

Templemoor Infant and Nursery School

# Important Returnable Forms New Starters 2016-17 Nursery

Please complete <u>all</u> forms in this booklet and return the whole book to the School Office on the date of your visit to Nursery with the passport photographs, Medical Card and Birth Certificate.

We are unable to enrol your child without the completion of these forms and receipt of the requested documents.

Thank you.

Please complete forms 1 and 2. Form 3 is optional.

# Form 1: Data Collection (Nursery)



#### **Child's Details**

Legal Surname:	Legal Forename(s):
Preferred Surname:	Preferred Forename(s):
Home Address:	
Town:	Post Code:
Date of Birth:	Gender:

Mother/person with legal parental responsibility	Father/person with legal parental responsibility		
Title: Forename:	Title: Forename:		
Surname:	Surname:		
Home address (if different to child):	Home address (if different to child):		
Postcode:	Postcode:		
Telephone (Home)	Telephone (Home)		
Telephone (Business)	Telephone (Business)		
Telephone (Mobile)	Telephone (Mobile)		
Email:	Email:		

## Contacts: please provide two additional contacts for use in an emergency:

	Name	Relationship to child	Telephone Numbers	Name	Relationship to child	Telephone Numbers
-						

## **Medical and Dietary (✓)**

Coeliac	Dairy Free	No Pork	Nut Allergy	Peanut Allegy
Vegetarian	Other: please state			

Asthma	Bee Sting Allergy	Diabetes	Epilepsy
Kidney/Bladder	Deafness	Sight Impairment	
Other (Please give details	)	·	

Does your child wear spectacles?	Yes	No
Does your child need to take regular medication during school hours?	Yes	No
If yes, details:		

Name of GP	Practice/Centre Name	Address	Telephone No		
Name of Dentist	Practice Name	Address	Telephone No		
Date of last Tetanus Injection					

Ethnicity (✓)	icity (✓) White		Bangladeshi	
Pakistani	Black – African	Indian	Chinese	
Black – Caribbean Any other ethnic group (Please state)				
I would prefer not to answer				



Religion (√)	Christian	Jewish	Sikh
Hindu	Muslim	No Religion	Any other Religion
I would prefer not to answer		(state)	

First Language (✓)	Cantonese	Bengali	Punjabi
English	Italian	Turkish	Urdu
Gujerati	Greek	Hindi	Spanish
Portuguese	Any Other (Please state)		

#### **Travel Information**

Please tick one choice below

Walk	Cycle		Car/Va	n	Bus
Car Share (with a differen	t household)	Taxi		Other (please state	e)

### Welfare

Is your child currently, or have they previously been under the	Yes	No	
the LA (Looked After) (E.g. adoption or fostering)?			
If yes, which Local Authority?	e of Ador	otion:	

Does your child have a disability?	Yes	No
,	1	

**School History** 

Nursery	Nursery Phone No	
Name		
Your child's Unique Pupil Number	er Enter number	
(UPN) (your nursery will provide this).	is). Or ☐ My child did not have a UPN	

#### **Parental Consent**

In the event of an emergency, if we cannot contact you, do we have	Yes	No
permission to take your child to hospital?		
Do we have permission to apply a plaster if your child has a minor	Yes	No
cut?		
Do you give permission for your child to be taken out of school into	Yes	No
the local environment during his/her time at Templemoor Infant &		
Nursery School?		
Do we have permission to publish photographs of your child (e.g.	Yes	No
website)?		

## Siblings

If your child has a sibling at Templemoor or Moorlands please give details		
Name(s)	School (s)	

Signed	Print Name	Date

## **Early Years Pupil Premium**



Dear Parents/Carers,

Since April 2015, childcare providers have been able to claim extra funding through the Early Years Pupil Premium to support children's development, learning and care.

National data and research tells us that children eligible for free school meals tend to do less well, for example in 2014 45% of children eligible for free school meals achieved the expected level at the end of the early years foundation stage compared with 64% of other children. The Early Years Pupil Premium will provide us with extra funding to close this gap.

The Early Years Pupil Premium provides an extra 53 pence per hour for three and four year old children whose parents are in receipt of certain benefits or who have been in care or adopted from care. This means an extra £302 a year for each child taking up the full 570 funded hours entitlement to early education. This additional money could make a significant difference to your child's education.

We will use the extra funding to improve the quality of the early years education that we provide for your child.

It is well documented that high quality early education can influence how well a child does at both primary and secondary school so we do want to make the most of this additional funding. You may be aware if you have older children that pupil premium has been available for school age children and it has proved to have given a real boost to the children receiving the funding. We want to do the same for our early years children entitled to this funding.

We therefore ask that **ALL PARENTS** fill in the next form to allow us to claim the Early Years Pupil Premium.

Thank you for your support

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Stuart Hodgson

Headteacher

## Form 2: Early Years Pupil Premium



#### Child(ren)'s Details

Please complete for a	, Il children living wi	th you, includ	ling those under s	school age or atten	ding other	· schools
First Name	Last Name	Boy/Girl	Date of Birth	School	Relation	ship to
					child	
Your Details						
You: Title:	Forename:		Your Partner:	Title: Fore	name:	
Surname:			Surname:			
Home address:			Home address:			
	Postcode:			Post	code:	
	Date of Birth: Date of Birth:					
National Insurance/NASS Number: National Insurance/NASS Number		nce/NASS Number	•			
Income Details						
	Is your joi	nt family inco	me over £16,190	a year?		
□ Yes □ No						
Do you receive:						
Income Support					☐ Yes	□ No
Income Based Jobseeker's Allowance				□ Yes	□ No	
Income Related Employment and Support Allowance			□ Yes	□ No		
Universal Credit			☐ Yes	□ No		
Support from NASS (National Asylum Support Service) under part 6 of the immigration			ΠVos			
and asylum act 1999			☐ Yes	□ No		
Child Tax Credit but NOT Working Tax Credit, with household income of under £16,190			☐ Yes	□ No		
Working tax credit run-on			☐ Yes	□ No		
If you are not sure						
Please tick the above	•			=	-	
you are in receipt of one of the benefits listed above, but you would still like us to check whether your child						

is eligible for the early years pupil premium.

#### **Declaration**

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the Local Authority using this information to enable my child's Nursery to claim the early years pupil premium for my child.

Signed	Date	

## **Templemoor School Fund**



Dear Parents/Carers,

Throughout the year at Templemoor all children enjoy activities and experiences which enhance learning and enjoyment at school.

Friends of Templemoor, which you are members of, raises a great deal of money which contributes to many aspects of school life – for example a Story Telling Workshop, enhancing computing provision, etc.

School Fund pays for consumables such as plants, compost, cooking and baking ingredients and special art materials such as mosaic tiles, metal foil, etc.

Traditionally we have asked everyone to contribute to school fund by sending £1 per week to put into money boxes (Billy Bank) in each classroom.

To make contributing to school fund easier we would like to offer all parents the opportunity to contribute by standing order directly from their bank account. If you would like to contribute in this way (with the first standing order payment from 1<sup>st</sup> November this year) please complete Form 3.

The greater the contribution, the richer the provision. Remember, Templemoor Infant and Nursery School Fund is your child's fund!

Thank you in anticipation.

Yours sincerely

**Stuart Hodgson** 

Headteacher



# Form 3: Standing Order (Optional)

Your instruction to set up a **new standing order**.

Please write clearly in black ink in the spaces provided with capital letters or cross the boxes. All sections muse be completed. Please return the original form as photocopies can not be accepted.

1 Pupil Details		
Name of pupil	Class Nursery 2016	
2 Your Details		
Your full name or name of business	Your contact telephone number	
Bank Name and Address	Sort Code	
	Account Number	
3 Details of your standing order		
Payment Reference (completed by school)  2 0 1 5 2 0 1 6 - A	N	
	Payment Date November 2016	
	Payment amount in words  Ten pounds	
Recipient Account Number         Ho           1         7         9         7         1         3         6         0	w often to you want the payment made?  quarterly until further notice	
4 Your agreement with us		
I/we authorise you to debit my/our account, in accordance with the details above. This request is addresses to the bank which holds my/our account.		
Your signature	Date	