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**Bearwood Primary School**

**Pupil Information / Authorisation Booklet**

**PLEASE COMPLETE IN BLOCK CAPITALS**

**Child’s Personal Information:**

Surname: ……………………………………………………….. Forename: …………………………………………………………………..

Middle name(s): ……………………………………………. Chosen Name: ………………………………………………………………

Legal Surname :……………………………………………… Date of Birth …………………………………………………………………

Male: Female:

**For School Use Only:**

Adm No Adm Date Adm Date Year

**Child’s residential address:**

Address: …………………………………………………………………………………………………………………………

District: ………………………………………………………... Town …………………………………………………….

Postcode: ………………………………….... Telephone No: ………………………………………………………

|  |  |
| --- | --- |
| **Names of all playgroup/nursery/school attended:** | **Dates attended**  **(e.g. 06.01.05 to 23.12.05)** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

**Does your child have any siblings attending this school?**

Name of sibling: ………………………………………….. Year currently taught in: ……………………

Name of sibling: …………………………………………… Year currently taught in: …………………….

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| **Parental responsibility and/or emergency contact details:**  **Contact Priority 1**    Surname: …………………………………….…..……. Forename: ………………….………………… Mr/Mrs/Miss …….……….    Home Address: ……………………………………………………………………………………………………………………………………….    Postcode: …………………………………………. Relationship to child: …………………………………….….……...    **Telephone Numbers:** Home: ………………………………………………    Work: ………………………………….……………………………...………… Mobile: ………………………………………………….…….  Email address ………………………………………………………………… Occupation………...…………………………………………. | | | | | |
| **Parental responsibility and/or emergency contact details:**  **Contact Priority 2**    Surname: ……………………………………..…..……. Forename: ………………….………………… Mr/Mrs/Miss …….……….    Home Address: ………………………………………………………………………………………………….…………………………………….    Postcode: …………………………………………. Relationship to child: …………………………………….….……...    **Telephone Numbers:** Home: ………………………………………………    Work: ………………………………….………………………….….………… Mobile: ………………………………………………….…….  Email address ………………………………………………………………… Occupation………...…………………………………………. | | | | | |
| **Parental responsibility and/or emergency contact details:**  **Contact Priority 3**    Surname: ……………………………………..…..……. Forename: ………………….………………… Mr/Mrs/Miss …….……….    Home Address: ……………………………………………………………………………………………………………………………………….    Postcode: …………………………………………. Relationship to child: …………………………………….….……...    **Telephone Numbers:** Home: ………………………………………………    Work: ………………………………….……………………………...………… Mobile: ………………………………………………….…….  Email address ………………………………………………………………… Occupation………...………………………………………….  **\*PLEASE NOTE THAT WE MUST HAVE THREE EMERGENCY CONTACTS**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Parental responsibility and emergency contact details SEPARATED PARENTS/GUARDIANS**  **The Education Act requires that the School holds information of all parents/guardians who have parental responsibility. In the case of broken relationships, it is necessary to hold information on the parent/guardian no longer living with the child. Please note that preferred names of children cannot be used without consent from both parents/guardians who have parental responsibility.**  Title: ………. Forename: ……………………………………………… Surname: …………………….………………………………………  Relationship to child: ………………………………………………………………………..  Address: …………………………………………………………………………………………………....................................................  Post Code: …………………………………….... email ……………………………………………………………………….……………………  Tel ……………………………………….…Mobile ……………………….…..…….……..…Work ………………………………………….… | | | | | |
| **Please complete by placing a tick ONE in each of the three columns** | | | | | |
| ***Travel Arrangements*** | | ***Meal Arrangements*** | | ***Dietary Needs*** | |
| Car |  | Free Meal |  | None |  |
| Car share with another child |  | School Meal |  | Artificial colouring allergy\* |  |
| Walks |  | Packed Lunches |  | Egg Allergy \* |  |
| Taxi |  |  |  | Dairy Allergy \* |  |
| Cycle |  |  |  | Nut Allergy\* |  |
| Public Transport |  |  |  |  |  |
| Other (please state) |  | Please State any other dietary needs or food allergies: | | No Pork |  |
| Please state any other travel arrangements: | | No Beef |  |
| Vegetarian |  |
| Vegetarian no fish |  |
| Other (please state) |  |

\*Please complete additional Caterlink Special Diet/Allergy Form

**Medical Information:**

Doctor’s Name: ………………………………………………… Telephone No: ……………………………………..

Address: …………………………………………………………………………………………………………………………….

Medical Information: ………………………………………………………………………………………………………..

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\*Please complete Individual Health Care Plan for prescribed medications and/or Allergy Plan (for Epi-pens) and/or Asthma Plan for inhalers

**Special Educational or Medical Needs:**

Does your child have any special educational or medical needs? Yes/No  *(delete as applicable)*

*If yes please give details below*

Details: …………………………………………………………………………………………………………………………..

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| **Ethnicity: *please tick ONE box as appropriate*** | | | | | |
| White British |  | Chinese |  | White Asian |  |
| White Irish |  | Black Caribbean |  | Other Asian |  |
| Any other White background |  | White /black Caribbean |  | Gypsy/Roma |  |
| Bangladeshi |  | White African |  | Caribbean |  |
| Indian |  | White/black African |  | Black African |  |
| Pakistani |  | Any other black background |  | Any other ethnic group |  |

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| **Religion:**  Child’s religion: ………………………………………………………………………….  Parents have the right to withdraw their child from Religious Education and Collective Worship.  Please state if you wish to exercise the right to withdraw your child from the above …………………………….  Please give any other religious requirements: ………………………………………………………………………………………… |

**Home Language**:

**Please give details of ALL the languages spoken at home:**

Home Language ………………………………………………………………………………………………..

First Language ………………………………………………………(This is the language which they first learned to speak after they were born)

Additional Languages ……………………………………………………………………………………….

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| **Pupil Premium: *please ONE box if you are in any of the following groups*** | |
| *Pupil Premium is additional funding allocated to schools by the government for supporting pupils to ensure that they benefit from the same opportunities as all other children.  There are 3 categories of children that qualify for a Pupil Premium Grant (PPG):* | |
| Children who are eligible for free school meals (FSM) (not the Universal Infant Free Meal scheme) whose parents are currently receiving Universal Credit  OR have been eligible for free school meals within the last 6 years (Ever 6) |  |
|  |
| Looked After children (have been looked after for 1 day or more; are adopted; leave care under a Special Guardianship Order or a Residence order) |  |
| Armed Forces children |  |

**School Milk for the Under 5’s**

Children under the age of five are entitled to free milk which is available daily in school. Our supplier is Cool Milk at School Ltd and a local dairy delivers the milk to the school and we then distribute it at an agreed time. If your child is under 5 years of age, they will automatically receive free milk. If your child is older than 5 and you would like to order milk please log on to [www.coolmilk.co.uk](http://www.coolmilk.co.uk) website where you can place your order directly.

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| **Any Other Information you wish to provide :** |

**Printed name: ……………………………………………………………………………………………….**

**Signed: ………………………………………………….. Date: ………………………………………..**

***(To be signed by the Parent or Legal Guardian of the child mentioned above)***

**Disability Discrimination Act Admission Form**

The Discrimination Act 95, which came into effect from September 2002, will build on and complement the School’s Inclusion Policy. The aims of this Act are to ensure disabled pupils have increased access to mainstream schools.

To implement this Policy, the School needs to know how accessible the premises and curriculum are for disabled pupils. We are also required to ascertain if you or members of your family have a disability, which affects communication with the School or visits into the School.

Disability Discrimination Act: A disability is “*a physical or mental impairment which has a substantial and long-term adverse effect on an individual’s ability to carry out normal day-to-day activities.*”.

Your child’s name: DoB:

**Please state your child’s disability:**

**Local Study Walks**

From time to time your child will be given the opportunity to participate in local excursions for environmental studies, topic work, etc. and you are asked to give your permission by completing the form below:

I agree that my child my take part in any short visits to local venues which may be arranged during his/her time at school.

Signed: Parent/Legal Guardian

**Food Tasting**

Children have the opportunity to take part in cooking and food tasting activities. If your child has any food allergies, please make sure the class teacher is aware of them.

* I give permission for my child to take part in cooking and food tasting activities.
* I do not give permission for my child to take part in cooking and food tasting activities.

**Photographic Permission**

*Please tick the appropriate boxes on the following statements:*

* I agree to my child being photographed by a photographer (including by a newspaper photographer) at or in connection with the school. ❑ Yes ❑ No
* I agree to my child being photographed by school staff or pupils at or in connection with the school (including website) ❑ Yes ❑ No

I agree to the image of my child contained in any photograph produced being used in connection with School produced booklets and brochures (such as the prospectus, parent information booklets, newsletters), publicity relating to the school, education and the functions of Wokingham Borough Council generally (such as newspapers, newsletters and brochures) and the school’s website.

I understand that if and to the extent that any resultant photograph constitutes personal data within the meaning of the Data Protection Act 1998 my consent operates as consent, on behalf of the child, required by the act, but only for the purpose indicated above.

Please note no personal information and/or identification of any pupil other than their first name may be contained in a school website, whether in conjunction with a published photograph or not. Please also note that websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.

I understand that my decision on whether to give consent will remain valid throughout my child’s time at school and one year after they leave, unless I notify school to the contrary in writing. I confirm that if I, or members of my family, take photos or video recordings of any school event, these will be kept for family use only, i.e. not used on social networking sites such as Facebook.

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| **Bearwood Primary School**  **Home School Agreement** | Bearwood Blue Shield |

At Bearwood Primary School, we aim to provide an outstanding learning environment that nurtures, inspires and grows independent learners. We believe this can be done most effectively when all staff, parents and pupils understand their responsibilities and work together towards the same goals.

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| --- | --- |
| **Child’s Name:** | **Class:** |
| **The School will:**   * Provide a broad, balanced and relevant curriculum in accordance with government guidelines. * Teach your child to have a positive attitude to learning which will allow them to fulfil their potential (Growth Mindset). * Care for your child’s safety by listening to them, nurturing them and supporting them. * Celebrate your child’s academic and personal achievements. * Regularly set achievable homework that provides your child with an opportunity for independent learning. * Inform parents of their child’s progress through regular meetings, parents evenings and end of year reports. * Communicate relevant information to parents effectively through a range of mediums including newsletters, emails and the school website. * Provide a safe, secure and happy environment in school. | **The family will:**   * Make every effort to ensure their child attends school every day and on time. * Support and adhere to all school policies including those relating to attendance, behaviour, school uniform and homework. * Attend meetings and events that are relevant to their child, aiming to move their child on in their learning. * Let the school know of any problems which may affect the child’s learning. * Demonstrate a positive attitude towards school, modelling respect for all members of the school community, and discuss any concerns with the school so that a solution can be found. * Provide an environment at home where children can learn, acknowledging that learning also takes place at home. * Ensure their child reads at home every day for at least 10 minutes. * Support the school’s approach to E-Safety, as outlined in the E-Safety Policy which can be found on the school’s website: <https://www.bearwood-pri.wokingham.sch.uk/our-school/policies-new-layout-1> |
| **The child will:**   * Keep to any agreed school and class rules. * Do their best by making every effort to learn and produce work of a high standard. * Be respectful, caring and considerate members of the school community and look after its property. * Do their best to have a positive Growth Mindset. | **Together we will:**   * Support the child’s learning to help him/her fulfil their potential. * Address any additional educational needs. * Encourage children to adhere to the school rules, stay safe and enjoy learning. * Encourage children to have a Growth Mindset. * Support each child’s learning so that they are nurtured, allowed to grow and become independent learners. |
| Signed……………………………………………..(Child) | Signed……………………………..………………(Parent) |