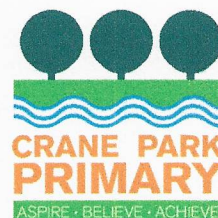


CRANE PARK PRIMARY SCHOOL
Hounslow LEA



CHILD

Child's forenames:			
Family / Surname:			
Preferred Name (if applicable):			
Any change of name:			
Address:			
		Postcode:	
Date of birth:		Girl / Boy:	
Name of Legal Guardian (if applicable):		Looked After Child: Yes / No	

PARENTS / CARERS

Name of <u>Mother</u> :	Mrs / Miss / Ms	Date of Birth:
	First Name	Last Name:
Address: (if different to child)		
Contact:	Home Telephone:	
	Mobile:	
	Email:	
Are you employed by the Armed Services? Yes / No		National Insurance Number:

Name of <u>Father</u> :	First Name	Last Name:
		Date of Birth:
Address: (if different to child)		
Contact:	Home Telephone:	
	Mobile:	
	Email:	
Are you employed by the Armed Services? Yes / No		National Insurance Number:

FOR OFFICE USE ONLY

Birth Certificate / Passport seen

Date of admission _____

UPN No. _____

ADDITIONAL EMERGENCY CONTACT NUMBERS

Name:	Name:
Address:	Address:
Telephone No:	Telephone No:
Relationship to Child:	Relationship to Child:

BROTHERS / SISTERS:

Name	DOB	Boy / Girl

HAS YOUR CHILD ATTENDED A PREVIOUS SCHOOL / NURSERY / PLAYGROUP (if any):

Date in / Date out	Name and address of school & telephone number, if known

ETHNICITY / RELIGION / LANGUAGE:

Ethnicity of Child:	
Nationality of Child:	
Child's country of birth:	
Religion of Child:	
First language of Child:	
Language spoken at home:	

Have you been a resident of the UK for the past 6 months? If not, please state country arrived from and date of entry into the UK.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asylum Seeker	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MEAL REQUIREMENT:

Please tick your choice:

a) Packed lunch	<input type="checkbox"/>		
b) Paid School Meal	<input type="checkbox"/>	Vegetarian Option	<input type="checkbox"/>
c) Free School Meal	<input type="checkbox"/>	Vegetarian Option	<input type="checkbox"/>

OTHER AGENCY INVOLVEMENT (e.g. Medical, Speech Therapy, SEN)

Date	Agency	Comment

TRAVEL:

How does your child normally travel to school?

Car Walk Bus Other

MEDICAL INFORMATION:

Name of GP / GP Practice:	
Address of GP:	
Telephone No:	
Name of Health Visitor:	
Telephone No:	

Does your child suffer from any of the following?

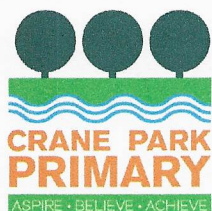
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Epileptic fits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Nose bleeds	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Speech/Language	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Vision	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hearing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Any other information you feel we should know.....

.....

.....

.....



CONSENT FORM FOR SCHOOL TRIPS, EDUCATIONAL WORKSHOPS, OTHER OFF-SITE ACTIVITIES, SPORTS TRIPS, FIRST AID/MEDICAL TREATMENT AND PHOTOGRAPHS

Dear Parent / Carer

- | | | | |
|----|--|-----|----|
| a) | To take part in school trips (including educational workshops, other off-site activities and sports trips) that take place on/off the school premises, within and outside of normal school hours. | Yes | No |
| b) | For photographs / videos of my child to be used within Crane Park Primary School as part of a school display, school newsletters, on the school website or in association with educational workshops / sports events in/out of school which may be run by third parties and their associated promotions. | Yes | No |
| c) | For first aid to be administered or urgent medical treatment sourced during any school day, trip or activity, if required, which may require travel in a fully insured staff members' vehicle. | Yes | No |

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION BEFORE SIGNING THIS FORM.

The trips and activities covered by this consent include:

- all trips / workshops / other activities both in/out of school, within and outside the normal school hours
- all sporting fixtures in/out of school, within and outside the normal school hours.

This consent covers all children in school from Playgroup to Year 6.

If your child's medication is kept in school, it will be taken on any school trip your child is involved in.

You will be contacted by email or text with details of any voluntary contribution (where required) and other details of the trip. We really do appreciate your support in paying the voluntary contribution for trips; should we not receive enough contributions, this could result in the trip being cancelled.

All payments must be made through our online payment system, Scopay. Please ask at the School Office if you need assistance.

All trips are linked to the curriculum and your child's learning. If your child is not to attend a trip, we will require notification from a parent in writing. The child will be expected to attend school and will be located in another class.

Should you wish to withdraw consent at any time, please put your request in writing to the School Office.

Name of Child: Class:.....


Name of Parent: (in block letters).....

Signature of Parent:..... Date:.....

Dear Parent/ Carer

ICT including the internet, e-mail and mobile technologies has become an important part of learning in our school. We expect all children to be safe and responsible when using any ICT.

Please read and discuss these E-Safety rules with your child, sign and return to school. If you have any concerns or would like some explanation please contact our school.



Smile and stay safe

E-safety guidelines for Early Years

Staying safe means keeping your personal details private, such as full name, phone number, home address, photos or school. Never reply to ASL (age, sex, location)

Meeting up with someone you have met online can be dangerous. Only meet up if you have first told your parent or carer and they can be with you

Information online can be untrue, biased or just inaccurate. Someone online may not be telling the truth about who they are - they may not be a 'friend'

Let a parent, carer, teacher or trusted adult know if you ever feel worried, uncomfortable or frightened about something online or someone you have met or who has contacted you online

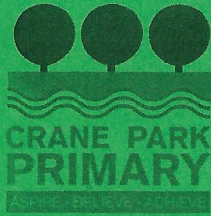
Emails, downloads, IM messages, photos and anything from someone you do not know or trust may contain a virus or unpleasant message. So do not open or reply

E-safety for Early Years – Smile and be safe!

We have discussed this and (child name)
agrees to follow the E-Safety rules and to support the safe use of ICT at Crane Park School.

Parent / Carer Signature

Class Date



Please tell us who may collect your child from school.
Please provide their details below.

Adult's Name	Relationship to child	Phone Number	Which days will this person be collecting your child (if known)

My Child's name

Class

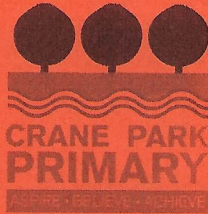
Parent Signature

Password

In the event of being collected by someone not on this list.

Thank you





ALL ABOUT ME

Name:

Date of Birth

I am usually called:

My brothers and sisters' names and dates of birth are:

These adults are important to me:

These are my friends:

Playgroup/toddler group, nursery or other groups I have been to:

Name of group:

When did I start?

At home I speak:

I enjoy playing with:
My interests are:
My particular comforter is:
These are my pets:
Does your child have a sleep during the day?:
Is your child toilet trained?
Does your child need any help with the toilet?

GENERAL

Is your child happy to play while you are in another room?
Is s/he used to leaving you to visit relatives/friends?
Does s/he do this readily?
Does your child play with other children regularly?
Does s/he have the opportunity to play outside?
Is s/he used to sharing toys with other children?
Does your child have any particular fears or dislikes?
Is there anything else we should know about your child?

Thank you