

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

Dear Parents/Carers

NEW PARENT FORMS PACK - Forms to be completed

Thank you for choosing our school for your child.

Enclosed in this pack are various forms that will need completing, please return the pack to the school office as soon as possible.

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

Yours sincerely

Honoria Thompson
Headteacher



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



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Pupil Emergency 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 FULL NAME:

ADDRESS: (including postcode)

DATE OF BIRTH:

COUNTRY OF BIRTH:

NATIONALITY:

ALL LANGUAGES SPOKEN AT HOME:

HOME TELEPHONE NUMBER:

COPY OF BIRTH CERTIFICATE GIVEN TO SCHOOL:
YES/NO

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:

PLACE OF WORK:

PLACE OF WORK:

TELEPHONE NUMBER:

TELEPHONE NUMBER:

MEDICAL DETAILS:

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)

MY CHILD:

Uses an inhaler for asthma: YES/NO (If yes please pop to the office to complete a form)

Wears glasses: YES/NO (If yes please pop into the office to sign an indemnity form)

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



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DIETARY REQUIREMENTS:

Please outline any food allergies/ specific dietary requirements:

.....

EMERGENCY CONTACT DETAILS/TELEPHONE NUMBERS:

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.

Contact Name:	Telephone Number:	Relationship to your child e.g. Parent, Aunty, Grandparent, Neighbour etc.

Signed:

Date:



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Multi-purpose parental consent form

Please indicate whether you give your consent in each case by ticking the box on the right-hand side.

Off-site activities

I give my permission for my child to take part in:

Supervised visits to local destinations away from the main school site	
Supervised one-day non-residential visits within the UK	
Supervised off-site activities (for example sporting fixtures and swimming lessons)	

Medical consent

I give my permission for:

My son/daughter's information to be shared with the NHS and other relevant health professionals	
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	
Plasters to be applied to my son/daughter	
My son/daughter to use anti-bacterial hand gel	

Please outline any medical conditions/allergies:

.....

On-site activities

I give my permission for my child to:

Use the internet in line with the school's acceptable usage policy	
View films and video clips rated PG	
Take part in food preparation/cooking and tasting activities Please outline any food allergies/ specific dietary requirements: 	



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

I give my permission for my child's:

Image to be used in printed school publications (e.g. the school prospectus)	
Image to be used on the school website and in the local media	
Image to be taken by other parents (e.g. school play)	
Work to be used on the school website	

Note: Pupils names will never be given to the media and full names will never be used on the website or school promotional material

Communication

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

Phone	
Email	
Text message	

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.

Signed:

Date:



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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: Parent/Carer Date:



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iDENTITY KITS

SCHOOL UNIFORM ORDER FORM

NAME: Telephone No.:

- Royal Blue Logo Sweatshirts - Sizes 3-4, 5-6, 6-7, 7-8 & 9-10 = £8.95 each (COMPULSARY)
- Royal Blue Logo Polo Tops - Sizes 3-4, 5-6, 7-8, 9-10 = £5.95 each
- Royal Blue Cardigan - Sizes 3-4, 5-6, 6-7, 7-8 & 9-10 = £10.95 each
- Royal Blue Reversible Coat - Sizes 3-4, 5-6, 7-8, 9-10 = £16.99 each
- Book bags = £5.00 (COMPULSARY)

Name of child:	Item:	Size:	Qty:	Price:
Date:		Total Amount:		
		Paid: <u>CASH ONLY</u>		

Please return order form to the School Office together with payment in full.
EXACT AMOUNT REQUIRED



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