SIGNED BY CHILDREN**

 I confirm that I have read the “conditions of use” (overleaf) and understand why my consent is required.

Signature of Parent / Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conditions of Use**

**Please see below the main points of our Using Images Policy**

**The full policy can be found in the policies section of the Marlfields Primary Academy’s web-site.**

1. Consent forms regarding photographs and videos are requested from parents at the beginning of each key stage – Foundation Stage 1, Foundation Stage 2, Key Stage 1 & Key Stage 2
2. We will not use the personal details of any child or adult in a photographic image or video without express permission to do so
3. The Principal of the school is responsible for deciding whether parents are permitted to take photographs and videos at school events
4. Parents are responsible for completing the Images Permission form and returning it to school
5. If there is a disagreement between separated parents over consent or a parent does not respond to a consent request, it will be treated as if consent has not been given and any photographs or videos will not be used
6. Staff will ensure that all children are appropriately dressed prior to taking any photographs and videos
7. Names of pupils will not accompany photographs and videos
8. We may include pictures of pupils and teachers that have been drawn by the pupils
9. Parents are entitled to withdraw or change their consent at any time. This should be done in writing (letter or e-mail) to the school office

 10 Official school photographs will be held securely on the school’s information management system

 11 Digital photographs will be reviewed and deleted on an annual basis (in line with the Records

 Management Policy)



**Marlfields Primary Academy**

|  |
| --- |
| **Pupil Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**CONSENT FORM FOR ALL SCHOOL TRIPS AND**

**OTHER OFF-SITE ACTIVITIES**

Please sign, date and return the form below to confirm that you are happy for your child to:

1. Take part in school trips and other activities that take place off school premises; and
2. To be given first aid or urgent medical treatment during any school trip or activity

**Please note the following important information before signing this form:**

* This permission form will last for the entirety of the time that your child is a member of our school community
* The trips and activities covered by this consent include;
* All visits that are arranged by Marlfields Primary Academy which will take place during the normal school day, after school hours, during holidays or a weekend
* Adventure activities at any time
* Off-site sporting fixtures outside of the normal school day
* The school will send you information about each trip or activity before it takes place
* All reasonable care will be taken of pupils in respect to any visit / activity
* Any medical conditions or physical disabilities will be notified to the school now and as and when they arise
* All pupils are covered by the school third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attribute to negligence by the school by one of its employees. The arrangements do not provide personal accident cover
* It is the responsibility of the parent / carer to inform school in writing of any change of address or telephone numbers
* It is the responsibility of the parent / carer to advise the school of any changes in medical conditions or allergies
* If at any point you would like to withdraw this permission, please do so in writing to the school office

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year group visits to local amenities – as such activities are part of the curriculum and usually take place during the school day.

Please complete the medical information section below (if applicable) and sign and date the form if you agree to the above.

**Medical Information**

Details of any medical condition that my child suffers from and any medication my child should take during off-site

visits (including inhalers);

Parent / Carer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**General Consents**

In line with the General Data Protection Regulation we need to obtain consent from parents to allow us to share information with chosen partners. If you change your mind at any time, you have the right to withdraw your consent – please contact the school office to do so. More information can be found in our Data Protection Policy which is available on our web-site.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Milk**

Children who are aged under 5 years of age are entitled to free milk at school. This provide by a company called ‘Cool Milk’. To allow us to claim milk for your child, we need to provide them with your child’s name, surname and date of birth.

We understand that not all children like milk, so please indicate below if you wish your child to have milk. Once your child has reached their 5th birthday free milk ceases, but you are able to purchase milk for your child through ‘Cool Milk’ which will be given to them at school.

**Do you consent for Marlfields Primary Academy to share your child’s details to**

**‘Cool Milk’ to enable them to provide free school milk? Yes / No**

Pupil’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do / do not want my child to have milk at morning break (please delete)



Parent / Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intimate Care Permission**

Parent:

* I agree to ensure that the child is changed at the latest possible time before being brought to school
* I will provide the school with spare nappies / pull-ups, wipes and a change of clothes
* I will inform school should my child have any marks / rashes in an intimate area
* I agree to a ‘minimum change’ policy (I.e. school will not undertake to change the child more frequently than needed
* I understand that if school are unable to clean up my child sufficiently, I will be contacted for collection

Pupil’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School**

* We agree to change the child only when required
* We agree to report should the child be distressed, or if marks / rashes are seen
* We will ensure that all possibilities will be exhausted prior to requesting that a child be collected

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 On behalf of Marlfields Primary Academy

**Educational Resources**

At Marlfields Primary Academy we use several educational web-sites and programmes to build and enhance our pupils’ knowledge.

Some of these web-sites and programmes require us to input your child’s first name, surname, date of birth and school year. For some of the assessment resources, we also add pictures of the children which we share with parents. On occasion they will also ask for the e-mail address and name of parents so that we can share progress. We need your consent to allow us to do this.

 **May we use the details above to build and enhance your child’s education**

 **using resources available to us? Yes / No**

**Communication**

Most of our communication is done by e-mail and text messages. This includes information about trips, general letters, parents’ evenings, updates and general school life.

We also send information out our PTA events using these methods of communication.

 **Are you happy to receive e-mails from Marlfields Primary Academy regarding school**

 **and pupil information, events and general school life? Yes / No**

**Are you happy to receive texts from Marlfields Primary Academy regarding school**

 **and pupil information, events and general school life? Yes / No**

**Are you happy to receive e-mails from Marlfields Primary Academy regarding**

**PTA events and external clubs taking place at Marlfields? Yes / No**

**Are you happy to receive texts from Marlfields Primary Academy regarding**

**PTA events and external clubs taking place at Marlfields? Yes / No**

**Free Early Years Entitlement**

All three and four year old children are entitled to **15 hours** of **FREE** Early Years (EY) Entitlement per week, across 38 weeks of the year.

Children will receive the free provision from the term **after** their third birthday as follows:

|  |  |
| --- | --- |
| **A child born on or between** | **can access a free place from** |
| 1st April and 31st August | The beginning of the Autumn term (September) |
| 1st September and 31st December | The beginning of the Spring term (January) |
| 1st January and 31st March | The beginning of the Summer term (after Easter) |

The FREE EY Entitlement can be taken flexibly within the following limits:

The full 15 hours have to be taken over at least 3 days per week and a maximum of 5 days per week

A minimum of 2.5 hours can be taken in any one day

A maximum of 10 hours can be taken in one day, but no more than 12.5 hours over 2 days

You can take the FREE EY Entitlement at up to two providers.

Please indicate below – by ticking the correct sentence – how you would like to claim your entitlement.

 Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will be using my free entitlement with Marlfields Primary Academy

I will not be using my free entitlement with Marlfields Primary Academy, and will be a fee payer

I will be sharing my funding between Marlfields Primary Academy and another provider.

Please indicate how you would like to divide the hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our Booking Sheet**

We ask that your child attends a minimum of three sessions per week. We will try to accommodate your preference, subject to availability. Please tick which sessions you would prefer your child to attend.

|  |  |  |  |
| --- | --- | --- | --- |
| **Session**  | **AM** | **PM** | **Full Day** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

Preferred Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will usually collect your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who else has permission to collect on your behalf? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In cases of separation, where there is a question of access, please forewarn staff of any potential problems.**