



Shepton Mallet Community Infants' School & Nursery



Parents Registration Pack 2024/2025



Somerset Council

Shepton Mallet Community Infants' School & Nursery

Waterloo Road, Shepton Mallet, BA4 5HE

T: 01749 342322

E: office@sheptoninfants.co.uk

Headteacher: Mrs Honoria Thompson



"Where Children Come First."

Today's date

Dear Parent/Carer

Thank you for choosing our school for your child.

I would be grateful if you would complete the attached forms and return them back to school no later than the above date.

- Pupil Personal Details
- Pupil Personal Details
- Emergency Release Form
- Multipurpose parental consent form
- Consent for using Parents' Contact Details
- Universal Infant Free School Meals and Pupil Premium application form (everyone must complete and return this form)
- Home School Agreement
- Acceptable use of the internet agreement for parents and carers
- Class Dojo Permission Sharing
- Cool milk permission form.
- NHS Big Brush Club Consent Form
- Getting Ready for School Checklist

Please see our website for further information.

We look forward to seeing your child in School.

Yours sincerely

Honoria Thompson

Honoria Thompson

Headteacher



www.sheptonimalletinfants.co.uk



Pupils Personal Details

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 Personal Details

Child's legal forename:		Child's legal surname:	
Child's preferred forename:		Child's preferred surname:	
Child's middle name(s):		Home Address:	
Date of birth:			
Male/Female:			
Post Code:		First Language: (i.e., language spoken at home during early years)	
Ethnicity:		Nationality:	
Country of Birth:			

A COPY OF YOUR CHILD'S BIRTH CERTIFICATE IS REQUIRED, IF YOUR CHILD IS FROM ANOTHER NURSERY/SCHOOL.

Parent/Carer	Priority No: 1
Mr / Mrs/ Miss/ Ms /Other(please circle)	Home Tel No:
Full Name:	
	Mobile:
Address (if different from above):	Job Role:
Place of work:	Work Telephone Number:
Email address (Print):	

Parent/Carer	Priority No: 2
Mr / Mrs/ Miss/ Ms /Other(please circle)	Home Tel No:
Full Name:	
Relationship to Child:	Mobile:
Address (if different from above):	Job Role:
Place of work:	Work Telephone Number:
Email address (Print):	

**Personal Details Form Cont'd
Medical Details**

Childs Name:	
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)
Medical Need/Medication etc.:	
Has an allergy:	YES / NO (If yes please state)
Uses an inhaler for asthma:	YES / NO (If YES , please complete a medical form, available from the office)
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.
Are there any dietary requirements: (Vegetarian, Religious reasons etc.)	
Has a Food Allergy:	YES/NO If yes, please complete the below form

Food Allergies

We require evidence from a medical practitioner, eg GP / Hospital / Registered Dietician to ensure that we can check for allergens.

Please inform the school Office if your child has dietary needs for religious reasons.

Any Food Allergies.	<i>Please circle</i>	YES	NO
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What allergies does your child have:	
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The evidence must include the following;

- the details of the allergen,
- the foods groups to be removed
- and the outcomes if the incorrect foods are eaten.

Please attach a copy of the evidence or bring into school for copying.

Please confirm you are happy for these details to be shared with BAM FM (Our Contract Food Catering Company)

Signature

Name (please print)

Date:.....

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 child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:

➤ **Note:** *Please ensure that any individuals whose details you put down here are aware you have done so. Additionally, make them aware of our privacy notice for personal data (contact the school office if you cannot find a copy).*

Additional Contact	Priority No 3	Additional Contact	Priority No 4
Full Name: Mr / Mrs / Miss / Ms (Please circle)		Full Name: Mr / Mrs / Miss / Ms (Please circle)	
Relationship to Child:		Relationship to Child:	
Address:		Address:	
Main Telephone Numbers: Daytime:		Main Telephone Numbers: Daytime:	
Mobile:		Mobile:	

Does your child have any siblings?		
Name	Age	Current Nursery/School Attending

Multi-purpose parental consent form for pupil for processing their personal data.

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 child to:

Please tick YES

Use the internet in line with the school's acceptable usage policy

View films and video clips rated PG

Drink free school semi skimmed milk.

Take part in food preparation/cooking and tasting activities.
(Please see above for any allergies/dietary requirements)

Off-site activities

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

Please tick YES

I am aware that I will have an opportunity to re-confirm or withdraw my consent before any trips that need specific consent

Supervised visits to local destinations away from the main school site

Supervised off-site activities (for example, sports day)

Medical Consent

I give my permission for:

Please tick YES

My child to be given first aid by a trained member of staff during any on-site or off-site activity.

My child 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.

Please note: we will always try to contact you immediately, but in a medical emergency your child may undergo treatment regardless of whether you have ticked this box.

In an emergency:

- The school can consent on behalf of your child (on the basis of 'loco parentis')
- Medical professionals can consent on behalf of your child

A member of school staff to sign on my behalf any medical consent forms, if my child should require emergency treatment and I cannot be contacted.

Please note: in a medical emergency the school can consent on behalf of your child (on the basis of 'loco parentis'), regardless of whether you have ticked this box.

Plasters to be applied to my child

My child to use anti-bacterial hand gel

Photos and Videos

- We sometimes take photographs of pupils. We use these photos to help us to give people an idea of what life at our school is like, for example in the newsletter and on the school website.
- Please tick the relevant box(es) below, sign and return this form to school.

<i>I give my permission for the following:</i>	<i>Please tick</i> ✓	YES
I am happy for the school to take photos of my child.		
I am happy for photos of my child to be used on the school website.		
I am happy for photos of my child to be used in the newsletter.		
I am happy for photos of my child to be used in printed school materials e.g. school prospectus.		
I am happy for photos of my child to be used in internal displays, e.g. school hall area.		
I am happy for photos of my child to be used in the media, for example local newspapers.		
I am happy for the school to take videos of my child.		
I am happy for the school to use videos of my child for promotional purposes, such as the school website.		
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 do NOT want my child photographed or videoed		

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

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:

Léonie Hayne – School Office Manager, Shepton Mallet Infants' School & Nursery.

Signed:

Date:

Name printed:

Relationship to child:

Consent form for using parents' contact details.

At Shepton Mallet Community Infants' School & Nursery, we'd like to seek your consent for some of the ways we use your contact details and your child's contact details.

If you agree, we will contact you and your child using your:

- Home and mobile phone numbers (including by text message)
- Email address
- Postal address
- Class Dojo

Using your contact details in these ways helps us to:

- Raise extra money to continue to improve the experience your child has at school.
- Keep you in the loop with what's happening at school.
- Let you know about extra-curricular activities on offer for your child.

If you're not happy for us to use your and your child's contact details in the ways we list below, that's no problem – we will accommodate your preferences.

Similarly, if you change your mind at any time, you can let us know by emailing office@sheptoninfants.co.uk, calling the school on 01749 342322, or just popping into the school office.

If you have any other questions, please do get in touch.

USE OF PARENTS' CONTACT DETAILS ON THIS REGISTRATION FORM Please tick the relevant box(es) below and sign your consent at the bottom of this page.	TICK ✓ (YES)
I am happy for the school to use my contact details to contact me about fundraising activities.	
I am happy for the school to use my contact details to contact me about the PTA's fundraising activities.	
I am happy for the school to share my contact details with the PTA.	
I am happy for the school to use my email address to send me the school newsletter/other school information.	
I am happy for the school to contact me about clubs being run in school.	
I am happy for the school to contact me on behalf of external providers about events and clubs.	
I am happy for the school to pass my details on to the junior schools, so they can contact me with information about their school.	
I am NOT happy for the school to use my personal data in the ways set out above.	

Parent or carer's signature:

Parents or carer's name printed:

Date:

Application Form for Universal Infant Free School Meals and Pupil Premium



Somerset
Council

To enable the school to know whether to reserve a free meal for your child(ren) or not and for your school to receive pupil premium (if you qualify), please complete this form.

Important: All sections must be filled in clearly in BLOCK CAPITALS and if you receive benefits, this form must be completed by the person claiming the qualifying benefit. If you have any questions, please speak to the school or call the Helpline on 0300 123 2224.

1. Details about you (parent/carer details)										
Legal Surname	Legal Forename	Title	Date of Birth	National Insurance Number or National Asylum Support Number						

2. Your address:

Address: _____

Post Code _____ Relationship to child(ren): _____

Telephone Number(s): Daytime _____ Mobile _____

Contact e-mail address: (Please PRINT): _____

Confirm e-mail address: (Please PRINT): _____

Child(ren)'s Address: _____ Post Code _____
(if different)

3. Details of each dependant child that you wish to claim for in Somerset (include all children):					
Legal Surname	Legal Forename	Date of Birth	Name of School Attending	Do you have Parental Responsibility?	Do you want your child to receive a free meal?*

*If your child has any dietary requirements, please speak to the school about this.

Please read our privacy notice that can be found on the next page.

4. Declaration: I confirm that the information I have given above is correct and that I have read and understand the privacy notice. I will tell you immediately if my details (for example address) or my circumstances change. I understand if I qualify for pupil premium this application will be treated as an application for free school meals and my details will be logged on the free school meal system with Somerset Council and if I have provided an e-mail address, I will be e-mailed the acceptance letter.

Your signature: _____ Date: _____

Please return this form to your school office.



Office Use Only

Eligible?	Core Data	EMS	Letter Sent
Y/N			



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.

Parent Signature:

Date:

Signed: Honoria Thompson

Headteacher



Acceptable use of the internet: agreement for parents and carers

Acceptable use of the internet: agreement for parents and carers

Name of parent/carer:

Name of child:

Online channels are an important way for parents/carers to communicate with, or about, our school.
The school uses the following channels:

- Email/text groups for parents (for school announcements and information)
- Our website
- Class Dojo

When communicating with the school via official communication channels, or using private/independent channels to talk about the school, I will:

- Be respectful towards members of staff, and the school, at all times
- Be respectful of other parents/carers and children
- Direct any complaints or concerns through the school's official channels, so they can be dealt with in line with the school's complaints procedure

I will not:

- Use private groups, Facebook, or personal social media to complain about or criticise the school or members of staff. This is not constructive, and the school can't improve or address issues if they aren't raised in an appropriate way
- Use private groups, Facebook, or personal social media to complain about, or try to resolve, a behaviour issue involving other pupils. I will contact the school and speak to the appropriate member of staff if I'm aware of a specific behaviour issue or incident
- Upload or share photos or videos on social media of any child other than my own, unless I have the permission of the other children's parents/carers

Signed:

Date:



ClassDojo connects teachers with students and parents to build amazing classroom communities!

Dear Parent/Carer

Class Dojo has lots of exciting features we can use to communicate with you and your child, including posting photos and videos. We would like to share photos and videos of our learning at school with you using Class Dojo via the 'Story' section.

On our class page is a feature called 'Class Story'. We can use this to share photos, videos, and messages about each class. Only parents and children connected to the class can see these posts and comment on them. Both Reception classes work closely together, so the photos and videos may have children from both classes in them. Photos and videos shared on either of the Reception Class Stories can only be viewed by parents connected to the Reception Classes.

'School Story' works in the same way as 'Class Story', but the messages, photos and videos posted here can be seen by current parents connected to each class across the whole school.

Both 'Class Story' and 'School Story' can only be viewed by parents and children with Class Dojo accounts linked to our school. They cannot be viewed by anyone else.

If you are happy for your child to be included in photos and videos on our 'Class' and/or 'School Story', please complete the permission slip below. If you have any questions, please contact Mrs Brunslev using Class Dojo Messages.

Yours sincerely

Mrs Brunslev
Computing Subject Leader

✂ _____

Child's Name: _____

Class: _____

Yes, I give permission for my child's photo/video to be included on both Reception 'Class Stories'.

Yes, I give permission for my child's photo/video to be included on 'School Story'.

Signed (Parent/Carer) _____



School Milk Parental Consent Form

School milk is available FREE for children under Five.

Note:

However, at Shepton Mallet Infants' School & Nursery we offer every pupil in School free low fat milk at snack time.

I give my child permission to be registered to receive free low-fat milk at School.

Child's Personal Details

Child's first name: Child's last name:

Child's date of birth:

Parent/Carer Details

Parent's first name: Parent's last name:

Please sign below to confirm that you are happy for us to register the above child on the Cool Milk scheme.

By registering your child with Cool Milk, you agree that (a) your data and your child's data will be used to operate your school milk account; (b) Cool Milk may share this data with your Local Authority, the Nursery Milk Reimbursement Unit, the Rural Payments Agency and any other local or central government department or third party appointed by them with respect to school milk. Please note that all data is securely stored by Cool Milk (the data controller) on our UK servers and is only used in relation to school milk.

Parent/Carer signature:

Date:

This will start in the Spring Term (We will let you know if this changes)

Service provided by:



Consent Form

Please complete this form to ensure your child is included in the scheme and return to the school / class teacher.

- Yes, I give permission for my child to be a part of the daily toothbrushing programme.
- No, I do not want my child to be included in the daily toothbrushing programme.

Child's name: _____

Parent's name: _____

Parent's signature: _____

Date: _____

You do not need to answer this question, but if you have chosen **not** to participate in the scheme it would be helpful if you could please let us know why you would prefer that your child does not participate. This will help us to continue to improve the service that we provide.






Brushing together for healthy smiles

www.bigbrushclub.co.uk




info@bigbrushclub.co.uk



This will start in the Spring Term (We will let you know if this changes)

Getting Ready for School Checklist

I can...	I can...	I can...
recognise my name	<input type="checkbox"/> hold my pencil carefully	<input type="checkbox"/> put on my socks
write the first letter	<input type="checkbox"/> draw a face 	<input type="checkbox"/> find my shoes
copy my name	<input type="checkbox"/> colour in carefully	<input type="checkbox"/> put on my shoes
write my name 	<input type="checkbox"/> name the colours I use	<input type="checkbox"/> do up my shoes 

I can...	I can...	I can...
count from 1 to 10	<input type="checkbox"/> sing simple rhymes	<input type="checkbox"/> find my bag
recognise each number	<input type="checkbox"/> sing and clap to a song	<input type="checkbox"/> zip up my bag
place 1 to 10 in order	<input type="checkbox"/> tap a beat 	<input type="checkbox"/> dress myself
write 1 to 5 in order 1 2 3 4 5	<input type="checkbox"/> move to music	<input type="checkbox"/> do buttons 

I can...	I can...	I can...
eat with a knife and fork	<input type="checkbox"/> tidy away my toys	<input type="checkbox"/> say please when I ask
pour myself a drink	<input type="checkbox"/> clear away things I've used	<input type="checkbox"/> say thank you when I get
taste different foods 	<input type="checkbox"/> put my clothes away	<input type="checkbox"/> ask to go to the toilet
wash my hands before and after meals	<input type="checkbox"/> help at home 	<input type="checkbox"/> wait my turn to talk 

I can...	I can...	I can...
clean myself	<input type="checkbox"/> use the stairs hand rail	<input type="checkbox"/> cut along a line
wash my hands 	<input type="checkbox"/> hold hands on the street	<input type="checkbox"/> cut 'snips' into paper
dry my hands	<input type="checkbox"/> take turns when playing	<input type="checkbox"/> cut out a shape
go to the toilet when I need to	<input type="checkbox"/> share toys with a friend 	<input type="checkbox"/> cut out shapes to make a picture 