



Somerset County Council

Shepton Mallet Community Infants' School & Nursery
Waterloo Road, Shepton Mallet, BA4 5HE
T: 01749 342322 F: 01749 346060
E: sheptonmalletinfants@educ.somerset.gov.uk
Headteacher: Mrs Honoria Thompson



"Where Children Come First."

Today's Date

**TO COMPLETE AND
RETURN TO THE SCHOOL
OFFICE**

Dear Parents/Carers

NEW PARENT FORMS PACK

Enclosed in this pack are various forms that will need completing, please return the whole pack to the school office by the **Friday 29th June.**

INDEX OF FORMS

- 1. Pupil Emergency Details Form**
- 2. Multi-purpose Consent Form**
- 3. Free School Meals Forms**
- 4. Menu**
- 5. Home School Agreement**
- 6. Letter Regarding Offer of a Full Time Place in September**

If you have any queries, please do not hesitate to contact us.

Yours sincerely

Honoria Thompson

Honoria Thompson
Headteacher

Web: www.sheptonimalletinfants.co.uk
VAT Registered Number: 131254412



SCHOOL EMERGENCY CONTACT DETAILS FORM

Please complete the details below. It is very important that this information is correct in case of an emergency. We must be able to contact you or someone known to your child who can get in touch with you immediately.

- Please ensure that you include a number where you can be contacted during school hours.
- If it is a mobile number, please ensure your phones are switched ON during school hours.
- This information is essential in case your child requires hospital treatment.

CHILD'S LEGAL SURNAME:	PREFERED SURNAME:
LEGAL FORENAME:	PREFERED FORENAME:
MIDDLE NAME:	DATE OF BIRTH:
ADDRESS:	MALE / FEMALE:
	COUNTRY OF BIRTH:
	NATIONALITY:
POSTCODE:	ETHNICITY:
HOME TELEPHONE NUMBER:	FIRST LANGUAGE: (i.e. language spoken at home during early years):

PLEASE BRING A COPY OF YOUR CHILDS FULL BIRTH CERTIFICATE GIVEN TO THE SCHOOL OFFICE

MOTHER'S NAME: (Mrs/Miss/Ms please circle)	FATHER'S NAME:
ADDRESS IF DIFFERENT FROM ABOVE:	ADDRESS IF DIFFERENT FROM ABOVE:
MOTHER'S MOBILE:	FATHERS MOBILE:
EMAIL ADDRESS:	EMAIL ADDRESS:
PLACE OF WORK:	PLACE OF WORK:
TELEPHONE NUMBER:	TELEPHONE NUMBER:

MEDICAL PRACTICE NAME:

ADDRESS:

TELEPHONE NUMBER:

Does your child have any medical needs that we need to know about? YES/NO (If yes please give details and medication taken if any)

.....



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MY CHILD:

Uses an inhaler for asthma: YES/NO (If YES please ask the office for an inhaler form)

Wears glasses: YES/NO

(If yes, the staff will make every effort to ensure that his/her glasses are not damaged but cannot accept responsibility should any damage occur).

Has an allergy: YES/NO (If yes please state)

.....

If Yes was answered please complete the below:

What are the symptoms:

.....
.....

What do we do if any of the above occur?

.....
.....

DIETARY REQUIREMENTS (Please outline any food allergies/ specific dietary requirements):

PLEASE LIST ANY PREVIOUS PRE-SCHOOL OR NURSERIES:

ADDRESS:

TELEPHONE NUMBER:

Emergency release - Please note – we MUST have the telephone number(s) of someone we can contact if you are unavailable. Please ensure one of these is an English speaking contact.

I give my consent for my son/daughter to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:

Priority	CONTACT NAME/ADDRESS:	TELEPHONE NUMBER (S):	RELATIONSHIP TO YOUR CHILD E.G. AUNTY, GRANDPARENT, NEIGHBOUR ETC.

Signature:

Date:

Name Printed:

Multi-purpose parental consent form

Please indicate whether you have given your consent in each case by ticking the box on the right-hand side; and sign and date the form on the last page.

On-site activities

I give my permission for my son/daughter to:

Please tick YES NO

Use the internet in line with the school's acceptable usage policy	<input type="checkbox"/>	<input type="checkbox"/>
View films and video clips rated PG	<input type="checkbox"/>	<input type="checkbox"/>
Take part in food preparation/cooking and tasting activities	<input type="checkbox"/>	<input type="checkbox"/>

Please outline any food allergies/specific dietary requirements:

.....

.....

Off-site activities

I give my permission for my son/daughter to take part in: :

Please tick YES NO

Supervised visits to local destinations away from the main school site	<input type="checkbox"/>	<input type="checkbox"/>
Supervised off-site activities (for example, sports day)	<input type="checkbox"/>	<input type="checkbox"/>

Medical consent

I give my permission for: :

Please tick YES NO

My son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity	<input type="checkbox"/>	<input type="checkbox"/>
My son/daughter to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity	<input type="checkbox"/>	<input type="checkbox"/>
My son/daughter's information to be shared with the NHS and other relevant health professionals	<input type="checkbox"/>	<input type="checkbox"/>
A member of school staff to sign on my behalf any medical consent forms, if my son/daughter should require emergency treatment and I cannot be contacted	<input type="checkbox"/>	<input type="checkbox"/>
Plasters to be applied to my son/daughter	<input type="checkbox"/>	<input type="checkbox"/>
My son/daughter to use anti-bacterial hand gel	<input type="checkbox"/>	<input type="checkbox"/>



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Use of information and image (including photographs and video recordings)

I give my permission for my son/daughter's:

Please tick ✓ YES NO

I am happy for the School to take photographs/videos of my child		
I am happy for photos/videos of my child to be used on the School website		
I am happy for my photos of my child to be used in the School prospectus (Brochure)		
I am happy for photos of my child to be photographed by the School photographer		
I am happy for my child to be included in their class photo which is taken by the School photographer for parents to buy.		
I am happy for photos of my child to be used by the local paper taken at special events on School premises.		

Please note we **never attach names** to photos that are used in the media, on our website or in the prospectus.

Communication

I give my permission for the school to contact me via:

Please tick ✓ YES NO

Phone		
Email (Newsletters, Class updates, Parent and Friends Association updates, Letters etc.) Paper copies are always available from the School Office.		

The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school.

Please sign and date the form before returning it to:Leonie Hayne – School Administrator, Shepton Mallet Infants' School & Nursery.

Signed:

Date:

Name Printed: Relationship to child:

NAME:

CLASS:

PLEASE NOTE ANY CHANGES TO YOUR ORDER REQUIRE AT LEAST ONE WEEK'S NOTICE. ANY QUESTIONS PLEASE POP INTO THE OFFICE. Please see the office for any special dietary needs.

W/C 11/06/18 02/07/18 23/07/18 17/09/18 08/10/18	W/C 18/06/18 09/07/18 03/09/18 24/09/18 15/10/18	W/C 04/06/18 25/06/18 16/07/18 10/09/18 01/10/18
PLEASE TICK CHOICE BOX <input checked="" type="checkbox"/>	PLEASE TICK CHOICE BOX <input checked="" type="checkbox"/>	PLEASE TICK CHOICE BOX <input checked="" type="checkbox"/>
MONDAY <input checked="" type="checkbox"/>	MONDAY <input checked="" type="checkbox"/>	MONDAY <input checked="" type="checkbox"/>
Baked Pork Sausages	Chicken Strips in Tomato & Pepper Sauce	Pork Meatballs & Tomato Sauce
Baked Quorn Sausages (V)	Vegetable & Mixed Bean Casserole (V)	Vegetable Meatballs & Tomato Sauce (V)
Jacket Potato cheesy Beans (GF, V)	Jacket Potato cheesy Beans (GF, V)	Jacket Potato cheesy Beans (GF, V)
Fruit Jelly	Fruit Yoghurt	Fruit Yoghurt
Fresh Fruit	Fresh Fruit	Fresh Fruit
TUESDAY <input checked="" type="checkbox"/>	TUESDAY <input checked="" type="checkbox"/>	TUESDAY <input checked="" type="checkbox"/>
Savoury Mince Beef & Tomato Sauce	Roast Pork & Gravy	Roast Beef & Gravy
Savoury Vegetable Mince & Tomato Sauce (V)	Quorn Fillet & Gravy (V)	Quorn Fillet & Gravy
Jacket Potato cheesy Beans (GF, V)	Jacket Potato cheesy Beans (GF, V)	Jacket Potato cheesy Beans (GF, V)
Oaty Apple Crumble & Custard	Banana Cake	Raspberry Mousse
Fresh Fruit	Fresh Fruit	Fresh Fruit
WEDNESDAY <input checked="" type="checkbox"/>	WEDNESDAY <input checked="" type="checkbox"/>	WEDNESDAY <input checked="" type="checkbox"/>
Roast Turkey & Gravy	Bolognaise Pasta Bake	Hot Dogs
Roast Quorn Fillet & Gravy	Vegetable bolognaise Pasta Bake (V)	Vegetable Hot Dogs (V)
Jacket Potato cheesy Beans (GF, V)	Jacket Potato cheesy Beans (GF, V)	Jacket Potato cheesy Beans (GF, V)
Marble Cake	Fruit Jelly	Sultana Sponge & Custard
Fresh Fruit	Fresh Fruit	Fresh Fruit
THURSDAY <input checked="" type="checkbox"/>	THURSDAY <input checked="" type="checkbox"/>	THURSDAY <input checked="" type="checkbox"/>
Beef Burger & in a Floured Bun	Savoury Pork Boston Bake	Chicken Breast & Gravy
Vegetable Burger & in a Floured Bun (V)	Cheese & Tomato Pizza (V)	Vegetable Crumble (V)
Jacket Potato cheesy Beans (GF, V)	Jacket Potato cheesy Beans (GF, V)	Jacket Potato cheesy Beans (GF, V)
Chocolate Mousse	Strawberry Mousse	Fruit Jelly
Fresh Fruit	Fresh Fruit	Fresh Fruit
FRIDAY <input checked="" type="checkbox"/>	FRIDAY <input checked="" type="checkbox"/>	FRIDAY <input checked="" type="checkbox"/>
Breaded Fish Fingers	Breaded Fishcake	Breaded Fish Fingers
Vegetable Nuggets (V)	Vegetable Sausages (V)	Vegetable Burger (V)
Jacket Potato cheesy Beans (GF, V)	Jacket Potato cheesy Beans (GF, V)	Jacket Potato cheesy Beans (GF, V)
Fruit Cake	Golden Syrup Flapjack	Carrot Cake
Fresh Fruit	Fresh Fruit	Fresh Fruit

RICE, PASTA, POTATOES & VEGETABLES VARY DUE TO SEASONALITY & WILL BE INCLUDED WITH APPROPRIATE DAILY DISHES. BREAD WILL BE OFFERED DAILY WITH ALL MEALS. MENU IS SUBJECT TO CHANGE DEPENDING ON THE AVAILABILITY OF INGREDIENTS.

My child will bring a pack lunch from home: (Please tick)

HOME SCHOOL AGREEMENT

Our Mission Statement: Where Children Come First

Together we will:

- 1. Encourage our children to keep the school rules.
- 2. Treat each other with respect.
- 3. Support our children with their learning to help them achieve their best.
- 4. Keep each other informed about any concerns that might affect a child's behaviour, health or work.

Our Family will:

- 1. Make sure our child attends school, on time, prepared and ready to learn.
- 2. Show an interest in school and attend events and Parents' Evenings whenever possible.
- 3. Support our children with reading, homework and other opportunities for home learning.
- 4. Support all school policies and guidelines for behaviour.
- 5. Let the school know about any concerns or problems that might affect our child's work or behaviour.
- 6. Encourage our child to take pride in the school by wearing the required school uniform.

At School we will:

- 1. Ensure that your child is safe and secure.
- 2. Provide a balanced curriculum that meets the needs of individual children.
- 3. Keep parents informed about school activities through regular letters home, newsletters and notices about special events.
- 4. Set appropriate homework regularly which supports work in class and has prompt feedback.
- 5. Keep parents informed about children's progress.
- 6. Send home regular information about curriculum topics.
- 7. Let parents know about any concerns or problems that might affect their child's behaviour or work.

Every Child will keep the Golden Rules:

- ❖ Be kind to each other with words and actions.
- ❖ Look after equipment and tidy up.
- ❖ Do as you are asked by grown-ups straight away.
- ❖ Show good listening and looking.
- ❖ Move around the school in a sensible and calm way.

Name of Child:.....

Signed: *Honora Thompson* **Headteacher**

Signed:



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Starting School – September 2018

The Department for Education states in their admission code that schools should offer full-time school attendance to pupils starting in Reception classes.

Somerset County Council have informed schools that this offer should be made to parents but schools may still promote their part-time induction programmes.

The group of schools in the Sheppey Valley CLP which includes Shepton Mallet Infants' School are continuing to promote their part-time induction programme because it gradually introduces children to the different elements of the school day. It enables children to become familiar with the environment, new members of staff and routines over a period of time. Even when children have attended nursery or pre-schools full-time, starting school introduces new experiences, an increase in expectation and children have to do this with a lower adult to child ratio.

If you make the decision to take up a full-time place from the start of the term, please complete the slip below to indicate that decision. If we do not receive this form completed, we will assume that you are happy to follow the part-time induction timetable which we have used successfully for a number of years.

Yours Sincerely

Honoria Thompson

Honoria Thompson

Headteacher

.....

Name of child will require full-time attendance at school from the start of the term. They will attend for complete days throughout the induction period.

Signed

Name

Date



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