

CHILD'S NAME:



Templemoor Infant and Nursery School

Important Returnable Forms New Starters 2021 Reception

Please complete **all** applicable forms in this booklet and return the whole book to reception2021@templemoor.trafford.sch.uk by **Friday 25th June 2021**.

We are unable to enrol your child without the completion of these forms.

Thank you.

Please complete forms 1, 2, 3, 4, 5, 6, 7, 8, 9. Form 10 is optional.

FORM 1: DATA COLLECTION

STUDENT DETAILS	
Legal Surname:	Legal Forename(s):
Middle Name:	Preferred Forename(s):
Home Address:	
Town:	Post Code:
Date of Birth:	Gender:
Previous Nursery/ School, including contact details:	
Your child's Unique Pupil Number (UPN) (your previous nursery/ school will provide this).	Enter number _____ Or <input type="checkbox"/> My child did not have a UPN

PARENT CONTACT DETAILS (Parents/ Carers who live with the child at the same address)	
Parent 1	Parent 2
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 (Work)	Telephone (Work)
Telephone (Mobile)	Telephone (Mobile)
Email:	Email:

PARENTAL RESPONSIBILITY (It is a legal requirement that we keep details of all persons who have parental responsibility but do not live at the home address. As natural parents have voting rights in matters such as electing parent governors, the DFE instructs us to ask the following questions.)	
Name:	
Address:	Postcode:
Telephone (Home)	Telephone (Work)
Telephone (Mobile)	Email:
Relationship to student:	Parental Responsibility? YES NO
Is there a Court Order preventing communication with this person? YES NO	Is this person entitled to receive school correspondence and school reports? YES NO

DIETARY REQUIREMENTS (✓) (Please also complete Form 2 for specific allergies)				
Vegetarian	Pescatarian	No Pork	Coeliac	Dairy Free
Other: please state				

MEDICAL INFORMATION (✓) (Please also complete Form 3)			
Asthma	Bee Sting Allergy		Epilepsy
Kidney/Bladder	Deafness	Diabetes	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, please provide details:		

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

ETHNICITY (✓)			
Any other Asian background	Any other Black background	Any other Ethnic group	Any other Mixed background
Any other White background	Bangladeshi	Black African	Black Caribbean
Chinese	Indian	Pakistani	White British
White Irish	White and Asian	White and Black African	White and Black Caribbean
Any other ethnic background (Please state)			

Country of Birth	
-------------------------	--

FIRST LANGUAGE
Please state the first language spoken by your child:

RELIGION (✓)			
Christian	Muslim	Jewish	Sikh
Hindu	Buddhist	No Religion	Any other Religion (state)

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

Does your child have a disability?	Yes	No
------------------------------------	-----	----

If you answered yes to the question above, please provide further details:	
--	--

Does your child have any input with any of the following outside agencies?		
Speech and Language Therapy	Yes	No
Occupational Therapy	Yes	No
Physiotherapy	Yes	No
Paediatrician	Yes	No

Does your child have an Educational Health Care Plan (EHCP)?	Yes	No
--	-----	----

TRAVEL ARRANGEMENTS (Please state your child's main mode of transport to school)			
Walk	Cycle	Car/Van	Bus
Car Share	Taxi	Other (please state)	

PARENTAL CONSENT

I give permission to apply a plaster if your child has a minor cut?	Yes	No
Do we have permission to use wet wipes if your child soils themselves?	Yes	No
Do you give permission for your child to be taken out of school into the local area during his/her time at Templemoor Infant & Nursery School?	Yes	No

SIBLINGS

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

I confirm that the information provided in this document is correct

Signed	Print Name	Date
---------------	-------------------	-------------

FORM 2: SPECIAL DIETARY NEEDS

This form must be supported with a medical note to confirm the special diet. Please send a copy of the medical note to reception2021@templemoor.trafford.sch.uk. Thank you. **PLEASE COMPLETE EVERY SECTION EVEN IF IT IS TO SAY N/A (Non-Applicable).**

Pupil First Name:	
Pupil Surname:	
Date of Birth:	
Year Group:	RECEPTION
Parent Name:	

ALLERGY/ INTOLERANCE INFORMATION

Allergy/ Intolerance Details:
Symptoms:
Daily Care Requirements:

Signed:	Print Name:	Date:
----------------	--------------------	--------------

FORM 3: MEDICAL REQUIREMENTS

It is imperative that your child's current medical requirements are regularly updated on their school file and that up-to-date Health Care Plans are in place, where appropriate. Could you please complete this form with your child's current information. **PLEASE COMPLETE EVERY SECTION EVEN IF IT IS TO SAY N/A (Non-Applicable).**

Pupil First Name:	
Pupil Surname:	
Date of Birth:	
Year Group:	RECEPTION

Does your child have any existing medical diagnoses (e.g. diabetic; epilepsy; glue ear, asthma, eczema etc.)? Please detail in space provided.

Is your child currently under any medical professionals (e.g. Consultant; Paediatrician; Audiology; Orthotics etc.)? Please detail in space provided.

Is your child on any regular medical treatment (e.g. Epipen; Inhaler; Steroid cream; Antihistamine; Insulin; ADHD medication; Sleep medication etc.)? Please provide details (including name of medication, type of medication, dosage and timings) in the space provided.

Does your child need to use any specialist equipment on a daily basis (e.g. hearing aids; glasses; orthotic insoles etc.)? Please detail in the space provided.

Does your child's health pose any risk to them or to others in the school environment? If so, what?

Describe the signs that we should be aware of which might indicate the onset of an emergency and the action that should be taken;

Signed:	Print Name:	Date:
----------------	--------------------	--------------

FORM 4: CONSENT FOR TAKING AND USING PHOTOGRAPHS

At Templemoor Infant and Nursery School we sometimes take photographs of pupils. We use these photos in the school's handbook, on the school's website and on display boards around school.

We would like your consent to take photos of your child, and use them in the ways described above. If you're not happy for us to do this, that's no problem – we will accommodate your preferences.

Please tick the relevant boxes below:

Pupil First Name:	
Pupil Surname:	
Year Group:	RECEPTION
Parent Name:	

	Yes	No
I am happy for the school to take photographs of my child.		
I am happy for photos of my child to be used on the school website.		
I am happy for photos of my child to be used in the school Parent Handbook.		
I am happy for photos of my child to be used in internal displays.		
I am happy for photos of my child to be used on Twitter.		
I am happy for photos of my child to be used in the monthly newsletter that will be available to download from the school website.		

If you change your mind at any time, you can let us know by emailing admin@templemoor.trafford.sch.uk. If you have any other questions, please get in touch.

Signed	Print Name	Date

FORM 5: EMERGENCY CONTACT DETAILS

Pupil Name	
Year Group:	RECEPTION
Date of Birth	
Home Address	

Parent/ Carer 1

Name	
Home address (if different from above)	
Home telephone Number	
Mobile telephone number	
Email Address	

Parent/ Carer 2

Name	
Home address (if different from above)	
Home telephone Number	
Mobile telephone number	
Email Address	

ADDITIONAL EMERGENCY CONTACTS

Additional Contact 1

Name	
Home address	
Emergency telephone Number	
Relationship to Pupil	
Email Address	

Additional Contact 2

--

Name	
Home address	
Emergency telephone Number	
Relationship to Pupil	
Email Address	

PLEASE SET OUT THE PRIORITY IN WHICH YOU WISH THE NAMED INDIVIDUALS TO BE CONTACTED

1	
2	
3	
4	

FORM COMPLETED BY:

Name		
Relationship to Pupil		

I confirm that I have sought the agreement of each of the above named individuals to be named as an emergency contact for my child and their consent before sharing their personal data as set out above with Templemoor Infant and Nursery School for this purpose.

Signed	Print Name	Date

FORM 6: COLLECTION ARRANGEMENTS

Child's name:

Year: RECEPTION

Please complete the grid below to let us know who will be collecting your children on each day from September. You can put as many names into the days as you wish. If there are any changes you must inform us **in writing**.

Monday	Tuesday	Wednesday	Thursday	Friday

My child may also occasionally be collected by...

PLEASE NOTE THAT WE WILL NOT ALLOW CHILDREN TO GO WITH ANY PERSON NOT MENTIONED ABOVE UNLESS BY PRIOR ARRANGEMENT BETWEEN THE PARENT/CARER AND THE SCHOOL.

COOL MILK REGISTRATION

School milk is free for under-5s, and for over-5s it is available at a subsidised price of 22p per day.

Each child that registers with Cool Milk will receive a 189ml portion of semi-skimmed milk every day, delivered fresh and chilled to the classroom. Their school milk will not only provide them with essential nutrients, but as it is rehydrating and energy boosting it also bridges the gap between breakfast and lunch to help children stay focused. For more information on how milk can benefit children visit www.coolmilk.com/why-milk-is-great.

How to register

If your child is under five:

- Register online at www.coolmilk.com.
- You may register at any time during the school year for your child to start receiving milk. If you register by a Tuesday at 5pm, your child's free milk will start the following week.
- Free milk will continue until the Friday before your child's fifth birthday. You will receive a payment request four weeks before their birthday - if you wish your child to continue to receive school milk, simply make a payment.

If your child is five or older:

- Register and pay online at www.coolmilk.com.
- You can pay Cool Milk either online, over the phone or at a local PayPoint in half-termly, termly or annual instalments.
- You may register at any time during the school year for your child to start receiving milk. If you register by a Tuesday at 5pm, your child's free milk will start the following week.

If you have any questions regarding school milk please visit www.coolmilk.com or contact Cool Milk directly on 0844 854 2913. More information on milk is also available from the school.

FORM 7: PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE



It is not the role of schools to toilet train children entering Reception. We expect parents/carers to do all that they can to help their child by making sure s/he can go to the toilet by him/herself. We suggest that as well as being toilet trained, your child is able to confidently and independently manage their own toileting skills by the time they come to Reception, e.g. they should be able to wipe themselves and pull up their own pants. When a child starts Reception they can find themselves in unfamiliar surroundings and faced with new routines. In this environment sometimes accidents can occur. The staff in Reception are very experienced in dealing with issues such as this. They are aware of the need to provide the child with a safe and private area where they can be changed. Our toilets provide this privacy but also are observable by other adults in the classroom to ensure that both child and adult are safe and protected. Should small/minor accidents occur the agreed practice is that the child is supported in cleaning themselves under the direction of an adult. Parents may be called into school to take a child home to change if we feel your child needs a shower/wash after a soiling incident. The form below provides your permission for our staff to clean your child in the rare event of an accident happening.

On the rare occasion that my child may have a toileting accident, I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing, and toileting.

I will advise the Headteacher of any medical complaint or special educational need that my child may have which affects their ability to toilet independently.

Name of Adult	
Signature	
Relationship to child	
Date	
Name of child	
Gender	



Templemoor Infant and Nursery School

Acceptable Use of Computing Policy for Children

Dear Parent or Carer,

As part of the curriculum at Templemoor Infant and Nursery School, your child will be accessing computers. In order to support the school in educating your child about e-safety (safe use of the Internet), the school has an e-safety Policy available to view on the school website at templemoorinfants.co.uk

Please read and discuss our 'Acceptable Use Policy for Children' with your child and sign and return the form to school. Please support us in helping to keep your child safe. Should you wish to discuss this matter further, please do not hesitate to contact the school.

Yours sincerely,

A handwritten signature in black ink that reads "S Hodgson". The signature is written in a cursive, flowing style.

Mr Stuart Hodgson

Headteacher

FORM 8: ACCEPTABLE USE OF COMPUTING



**Templemoor Infant
and Nursery School**



Early Years Foundation Stage

Our rules for acceptable use of digital equipment and the internet. These rules help us to enjoy using technology and they keep us safe.

- I will tell an adult if I see something on the screen that I do not understand or that upsets me.
- I can use the computer, iPads and other equipment in my play.
- I will only use the programs or websites that my teacher has said I can use.
- I will take turns sensibly with the computer and other computing equipment.
- I will always be very careful using computers and computing equipment.
- If I break these rules I will not be able to use the computers in my play.

Signed (Child)	
Signed (Parent/ Carer)	
Date	

Pupil Premium

Dear Parents/Carers,

The Pupil Premium is additional funding given to state-funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers.

There are 4 elements to Pupil Premium:

1. Free school meal eligibility
2. Service children
3. Adopted from care, special guardianship order and residence order
4. Children in care

Any qualifying family that registers their eligibility (based on the free school meal criteria) will help raise pupil premium money for the school. For 2021-22, the additional funding will be £1,345 for a primary school, for each registered child.

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 Pupil Premium will provide us with extra funding to close this gap and 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 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 Pupil Premium.

Thank you for your support,



Stuart Hodgson
Headteacher

FORM 9: PUPIL PREMIUM SCHOOL FUNDING REGISTRATION FORM

ABOUT YOUR CHILD/CHILDREN

Surname	First Name	Date of Birth		

PARENT/CARER DETAILS

	Parent/Carer (1)										Parent/Carer (2)																			
Surname																														
First Name																														
Date of Birth	(DD)			(MM)			(YYYY)				(DD)			(MM)			(YYYY)													
NI Number																														
NASS Number																														
Daytime Phone Number																														
Mobile Number																														
Address (including postcode)																														

FAMILY INCOME AND BENEFIT DETAILS

Is your joint family income over £16,190 per year? (Please place an *X* in the appropriate box)

Yes

☐

No

☐

If you have ticked **YES** you do not need to complete the next section. Please go straight to the declaration at the end of the form.

If you have ticked **NO** please place an *X* in the box if you are in receipt of any of these benefits:

	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 the 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

	Please place an <i>X</i> in this box if you are not sure if your family income is over £16,190 or if 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 free school meals.
--	---

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 process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.

Signed_____ Date_____

PLEASE PRINT NAME_____

Templemoor School Fund

Dear Parents and 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 all 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.

We would like to offer all parents the opportunity to contribute to our School Fund by standing order directly from their bank account. If you would like to contribute in this way (with the first standing order payment from 1st November this year) please complete Form 10.

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

A handwritten signature in dark ink, appearing to read 'S Hodgson', written in a cursive style.

Stuart Hodgson
Headteacher

Form 10: 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 must be completed. Please return the original form as photocopies cannot be accepted.

1 Pupil Details

Name of pupil

Class

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	4	2	0	1	5	-	A	N						
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Recipients Name

1st Payment Date

Recipient Sort Code

3	0	9	0	1	6
---	---	---	---	---	---

Amount

Payment amount in words

Recipient Account Number

1	7	9	7	1	3	6	0
---	---	---	---	---	---	---	---

How often to you want the payment made?

<input checked="" type="checkbox"/>	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