**George Grenville Academy**

**George Grenville Academy**

**Chandos Road, Buckingham, MK18 1AP**

**George Grenville Nursery**

**Tel: 01280 813273**

**Email: office@georgegrenville.co.uk**

**Parental Consent and Family Information**

|  |
| --- |
| 1. Information about the Parent and Child |

**A: Details about your child:**

|  |  |  |
| --- | --- | --- |
| Full name :  Known as: | Date of birth: | Sex: Boy / Girl |

**B: Parental information:**

|  |  |
| --- | --- |
| Parent/Carer 1 | Parent/Carer 2 |
| Full name: Miss/Mrs/Ms | Full name: |
| Home address: | Home address: |
| Home telephone: | Home telephone: |
| Mobile: | Mobile: |
| Date of birth: | Date of birth: |
| Do you have legal parental responsibility? Yes / No | Do you have legal parental responsibility? Yes / No |

|  |  |
| --- | --- |
| Place of employment: | Place of employment: |
| Telephone: | Telephone: |

**C: Current family description: (We must have a clear picture of parental responsibility.)**

|  |
| --- |
| Relationship between parent 1 and parent 2: 🞏 Married 🞏 Divorced 🞏 Widowed 🞏 Separated 🞏 Living together 🞏 Single parent  You may want to provide more information in the space below, we need to be clear about the structure of your family.  **Siblings with Dates of Birth:** |

|  |
| --- |
| So that we can send important information to you by email please provide an e-mail address for your first two emergency contacts, as per section 1J (for example, both parents). **Please print clearly.**  1st Email Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2nd Email Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**D: Previous education:**

|  |
| --- |
| Please provide us with details, including dates, of all previous pre-schools, nurseries and primary schools that your child has attended: |

**E: Medical history and medical needs:**

|  |  |
| --- | --- |
| General Practitioner - Doctor / Surgery: | |
| Address: | GP Telephone: |
| Please provide details of any medical condition, allergy, or surgery that your child may have or had previously that may affect educational provision. (Write to us separately if you need to.) | |

**F: Special Educational / Behavioural Needs (SEN)**

|  |
| --- |
| Please provide brief details of any special needs in this space. |

|  |
| --- |
| Is your child on the special educational needs register at his/her current school / pre-school? |
| Has your child ever had Glue ear or do they have Glue ear at the moment **Yes/No**  **If yes, please give details** |
| What was the date of your child’s last eye test?  Does your child wear glasses? **Yes/No** |

**G: Ethnicity, Religion and Nationality**

Please indicate your child’s ethnicity by ticking one of the boxes in Section G below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White 🞏 | 🞏 British | 🞏 Irish | 🞏 Traveller of Irish  Heritage | 🞏 Any other |
| Mixed 🞏 | 🞏 White and Black  Caribbean | 🞏 White and Black  African | 🞏 White and Asian | 🞏 Any other mixed  background |
| Asian or Asian British 🞏 | 🞏 Indian | 🞏 Pakistani | 🞏 Bangladeshi | 🞏 Any other Asian  background |
| Refused 🞏 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Country of Birth:** | **Religion:** | **Nationality** |

|  |
| --- |
| **What is your child’s first language?**  **Does your child speak English?** **YES / NO**  **Are any other additional languages spoken at home by anyone in the home (including parents/children/other family members)? If so, please list below:** |

**H: Travelling to school**

Please indicate how your child will usually travel to school

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 Walk | 🞏 Cycle | 🞏 Car share | 🞏 Car |

**I: School Meals**

All children in Key Stage 1 (Reception, Year 1 & Year 2) may receive a free school meal. It is important that you let us know what your child’s usual lunch arrangements will be.

|  |  |  |
| --- | --- | --- |
| 🞏 Hot free school meal for KS1 pupils | 🞏 Hot school meal for KS2 pupils \* | 🞏 Healthy packed lunch from home |

\*Free school meals are offered to children of families who are in receipt of Income support, Income based Job Seekers Allowance or Guaranteed Element of State Pension Credit. They are also offered to children of families who are in receipt of Child Tax Credit only, but who are not entitled to Working Tax Credit, and whose annual income (as assessed by the Inland Revenue) does not exceed £16,190. (As of May 2008-conditions apply)

We are now able to apply for Early Years Pupil Premium for families to see if they are eligible.

To enable us to do this, please complete the details below and sign to confirm your permission to apply on your behalf.

|  |  |
| --- | --- |
| Parent’s Full Name |  |
| Parent’s date of birth |  |
| Parent’s National Insurance Number |  |

**J: Emergency contact information**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact 1 Full Name:  Mr/Mrs/Miss | Address: *(including post code)* | Telephone: | Relationship to child: |
| Contact 2 Full Name:  Mr/Mrs/Miss | Address: *(including post code)* | Telephone: | Relationship to child: |
| Contact 3 Full Name:  Mr/Mrs/Miss | Address: *(including post code)* | Telephone: | Relationship to child: |

**K: Signatures**

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

|  |  |
| --- | --- |
| Signed Parent/Carer 1: | Signed Parent/Carer 2: |
| Dated: | Dated: |

|  |
| --- |
| 2. Permission for Food Tasting, Cookery and Party Food. |

Throughout your child’s time here at George Grenville Academy there will be occasions when your son/daughter will take part in class activities such as baking biscuits, cakes, soup making or food tasting as part of the wider curriculum. Healthy eating is very much part of the curriculum. There may be times when your child takes part in a class party where each child brings in food products from home to share.

We are fortunate to have a cookery area in school where the children can cook alongside school staff and specialists from outside agencies. Cookery activities are too numerous for us to write home each time for permission, your response will therefore be registered on our computer system and be held on file whilst your child remains at George Grenville Academy. Without a permission slip your child will not take part in any cookery or food tasting activities.

All of our recipes are nut free and **we ask all parents to not provide items which may contain nuts in packed lunches or in party food.** You may like to inform us of any allergies to food products in the space below. This is not about preference; it is about medically proven allergies to foodstuffs. Parent may also like to note any dietary requirements due to religion in the space below.

Please keep the school office informed of any changes to this information, additional copies of this form are available for this purpose.

|  |
| --- |
| Please list any foods your child should not eat: |
| Please indicate if your child is Vegetarian: **Yes / No** |
| Please indicate if your child is Pescatarian: **Yes / No** |
| Please indicate if your child is Vegan: **Yes / No** |

|  |
| --- |
| Any other dietary requirements: (Please specify) |
| **I give permission for my child to take part in food tasting, cookery and to eat party food:**  Please sign here: |

|  |
| --- |
| 3. Off – Site activities. Permission for visits on foot within the locality. |

During your child’s time at George Grenville Academy there will be many occasions when the pupils will be visiting the local park, the local shops, post box and other places in the locality including local schools. As usual on these occasions teachers will be assisted by parent helpers in supervising the children. Visits that involve transport will be notified to parents by letter. I give permission for my child to participate in school visits on foot, in the locality, under appropriate adult supervision.

*Please indicate whether you have given your consent in each case by ticking the box on the right-hand side yes or no; and sign and date the form on the last page.*

Yes No

|  |  |  |
| --- | --- | --- |
| 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 |  |  |

**On-site activities**

*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.*

*I give my permission for my son/daughter 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 |  |  |

**Medical consent**

*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.*

|  |  |
| --- | --- |
| My son/daughter to be given first aid by a trained member of staff during any on-site or off-site activity |  |
| 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 |  |
| My child’s information to be shared with the NHS and other 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 |  |
| My son/daughter to be assisted in applying sunscreen if necessary |  |
| Staff to administer the medicines I have listed below: |  |

**Health Visitor** Yes No

|  |  |  |
| --- | --- | --- |
| Does your child have a health visitor? |  |  |

*If your child does have a health visitor and you are happy for us to contact them, please fill out the contact information below.*

Name of Health Visitor

Contact number

|  |
| --- |
| 4. Use of Children’s Images in School Materials. |

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

Throughout the Trust, schools sometimes take photographs or videos of pupils.

Some photos are used to safely deliver education to your child, others are discretionary for example, websites and other promotional materials across the Trust, marketing material (prospectus), newsletters and for local/national newspapers.

We would like your consent to take discretionary photos or videos of your child and use them in the ways described above. If you’re not happy for us to do this, that’s no problem – we will accommodate your preferences.

Please **tick** the relevant box(es) in relation to the questions below and return this form to school.

**Photos Videos**

|  |  |
| --- | --- |
| I give consent for the school to take photos or videos of my child. |  |
| I give consent for photos or videos of my child to be used on the school/trust website. |  |
| I give consent for photos or videos of my child to be used in the school/trust prospectus/newsletter. |  |
| I give consent for photos of my child to be taken by the school photographer. |  |
| I give consent for photos of my child to be taken by a journalist that we have invited into school and for the journalist to use the photo on their website or in print. |  |

Or

|  |  |
| --- | --- |
| I do not give consent for the use of any photos or videos of my child. |  |

If you change your mind at any time, you can let us know by emailing or writing to the Nursery Manager or just popping into the school office and completing another form. If you have any other questions, please get in touch.

**Communication**

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

|  |  |
| --- | --- |
| Phone |  |
| Email |  |
| Text message |  |

**Acceptable use of E-Learning Systems Policy**

|  |
| --- |
| I have read the school’s Acceptable Use of E-Learning Systems Policy, which is found on the George Grenville Academy website and agree to my child having access to school systems both in school and at home through e-learning products and other websites, such as those provided by e-learning partners to the school.  I agree to supervise my child’s online activity and to ensure good online behaviour.  I will use my child’s account details to access the e-learning products for supervision, I will not represent myself as a child on the e-learning system in activities. |
| Please sign here: |

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| --- |
| 5. Privacy Notice – Data Protection Act 2018 |

We **George Grenville Academy** are a data controller for the purposes of the Data Protection Act. We collect information from you about your child and may receive information about your child from their previous school and the Learning Records Service. The school holds this personal data and uses it to:

* Support its pupils’ teaching and learning;
* Monitor and report on their progress;
* Provide appropriate pastoral care, and
* Assess how well the school is doing.

This information includes children’s contact details, national curriculum assessment results, attendance information**[[1]](#footnote-1)** and personal characteristics such as ethnic group, any special educational needs and relevant medical information. If your child is enrolling for post-14 qualifications we will be provided with their unique learner number (ULN) by the Learning Records Service and may also obtain from them details of any learning or qualifications they have undertaken.

***We will not give information about your child to anyone outside the school without your consent unless the law and our rules allow us to.***

We are required by law to pass some information about your child to the Local Authority and the Department for Education (DfE)

We are required by law to pass some information about your child to the Department for Education (DfE) and, in turn, this will be available for the use of the Local Authority.

If you require more information about how the Local Authority (LA) and/or DofE store and use your information, then please go to the following websites:

LA: [www.buckscc.gov.uk/privacynotice](http://www.buckscc.gov.uk/privacynotice)

DfE: <http://www.education.gov.uk/researchandstatistics/datatdatam/b00212337/datause>

If you are unable to access these websites, please contact the LA or DfE as follows:

LA: [schoolsweb@buckscc.gov.uk](mailto:schoolsweb@buckscc.gov.uk)

DfE: Public Communications Unit  
Department for Education  
Sanctuary Buildings  
Great Smith Street  
London SW1P 3BT Website:[www.education.gov.uk](http://www.education.gov.uk) email:[info@education.gsi.gov.uk](mailto:info@education.gsi.gov.uk%20)

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| --- |
| 6. Parking Pledge |

Please help us to provide a safer area outside our academy. By completing the declaration you are agreeing to **ALWAYS** park your car in a safe and considerate way therefore protecting the lives of all the children who attend our academy.

You will agree to protect the safety of all of the local community by being a thoughtful and considerate driver and wherever possible you will try to find an alternative to parking directly outside the school.

If the school makes suggestions as alternatives you will consider them where appropriate.

|  |
| --- |
| I agree to the points above in order to support my child at George Grenville Academy. |
| Please sign here: |

|  |
| --- |
| 7. George Grenville Agreement |

At George Grenville Academy we believe that children thrive at school when supported by parents and staff to achieve great things. Please complete the

1. **The Parents …**

I/We will:

 See that my child goes to the Academy regularly, on time and properly equipped in full school uniform;

 Inform the Academy by telephone before 8.45am if my child is absent for any reason;

 Let the Academy know about any concerns or problems that might affect my child’s work or behaviour;

 Support the Academy’s policies and guidelines for behaviour.

 Attend parents’ evening and discussions about my child’s progress.

2. The School will …

 Contact Parents if there is a problem with attendance, punctuality or school uniform;

 Let Parents know about any concerns or problems that affect their child’s work or behaviour;

 Set, mark and monitor homework;

 Arrange Parents’ Evenings during which progress will be discussed;

 Keep Parents informed about the academy‘s activities through the weekly newsletter and emailed updates.

|  |
| --- |
| I agree to the points above in order to support my child at George Grenville Academy. |
| Please sign here: |

|  |
| --- |
| 8. Collection Arrangements for children at the end of the day. |

To ensure the correct responsible adult collects your child with your permission, we would be grateful if you would give us details of the people who are allowed to collect your child during a regular week. You may include more than one name, for example, Parent, Carer, Grandparent, another Relative, Child Minder or Friend. This will enable us to release your child to your authorised person without having to contact you at the end of the day.

**Changes to your collection arrangements**:

If it is a one off change, such as a child going home to play with another child or the person who would normally collect your child is unable to do so, please call the school office or inform the class teacher. If the change takes place during the day, please call the school office as soon as possible so that we can let the class teacher know. After 3pm it is a very busy time and we cannot always guarantee that messages will be passed on quickly, but we will do our best.

|  |
| --- |
| **Making sure that your child is collected safely.** |

Together, we want to ensure the safety of your child, so it is the responsibility of the parent/carer to advise of any changes and **NOT** the person collecting your child. Please note we will contact you if an adult arrives to collect your child who is not listed or whom we have not been contacted prior to the end of the day. Your child will not be allowed to leave the academy with anyone who you have not included on the list or called to inform us about on the day of collection.

|  |
| --- |
| **Children not collected at the end of the day** |

If, despite all reasonable attempts, we fail to contact anyone to collect your child from George Grenville Academy, we will need to make temporary arrangements for your child(ren) to be cared for elsewhere. We assume you agree to George Grenville Academy and other agencies making whatever arrangements are necessary to ensure your child is cared for.

Thank you for helping us to ensure the safe collecting of your child.

Name of Child ..................................................................................

Class ..................................

|  |  |  |
| --- | --- | --- |
| Name of person collecting | Relationship to child | Telephone number |
|  |  |  |
|  |  |  |
|  |  |  |

*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 the school office.*

Signature(s) ................................................................................ Date: ....................

1. Attendance information is not collected as part of the Censuses for the Department for Education for those pupils aged

   under 4 years in Maintained schools. [↑](#footnote-ref-1)