

George Grenville Academy George Grenville Academy

George Grenville Academy Chandos Road, Buckingham, MK18 1AP Tel: 01280 813273

Email: office@georgegrenville.co.uk

George Grenville Nursery Parental Consent and Family Information

1. Information about the Parent and Child

A: Details about your child:					
Full name :	Date of birth:			Sex: Boy / Girl	
V					
Known as:					
B: Parental information:					
Parent/Carer 1		Parent/0			
Full name: Miss/Mrs/Ms		Full nam	ne:		
Home address:		Home a	ddress:		
Home telephone:		Home te	elephone:		
Mobile:		Mobile:			
Date of birth:	ate of birth: Date o		of birth:		
Do you have legal parental responsibility? Yes / No		Do you have legal parental responsibility? Yes / No			
Place of employment:			Place of emplo	yment:	
Telephone:			Telephone:		
C: Current family description: (We	must ha	ve a clea	r picture of par	ental responsibility.)	
Relationship between parent 1 and	parent 2:	☐ Marrie	ed □ Divorced □	I 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 infort two emergency contacts, as per secondary					
1st Email Contact:					
2 nd Email Contact:					

D: Previous educa	tion:			
Please provide us that your child has	with details, including da attended:	ates, of all previous pre	e-schools, nurseries ar	nd primary schools
E: Medical history	and medical needs:			
General Practition	er - Doctor / Surgery:			
Address:		GP Telep	phone:	
	tails of any medical conc y affect educational prov			
F: Special Educati	onal / Behavioural Nee	ds (SEN)		
Please provide brid	ef details of any special	needs in this space.		
Is your child on the	e special educational nee	eds register at his/her	current school / pre-sc	nool?
Has your child eve	er had Glue ear or do the	y have Glue ear at the	moment Yes/No	
If yes, please give	e details			
What was the date	e of your child's last eye	test?		
Does your child we	ear glasses? Yes/No			
	ion and Nationality		Soction C halow	
Please indicate you White □	r child's ethnicity by ticki	Ing one of the boxes in ☐ Irish	☐ Traveller of Irish	☐ Any other
Mixed □	☐ White and Black Caribbean	☐ White and Black African	Heritage White and Asian	☐ Any other mixed background
Asian or Asian British □	□ Indian	☐ Pakistani	☐ Bangladeshi	☐ Any other Asian background
Refused II				

Country of Birth:	Religior	1:		Nationalit	ty
What is your child's fir	st language?				
Does your child speak	English? YES/I	NO			
Are any other addition parents/children/other	• • • •		•	the home (in	ncluding
H: Travelling to school					
Please indicate how your	child will usually tra				
□ Walk	□ Cycle	□ Car	share	□ Car	
I: School Meals	•	,			
All children in Key Stage you let us know what you				free school m	eal. It is important that
☐ Hot free school meal pupils	for KS1	school me	al for KS2	☐ Healthy p	packed lunch from home
*Free school meals are o Seekers Allowance or Gu families who are in receip annual income (as asses apply)	aranteed Element of the of Child Tax Cred	of State Pe lit only, but	ension Credit. Th who are not ent	ey are also of itled to Workin	fered to children of ng Tax Credit, and whose
We are now able to apply	for Early Years Pu	ıpil Premiu	m for families to	see if they are	e eligible.
To enable us to do this, p your behalf.	lease complete the	details be	low and sign to	confirm your p	ermission to apply on
Parent's Full Name					
Parent's date of birth					
Parent's National Insura	nce Number				
J: Emergency contact in	nformation				
Contact 1 Full Name: Mr/Mrs/Miss	Address: (incluicode)	ding post	Telephone:	F	Relationship to child:
Contact 2 Full Name:	Address: (inclu	ding post	Telephone:	F	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 off-site activity	of staff during any	on-site or	
My son/daughter to receive urgent dental, medical or surgenanaesthetics, as may be considered necessary by the meduring any on-site or off-site activity		~	
My child's information to be shared with the NHS and oth	er health profession	als	
A member of school staff to sign on my behalf any medica son/daughter should require emergency treatment and I of		my	
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 n	ecessary		
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 finformation below.	or us to contact thei	m, please fil	l out the co
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:		

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 information¹ 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

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
DfE: Public Communications Unit
Department for Education
Sanctuary Buildings
Great Smith Street

London SW1P 3BT Website: www.education.gov.uk email: info@education.gsi.gov.uk

6. Parking Pledge

1 At

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.

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 ...

l/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.						
	agree to the points above in order to support my child at George Grenville Academy.						
	Please sign here:						
	8. Collection Arrangements for chil	dren at the end of the day.					
	would give us details of the people vinclude more than one name, for ex	who are allowed to collect your ample, Parent, Carer, Grandpa	ur permission, we would be grateful if you rehild during a regular week. You may arent, another Relative, Child Minder or person without having to contact you at the				
	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.						
2 V	any changes and NOT the person co collect your child who is not listed or	ety of your child, so it is the res ollecting your child. Please note whom we have not been conta	ponsibility of the parent/carer to advise of we will contact you if an adult arrives to acted prior to the end of the day. Your child a not included on the list or called to inform				
	Children not collected at the end	of the day					
2		porary arrangements for your colle Academy and other agencies	ect your child from George Grenville child(ren) to be cared for elsewhere. We es making whatever arrangements are				
٦	Thank you for helping us to ensure th	ne safe collecting of your child.					
1	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:			