

Queensgate Foundation Primary School



PUPIL DETAILS

Name:	<input type="text"/>
Date of Birth:	<input type="text"/>

Working together for a successful future

PUPIL DETAILS



AN **ORIGINAL** COPY OF YOUR CHILD'S BIRTH CERTIFICATE MUST BE SHOWN TO A MEMBER OF THE OFFICE ADMIN TEAM BEFORE YOUR CHILD ATTENDS SCHOOL

This information will be retained in accordance with the Data Protection Act. Please ensure you remember to tell us of any changes in writing so that we can update your child's record.

Please complete in capitals

Legal Forenames:

Legal Surnames:

Preferred Names::

Date of Birth: Gender: (Please tick) Male Female

Home Address:

.....

..... Postcode:

Is there a court order in place? (Please tick) Yes No
If Yes, please provide a copy to the school.

Name of Previous School (if applicable) and telephone number:
.....
.....

FAMILY AND EMERGENCY CONTACT DETAILS



Contact 1: Title: Forename: Surname:

Relationship to child:

Parental Responsibility: *(Please tick)* Yes No

Address *(if different from child)*
.....

Home Telephone number:..... Mobile:.....

Work Telephone number: Place of work:

Email address:

PERSON(S) TO BE CONTACTED (IN ORDER OF PRIORITY) IF PARENTS ARE NOT AVAILABLE DURING SCHOOL HOURS. THESE PERSONS MAY BE ASKED TO COLLECT YOUR CHILD FROM SCHOOL IF YOU ARE NOT AVAILABLE.

I confirm that any individual whose data I have provided has given me permission to provide you with their contact details and has given you permission to contact them if necessary. I will keep the school up to date with any changes.

Signed: Date:

FAMILY AND EMERGENCY CONTACT DETAILS

Contact 2:

Title: Forename: Surname:

Relationship to child:

Parental Responsibility: *(Please tick)* Yes No

Home Telephone number: Mobile:

Work Telephone number: Place of work:

Address *(If different from child)*

Contact 3:

Title: Forename: Surname:

Relationship to child:

Parental Responsibility: *(Please tick)* Yes No

Home Telephone number: Mobile:

Work Telephone number: Place of work:

Contact 4:

Title: Forename: Surname:

Relationship to child:

Parental Responsibility: *(Please tick)* Yes No

Home Telephone number: Mobile:

Work Telephone number: Place of work:



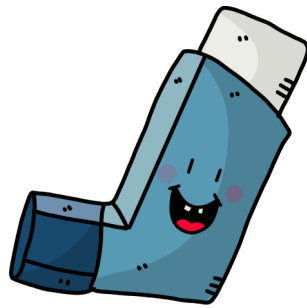
MEDICAL RECORDS



In order to provide the best care and welfare for your child whilst in our school, please complete the following information.

DOCTOR:	TELEPHONE NO:
SURGERY ADDRESS:	
KNOWN MEDICAL CONDITION/S	PLEASE STATE ANY MEDICATION/DOSAGE FOR THESE CONDITIONS AND ANY MEDICATION TAKEN REGULARLY
*If your child has No known medical conditions or allergies , please write NONE in the box opposite	
Does your child have any special needs (Speech & Language, Occupational Therapy etc.)	
Is your child allergic to sticking plasters?	Yes No

ASTHMA REGISTER



Please complete the following details if your child suffers with asthma.

We need to keep an Asthma Register of those children in the school who suffer with Asthma. All children who are asthma sufferers will carry their own medication with them whilst in school and on school trips in a medical belt.

If your child suffers from Asthma please complete the following information:

Asthma sufferer Yes No

Please state medication to be taken in school:

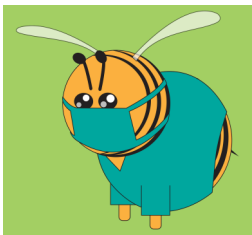
Dosage:

Known triggers:

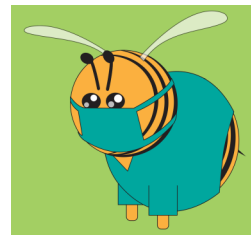
I give permission for the above named medication to be carried by my child in school and on School trips.

I will ensure it is within date and replaced regularly.

Signed: Date:



ALLERGIES



Allergies can be life threatening!

It is important that we know whether your child has any known allergies . Please provide allergy information below as diagnosed by your child's GP/Hospital.

My child has allergies Yes No

Type of allergy

.....

My child uses an Epi-pen in case of a reaction to any diagnosed allergy .

Yes
No

I give permission for my child to carry an Epi-pen whilst in school and on school trips.

I will ensure it is within date and replaced regularly.

Signed: Date:



DIETARY NEEDS

If your child has any specific dietary needs, as diagnosed by your child's GP/Hospital, please tick below.

	Yes	No
Gluten Free		
No dairy products		
Artificial colouring allergy		
Halal only		
Seafood allergy		
Vegetarian		
Other— <i>please specify</i>		

We encourage all pupils to try our nutritious school lunches. We appreciate there may be times when your child says they have an allergy to a particular food when in fact it's a food they don't like! We will always check with you to make sure!



FOOD TECHNOLOGY



During food technology activities carried out in school and during after school Cookery club, pupils may need to taste food.

Please let us know whether your child has any special dietary needs which could prevent him/her from tasting certain foods.

My child *(please delete the line that does NOT apply)*

A) *Can eat a variety of foods*

B) *should NOT eat the following foods:*

.....
.....
.....

Other comments:

.....
.....
.....

CURRICULUM ACTIVITIES THROUGHOUT EACH ACADEMIC YEAR



Internet Consent

I give permission for my child to access the internet and emails under supervised conditions for educational purposes for the duration of his/her time at Queensgate Foundation Primary School.

Signed: Date:

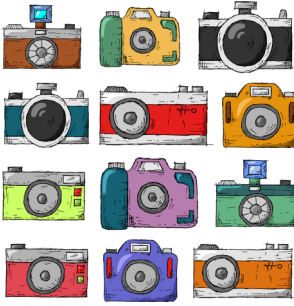


Sex and Relationship Education

I understand my child will receive age appropriate Sex and Relationship Education during each academic year during his/her time at Queensgate Foundation Primary School.

Signed: Date:

PHOTOGRAPHIC CONSENT



From time to time, we may want to take photos or video footage of your child either in school or when they are involved in organised activities away from the school site. We are keen to celebrate the various events that take place each year and may invite the local press into school or include details of an event on our website. We may use these pictures in school publications, such as the website, the prospectus or for displays.

In order to comply with the General Data Protection Regulations, we need your permission before we can photograph or make any recordings of your child. You have the right to withdraw your consent at any time and you can do this by contacting the admin office in school.

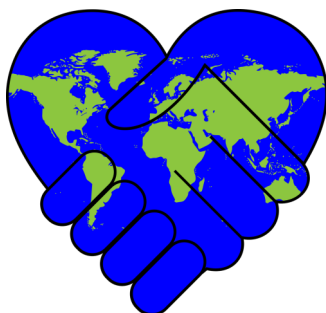
This form gives consent for the school to use pictures of your child for media and general publicity during his/her time at Queensgate Foundation Primary, including (but not limited to) the school website, leaflets, posters, display materials, prospectus and reports. It also provides consent for external photographic companies to take annual portraits of your child. Consent is valid for the period of time your child attends Queensgate Foundation Primary School.

I am happy for a photo/video of my child to be used in the following ways. Please tick all that apply.	
Used on the school website	
Used in the school newsletter	
Used in school related materials e.g. school prospectus	
Used on internal displays and/or books	
Used in media e.g. local newspapers	
I am NOT happy for my child's photo/video to be displayed in any of the above categories	

I have read and fully understand the school's Photographic Policy on the school website.

Signed: Date:

ETHNIC AND CULTURAL INFORMATION



ETHNICITY - *(Please tick ONE box from this list)*

Asian and any ethnic group		White and black Caribbean	
Black and any other ethnic group		White British	
Black Caribbean		White English	
Black European		White and any other Asian background	
Any other Black background		White and any other ethnic group	
Indian		Traveller of Irish Heritage	
Other mixed background		Prefer not to disclose	

RELIGION (If none, please state NONE below)	FIRST Language:
	HOME Language:
IS YOUR CHILD A FLUENT ENGLISH SPEAKER?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IS OR WAS EITHER PARENT A MEMBER OF THE SERVICES?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IS THIS CHILD ADOPTED?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IS THIS CHILD A 'LOOKED AFTER CHILD?' e.g. Adopted / Fostered – please also tick Yes if they have ever been in the past	Yes <input type="checkbox"/> No <input type="checkbox"/>
IS THIS CHILD A YOUNG CARER?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IS THIS CHILD A REFUGEE?	Yes <input type="checkbox"/> No <input type="checkbox"/>
COUNTRY OF BIRTH	
NATIONALITY	

SCHOOL TRIPS



Throughout the year, on occasions, your child will visit various places in connection with their curriculum or from invitations received by the school. You will always be informed when your child will be taking part in these trips. The majority of time your child will travel by coach or in the school mini-bus. He/she may also sometimes walk to different events.

Please complete the following information:

I acknowledge my child will take part in various off-site activities.

My child suffers with Travel Sickness Yes No

I will supply my child with: *(tick applicable item)*

Anti-sickness travel tablet

Anti-sickness wrist band

Alternative—please provide details:

.....

Signed: Date:

Additional Information

Parents/carers are given the opportunity to disclose any information about themselves (health or otherwise) that might be relevant to the care of their child and/or relevant when responding to an emergency. This should take place when a child is registered in any education setting and as part of annual updates to records.

Any voluntary information provided will be stored in accordance with our Data Protection Policy and will be retained for the period your child attends Queensgate Foundation Primary School.

The School will not share your information with any third parties unless specific consent has been given by you. **You have the right to remove that consent at any time and should notify the school if that is your decision.**

Name of Parent/Carer	
Child's Name/s	
Please provide any information about yourself, which you think may be relevant	
Signed: _____ Date: _____	



Queensgate Foundation Primary School

Home/School Agreement

Academic Year

2022–2023

Pupil:

Our School Vision

At Queensgate Foundation Primary School we:

- develop a love of learning through a wide variety of experiences and opportunities in a safe, stimulating atmosphere
- create independent learners who reach their potential
- have happy, confident and resilient people
- have high standards of achievement and behaviour
- are at the heart of the community

Working together for a successful future



Our School Code

- To use good manners all day, every day.



- Listening to teachers, adults and other children

- Being polite

- Being gentle



- Being helpful

- Looking after ourselves, other people and our school, inside and outside



- To make sensible choices

- Remember to say sorry if necessary

- Always tell the truth



- Be proud of ourselves, our uniform and our school



Working Together for a Successful Future

Pupils

I will ...

- use my good manners at all times; I will be polite to everyone
- respect other people, my school and my environment; I will look after everything
- look after my own belongings
- be kind, caring, helpful and gentle to everyone
- listen well and work hard, doing all my class work and homework as well as I can
- wear my Queensgate school uniform and I will be smart
- will follow all school guidance to ensure I stay safe online
- remember that I represent my school both at school and outside
- attend school regularly and on time
- I will follow the School Code

Signed:Pupil

Parents or Carers - I/we will ...

- support my child at home by reading, playing and chatting with my child on a daily basis
- ensure my/our child attends school regularly, punctually and properly equipped
- inform the school on the first day of any absence and follow up with a letter in writing when my/our child returns
- make the school aware of any concerns or problems that might affect my/our child's work or behaviour
- support the school's policies and guidelines for behaviour and follow the School Code
- attend parents' evenings and discussions about my/our child's progress
- arrange holidays outside of term time
- return any paperwork requiring my signature or information required to the office by the time requested

Signed: Parents/Carers

Class Teacher - We will ...

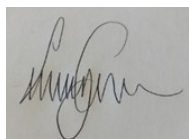
- achieve high standards of work and behaviour by building good relationships and developing a sense of responsibility
- keep you informed about general school matters and your child's progress
- be open and welcoming at all times and offer opportunities for you to become involved in the daily life of the school
- provide a balanced curriculum and meet the individual needs of your child
- create independent learners who reach their full potential
- be open and welcoming at all times and offer opportunities for parents to become involved in the life of the school

Signed: Teacher

Governors - We will work with our school staff to ...

- care for your child's safety and happiness
- make sure your child achieves their full potential as a valued member of the Queensgate school community
- provide a broad and balanced curriculum and strive to meet the educational needs of the pupils
- give your child a wide variety of experiences and opportunities in a safe, stimulating atmosphere
- encourage everyone in school to be happy, confident and resilient
- make sure that Queensgate is at the heart of the community

Signed:



Co Chair of Governors



Queensgate Foundation
Primary School



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- Being polite

- Being gentle



- Being helpful



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- Always tell the truth



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Working Together for a Successful Future

Jewellery in school



We would like to remind all parents that jewellery is removed for P.E. because of the danger of injury to the child and/or other pupils in the class.

Only ear studs and watches should be worn in class; hooped ear-rings, all other types of ear-rings, necklaces and bracelets are NOT allowed to be worn in school. The only exception to this is in cases of religious and cultural requirements.

Please sign below allowing your child to wear studded ear-rings during P.E. sessions. Ear-rings will need to be taped during P.E. sessions.

I wish to request that my child be allowed to take part in P.E. lessons wearing his/her ear studs or necklace for religious reasons only and will ensure my child brings tape into school so that they can be taped.

I understand that is recommended that all jewellery is removed for P.E.

I further understand that, in the event of an injury arising out of my child wearing ear studs or religious necklaces, neither the IWC or members of the Governing Board of the school will be prepared to accept any legal liability for such injury.

Signed: Parent/Carer

Date:

Travel Arrangements



Please advise us of how your child will come to school and go home each day. We realise these arrangements may change. All children must be accompanied by an adult when travelling to and from school until they reach the summer term of Year 4 when they are allowed to travel alone.

Please tick as appropriate.

Walk	
Car/Van	
Bus	
Taxi	
Cycle	
Scooter	
Car share	

The road surrounding Queensgate Foundation Primary School can be very busy, particularly at morning drop off and afternoon collection times.

If your child will be using a scooter or cycle please make sure they wear an appropriate helmet for their safety.

There are racks available in school for your child to store their scooter or cycle. Please make sure their scooter or cycle is named.