



### PARTICULARS OF CHILD ON ADMISSION TO SCHOOL

This information may be computerised and used for administration purposes. All personal information which is computerised has to be registered and may be used and disclosed only as described in the Data Protection Act 1998 and is GDPR 2018 compliant.

CHILD'S SURNAME:

GENDER: Male / Female / Unspecified

FORENAMES:

DATE OF BIRTH:

HOME ADDRESS:

PREFERRED MOBILE NUMBER FOR PARENTAL CONTACT:

PREFERRED EMAIL ADDRESS FOR PARENTAL CONTACT:

NAMES OF PARENT(S)/GUARDIAN(S) WITH WHOM CHILD LIVES:

MR./MRS/MS/MISS

Relationship to Child:

Landline and Mobile Number:

Email address:

MRS/MS/MISS/MR.

Relationship to Child:

Landline and Mobile Number:

Email address:

Are natural parents separated? YES/NO If Yes, who has legal parental responsibility: Mother/Father/Joint  
If separated does the other parent wish to receive copies of correspondence direct from school? If YES, please complete name, address, telephone number below and they will receive communications from school via email/text message:

Name:

Email address:

Mobile Number:

NAMES & AGES OF BROTHERS & SISTERS:

As part of the information that we hold on your child and that we submit to the Department for Education we do ask you to let us know your child's nationality and country of birth. You do have the right to withhold this information and also to retract this information if already previously provided at any time. Should you wish to retract previously provided information about nationality and country of birth please contact us at school by email to enquiries@nettleham-junior.lincs.sch.uk.

LANGUAGE SPOKEN AT HOME (1<sup>ST</sup> LANGUAGE)

RELIGION

NATIONALITY

COUNTRY OF BIRTH

ARMED FORCES/SERVICE CHILD: YES/NO

EMERGENCY CONTACT: please place in order that you wish for them to be contacted (eg Mother/Father's work/Grandparents/Other Relative/Friend/Neighbour)

1. NAME:

TELEPHONE:

Relationship to child:

2. NAME:

TELEPHONE:

Relationship to child:

3. NAME:

TELEPHONE:

Relationship to child:

**NAME OF FAMILY DOCTOR & PRACTICE ADDRESS & TELEPHONE NUMBER:**

**MEDICAL PROBLEMS:** This information will be treated in the strictest confidence. It is vital that we know of any problems, allergies etc. Please indicate any action which needs to be taken and drugs which must/must NOT be given.

**Any other information you think we should know**



### MEDICAL QUESTIONNAIRE

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#### TO BE COMPLETED BY THE CHILD'S PARENT OR GUARDIAN

**CHILD'S FULL NAME:**

**DATE OF BIRTH:**

**NAME AND ADDRESS OF FAMILY DOCTOR:**

**DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? PLEASE GIVE AS MANY DETAILS AS POSSIBLE INCLUDING MEDICATION**

**ANY CHEST PROBLEMS SUCH AS ASTHMA OR BRONCHITIS?**

**ANY ALLERGIES? (INCLUDING HAY FEVER, ANAPHYLAXIS)**

**ANY SERIOUS SKIN COMPLAINT SUCH AS ECZEMA?**

**ANY SERIOUS PHYSICAL DISABILITY?**

**ANY EAR PROBLEMS OR DEAFNESS, INCLUDING GLUE EAR? ANY PROBLEMS WITH NOSE-BLEEDS?**

**ANY HISTORY OF FITS, CONVULSIONS OR FAINTING?**

**ANY KIDNEY, URINARY OR BLADDER PROBLEMS?**

**DIABETES ?**

**ANY ABDOMINAL PROBLEMS, INCLUDING BOWEL PROBLEMS SUCH AS CONSTIPATION OR DIARRHOEA?**

**ANY SERIOUS ACCIDENT, ILLNESSES, OPERATIONS, FRACTURES ETC, OR ANYTHING ELSE YOU THINK WE MIGHT NEED TO KNOW?**

**DOES YOUR CHILD HAVE ANY PROBLEMS WITH SIGHT? (IF YES, IS THIS CORRECTED BY SPECTACLES?)**

**IS YOUR CHILD IN GOOD HEALTH AT PRESENT?**

**ARE YOUR CHILD'S IMMUNISATIONS UP TO DATE?**

**IT IS THE POLICY OF THE SCHOOL TO APPLY PLASTERS IN THE CASE OF MINOR GRAZES PLEASE INDICATE IF YOU DO NOT WISH THE FIRST AIDER TO CARRY OUT THIS PROCEDURE.**

**I GIVE PERMISSION FOR PLASTERS TO BE APPLIED YES/NO**

**ANY OTHER RELEVANT INFORMATION?**

**PARENT'S SIGNATURE**





# Nettleham

Church of England Aided  
Junior School

enquiries@nettleham-junior.lincs.sch.uk  
www.nettleham-junior.lincs.sch.uk



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Dear Parents/Carers,

## Improving the way we communicate with you

As a school we always try to ensure that our communications with you are as clear, timely and helpful as possible. Effective communications to and from parents are at the heart of the school community we are building.

In order to improve our communications with you further, we introduced a new service called TXTRound that enables us to communicate with you using text messages (SMS) to your mobile phone or land line. This enables us to send short reminders of important events, and other information wherever and whenever you happen to be. We also send by email copies of newsletters, letters and lots of other valuable information regarding our school.

We have found TXTRound to be very helpful for both parents and school staff.

In order for this system to work it is important that we have correct contact information for you, and I would therefore appreciate it if you could complete the information requested in the box below and return to school as soon as you can. We send one text message per child and will use the mobile number you give below. If you have special family circumstances it may be possible to have an additional number added, please contact the school office to discuss. You can of course opt out of this communication method by ticking the box, but we would urge you if you are considering this to try it first before making this decision.

Finally, we hope that you find this approach helpful. We welcome your feedback and comments. Rest assured your personal information is always fully covered under Data Protection rules.

Yours sincerely,

Mr. D. Gibbons  
Headteacher

Your Name & Mobile Number:

Name:

Your priority email address:

PLEASE PRINT CLEARLY IN PARTICULAR MAKE CAPITAL LETTERS AND UNDERSCORES ETC. CLEAR

Child's Name:

Your relationship to child:

I do not wish to be contacted in this way and would like to opt-out. ☐





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## Consent form for school trips and other off-site activities

Child's Name .....

Please sign and date the form below if you are happy for your child

- a) To take part in school trips and other activities that take place off school premises; and
- b) 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:

- The trips and activities covered by this consent include;
  - all visits/trips which take place during the school day
  - off-site sporting fixtures outside the school day,
- The school will send you information about each trip or activity before it takes place.
- You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity.

Written parental consent will not always 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 school's curriculum and usually take place during the normal school day.

Please complete the medical information section below (if applicable) and sign and date this 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:

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

Signed.....

Relationship to child .....

Date.....





## Photography Permission Form



This information may be computerised and used for administration purposes. All personal information which is computerised has to be registered and may be used and disclosed only as described in the Data Protection Act 1998 and GDPR 2018 compliant.

The use of photography is an important educational tool which is widely used in schools for recording, sharing and displaying the activities that your children have undertaken. We take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent. Therefore, as the parent or legal guardian of the pupil named below please complete and return this form indicating your permission or refusal to allow your child's photograph to appear in the following contexts;

- Local or national print media – i.e. individual, team or group photographs in newspapers or magazines.
- School website or other material published by the school, (please note that children will not normally be named).
- Displays of work around the school.

Please refer to the schools' *Policy for the Safe Use of Children's Photographs* for further information and feel free to contact the head teacher to discuss any concerns or issues related to this matter.

Yours Sincerely

David Gibbons

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I GIVE PERMISSION for my child's photograph to be used in the following contexts (please tick the relevant boxes):

- ☐ Local or national print media
- ☐ School website or other material published by the school
- ☐ Displays of work around the school

I DO NOT wish my child's photograph to be used in the following contexts (please tick the relevant boxes):

- ☐ Local or national print media
- ☐ School website or other material published by the school
- ☐ Displays of work around the school

Childs Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_





**Ethnic background record form (based on the new national population Census ethnic categories)**

Pupil's name .....

Class/Form .....

*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 below and tick one box only to indicate the ethnic background of the pupil or child named above. Please also tick whether the form was filled in by a parent or the pupil.

**White**

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

**Mixed**

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

**Asian or Asian British**

- ◆ Indian ☐
- ◆ Pakistani ☐
- ◆ Bangladeshi ☐
- ◆ Any other Asian background ☐

**Black or Black British**

- ◆ Caribbean ☐
- ◆ African ☐
- ◆ Any other Black background ☐

**Chinese**

☐

**Any other ethnic background**

☐

I do not wish an ethnic background category to be recorded ☐

**This information was provided by:**

**Parent**

☐

**Pupil**

☐

Please return the form to the school within four weeks in the enclosed envelope, or by bringing it into the school office (or by email if it's been sent to you that way).

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*(Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.)*





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## Nettleham C.E. Junior School

# RULES FOR SAFE USE OF THE SCHOOL COMPUTERS AND INTERNET

The school uses a wide variety of computing resources to help us develop our work and learn about new technology. When you start at the school, we will share with you our full Computing Pupil Agreement. Until then, we ask that you do the following:

- I will only access the system with my own login and password, which I will keep secret
- I will not access other people's files
- I will only use the computers for school work and homework
- I will only print work if given permission and when checked on print preview
- I will not bring in electronic devices, disks or memory sticks from outside school unless I have been given permission
- I will ask permission from a member of staff before using the Internet
- I will only use the school e-mail system as directed by school teachers/adults and I will not share my email address with anyone outside of school
- I will not give my home address or telephone number, or arrange to meet someone, unless my parent, carer or teacher has given permission
- I will report any unpleasant material or messages sent to me or if I find them whilst online. I understand that if I tell a teacher, it would be confidential and would help protect other pupils and myself
- I understand that the school may check my computer files and may monitor the Internet sites I visit
- No food or drink should be near the computers or iPads.

Name:

Date:

Signed:

(Pupil)

(Parent/ Guardian)





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## IMPORTANT INFORMATION

**Please complete and return to school**

**Dear Parent/Guardian**

In September 2014, a new universal eligibility checking service for free school meals was introduced, which enables us to check all pupils for free school meal eligibility. This system will also determine eligibility for Pupil Premium, which means schools will receive an extra £1,320 per eligible pupil from central government to fund valuable support such as extra tuition and learning support.

To help ensure that we are able to claim the correct level of funding, please provide the details requested on the form overleaf and return it to school as soon as possible. Parents do not have to provide this information but we would encourage you to register so that we receive as much Pupil Premium funding as possible.

To avoid requesting this information again, Lincolnshire County Council will store your data securely and it will be checked periodically for eligibility.

For more information on school meals and menus, please contact us for a copy. Meat and vegetarian options are available every day and most dietary requirements can be catered for.

Yours sincerely,

Headteacher



## Who is entitled to free school meals?

Your child might be able to get free school meals if you get any of the following:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)

Children who get paid these benefits directly, instead of through a parent or guardian, can also get free school meals.



# REGISTRATION FORM – PRIMARY PUPILS

This information may be computerised and used for administration purposes. All personal information which is computerised has to be registered and may be used and disclosed only as described in the Data Protection Act 1998 and GDPR 2018 compliant.

Please complete the information below and return this form to your school. The information will be processed by Lincolnshire County Council to check for eligibility for free school meals and additional pupil premium funding.

## Parent/Guardian Details with whom the child lives

	Parent/Guardian First Name	Parent/Guardian Surname	Parent/Guardian Date of Birth			Parent/Guardian National Insurance Number											
			DD	MM	YYYY												
1																	
2																	

## Child Details

	Child's First Name	Child's Surname	Child's Date of Birth		
			DD	MM	YYYY
1					
2					
3					
4					
5					

## Declaration

The information I have given on this form is complete and accurate. I understand that any personal information I provide on this form will be held securely on Lincolnshire County Council systems and used only for the purpose of checking free school meal eligibility. I consent to this information being used to undertake an eligibility check for free school meals which also determines eligibility for Pupil Premium. I understand that my information will be retained so that periodic checks can be undertaken.

Parent/Guardian 1 Signature:		Date:
Parent/Guardian 2 Signature:		Date:

