



Nurture the Potential to Succeed

Data Collection Booklet

Name of Child

Class

Please return this booklet to the School Office

Newton-le-Willows Community Primary School Data Collection Form

PUPIL PERSONAL INFORMATION

LEGAL SURNAME		PREFERRED SURNAME	
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male / Female
DATE OF BIRTH:	___/___/___		
YEAR GROUP		REGISTRATION GROUP	
HOME ADDRESS		HOME TELEPHONE NO.	

PARENT INFORMATION

MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No		
HOME ADDRESS (including postcode)	Postcode _____				
TELEPHONE NUMBERS	HOME:		WORK:		
E-MAIL ADDRESS	MOBILE:				
Can this person collect your child?		Yes/ No (Please circle)			

FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No		
HOME ADDRESS (including postcode)	Postcode _____				
TELEPHONE NUMBERS	HOME:		WORK:		
E-MAIL ADDRESS	MOBILE:				
Can this person collect your child?		Yes/ No (Please circle)			
If as parents you are living separate from each other, do you require separate reports, correspondence or meeting information?			Yes / No (please circle)		

COMMUNICATION

At Newton Primary, we rarely use paper based correspondence and instead use e-mail or a text message as our main form of communication with you. Please ensure you have added a mobile number and an e-mail address above so we can keep you informed.

OTHER NAMED ADULTS

A **Named Adult** is any other person who can be deemed a 'parent' (e.g. step parent, or parent's partner). If you would like school to have a record of a 'named adult,' please provide their details below, indicating if they have 'parental responsibility.' Please continue on a separate sheet if necessary.

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No	RELATIONSHIP TO CHILD	
HOME ADDRESS (including postcode)		Postcode _____			
TELEPHONE NUMBERS		HOME:	WORK:		
E-MAIL ADDRESS		MOBILE:			
Can this person collect your child?		Yes/ No (Please circle)			
If as parents you are living separate from each other, do you require separate reports, correspondence or meeting information?		Yes / No (please circle)			

CONTACT INFORMATION – IN PRIORITY ORDER` (Attach an extra sheet if necessary)

Please provide below the names of **at least two additional people** who can be contacted by school in an emergency, **underlining** the main contact number. (Repeat information overleaf if necessary).

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD		Does this person have legal Parental Responsibility?		Yes/ No (Please circle)	
Can this person collect your child?		Yes/ No (Please circle)			

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD		Does this person have legal Parental Responsibility?		Yes/ No (Please circle)	
Can this person collect your child?		Yes/ No (Please circle)			

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD		Does this person have legal Parental Responsibility?		Yes/ No (Please circle)	
Can this person collect your child?		Yes/ No (Please circle)			

Please note all adults you have named on this form (where not a parent/guardian) must have given their consent for the school to hold their personal information as an emergency contact in accordance with our school privacy notice (enclosed).

CHILD ETHNICITY AND CULTURE

Please complete **all** of the sections relating to Ethnicity and Culture using the guidance and lists provided with this form.

ETHNICITY		COUNTRY OF BIRTH	
NATIONALITY		FIRST LANGUAGE	
ASYLUM STATUS	Asylum Seeker / Refugee / Not Applicable (please circle)	RELIGION	

ADDITIONAL INFORMATION

Guidance is available in school regarding these questions, if you are unsure. Please ask a member of the office team and request if required.

Do you think your child is eligible for Free School Meals?	Yes / No
Do you think your child is entitled to Pupil Premium?	Yes / No
Have either parent served or are currently serving in the armed forces?	Yes / No
Has your child been previously in care and then adopted? (Post Adoption)	Yes / No
Does your child have any caring role within the family home for a sibling or relative?	Yes / No
Is your child being currently supported by Social Services?	Yes / No
Is your child a Looked After Child?	Yes / No
Is your child in receipt of SEN funding?	Yes / No
Does your child have an Education, Health and Care Plan? (EHCP)?	Yes / No

WALK TO AND FROM SCHOOL

All children in Nursery, Reception, Year 1, Year 2, Year 3 and Year 4 must be accompanied to and from school with an adult (this is a person over 18 years of age).

Children in Year 5 and Year 6 may walk to school and walk home from school on their own if parents have given permission/consent.	
My child is in Year 5 or Year 6 - I give permission for them to walk home	Yes or No

LUNCH ARRANGEMENTS

Please tick one choice for Lunch	School Meal <input type="checkbox"/>	Packed Lunch <input type="checkbox"/>
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TRAVEL ARRANGEMENTS

Please tick one choice for Travel Arrangements	Bicycle <input type="checkbox"/>	Car/Van <input type="checkbox"/>	Public Bus <input type="checkbox"/>
	School Bus <input type="checkbox"/>	Taxi <input type="checkbox"/>	Train <input type="checkbox"/>
	Walk <input type="checkbox"/>	Other (please specify)	

PERSONAL DATA

To be signed by a person with Parental Responsibility for this pupil.

Data Protection Legislation: The school is registered within the information Commissioners Office for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF.

Parent/Carer Signature _____

Date: _____

MEDICAL INFORMATION – Attach an extra sheet if necessary.

Any special dietary requirements _____

Name of Doctor						
Medical Practice Name						
Medical Practice Address						
Medical Practice Telephone Number						
Does your child have any of the following medical conditions?	Asthma	Yes/No	Diabetes	Yes/No	Eczema	Yes/No
	Epilepsy	Yes/No	Hayfever	Yes/No	Migraine	Yes/No
	Other	Yes/No	Please specify:			
If you have answered 'Yes' to any of the above, please give any relevant information related to the condition(s):						
Does your child attend regular hospital/GP clinics? If so, please give details:						
Does your child have any allergies, for example, to food, stings, medicines etc? If so, please record details of the allergen, how your child reacts and any relevant additional information below such as what may trigger a particular allergy and what should be avoided.						
Has your child been prescribed an EPI-PEN?	Yes/No (Please circle)					
Is your child taking any routine medication (including asthma inhalers)?						
If you answered 'Yes' to the above, please list the name of each medication, the dose and the frequency required:						
Medication	Dose			Frequency		
Please ensure you supply any medication required for emergency treatment <u>clearly labelled</u> with your child's name and directions for use. If your child requires medication, it must preferably be prescribed by a doctor. Parents are required to complete additional paperwork available from our school office, if you require school staff to administer medicine.						
Does your child have a Care Plan issued by a Doctor, Consultant or Medical Team?						Yes/ No (Please circle)
If you answered 'Yes' to the above, please provide school with a copy.						
Does your child wear nappies?	Yes/No (Please circle)					

MEDICAL INFORMATION CONTINUED

ALLERGY

If your child has a medical condition or an allergy, we may need to display their details to make all staff aware of their condition.

I give consent for my child's details to be displayed if necessary

YES / NO

Signed: _____

Date: _____

MINOR INJURY

In the event of a minor injury, are you willing for the school staff to apply a bandage or plaster as appropriate?

YES / NO

Signed: _____

Date: _____

In the event of an emergency, if we are unable to contact you when your son/daughter is ill, please acknowledge that school will take the necessary action (e.g. present your child at a Walk In Centre/ present your child at A&E/call an ambulance, administer first aid/oxygen.) as appropriate?

YES / NO

Does your son/daughter wear glasses?

YES / NO

If yes, please give details: Permanently / Reading / Other

Details: _____

Does your child have hearing problems?

YES / NO

If yes, please give details: Slight hearing loss /More severe loss

Details: _____

EMERGENCY MEDICAL TREATMENT

I give my permission to seek emergency medical treatment from a member of Newton Primary's staff to administer an emergency inhaler (if child has asthma) or Epi-Pen (if child has been prescribed one).

YES / NO

Signature _____ **Date** _____

ACCEPTABLE USE POLICY (AUP) CONSENT FORM

Parent / Carer's Consent for Internet Access

I give permission for my son / daughter to access the Internet. I understand that the school will take all reasonable precautions to ensure pupils cannot access inappropriate materials. I understand that the school cannot be held responsible for the nature or content of materials accessed through the Internet. I agree that the school is not liable for any damages arising from use of the Internet facilities.

Signed:	Date:
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Please print name:

Parent / Carer's Consent for Web Publication of Work

I agree that, if selected, my son/daughter's work may be published on the school website.

Signed:	Date:
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ATTENDANCE

Please can you take time to read and familiarise yourself with Newton Primary's Attendance Policy which takes into consideration the latest legislation. A copy is on our school website. At Newton Primary, we feel good attendance at school gives your child the best start in their education and establishes good routines for their future. We encourage all our children to adhere to our School Attendance Policy, as we know that this will enable them to get the education that they are entitled to.

I / we have been informed about Newton Primary's Attendance Policy and will inform any family / step parents / separated parents about this policy and especially that all term time holidays will be unauthorised unless in very exceptional circumstances and will incur a Fixed Penalty Notice. **Please note, according to Education law, whoever has day to day care of a child is responsible for their school attendance. For example, if a child lives with mum or with dad and a new partner (not the child's biological parent), even if they are not married, that partner is equally responsible for school attendance and may be subject to a Fixed Penalty Notice.**

Signature _____ **Date:** _____

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FOOD TASTING

I give permission for my child to taste different foods during class activities.

Name of child _____ **Class:** _____

Parent/Carer Signature _____ **Date:** _____

LOCAL TRIPS

During your child’s time at Newton Primary, a number of local visits take place each year, for example walks around local areas to church / shops / parks etc. Rather than duplicating letters continually requesting permission slips for these visits, we are requesting your signature and permission to cover these visits.

Please sign below, which covers any **local visits during your child’s time at Newton Primary.**

I give permission for _____ (child’s name) to go out on any **arranged local visits** during their time at Newton Primary School.

Parent/Carer Signature _____ **Date:** _____

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SCHOOL CAR PARK

We have a very strict health and safety policy that states that the school car park is **only** for staff parking, deliveries, disabled badge holders and emergency vehicles only. Please do not use our car park to drop off or pick up children. If you do, you are putting young children at RISK.

Please sign this to confirm that you are aware of the school policy and the risks involved

Please inform any representative collecting children on your behalf of this policy.

I am sure that you will agree that the safety of our children on school premises is of the up most importance.

If you are a disabled badge holder, please present your badge at the school office so a record of this can be made.

Name of child _____ **Class:** _____

Parent/Carer Signature _____ **Date:** _____

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SCHOOL MILK – EYFS/ KS1 PUPILS ONLY

School offers your child the opportunity to have fresh milk each day with their snack. The cost of this is £6.00 for the year. From September 2024, please pay this when your child starts school at the beginning of the academic year via School Money.

If your child is on **Free School Meals there is no charge for milk.** Please indicate if your child would like school milk at the start of the academic year in September. **Yes / No**

Name of child _____ **Class:** _____

NEWTON-LE-WILLOW'S PRIMARY SCHOOL
HOME SCHOOL AGREEMENT

Child's Name		Intake Year	
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The staff and Governors of Newton Primary School welcome you and your child most warmly into our community. We believe that a strong partnership between school and parents is essential to the best interest of the child and ask you to enter into an Agreement of Partnership.

TOGETHER WE WILL:

- Encourage the child to keep and follow our school rules and values.
- Encourage the child to treat others as they would want to be treated themselves.
- Implement any special need which may be required to enable the child to succeed happily in their learning.

THE FAMILY WILL:

- Accept the school's overall aims, vision and intent and positively support all staff members who work as part of the school team.
- Support the school's policies on discipline, uniform, jewellery and medicines, and advise the school on any health or relevant family problems.
- Make sure that the child attends regularly and arrives on time.
- Make sure that the child is well rested and ready to learn.
- Attend Parents' Evening to discuss the child's progress.
- Support the child when doing homework.

Parent/Carer Signature	
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THE SCHOOL WILL ENDEAVOUR TO:

- Nurture the Potential to Succeed.
- Provide a caring, welcoming family environment.
- Provide a broad and balanced curriculum to meet the needs of your child.
- Provide a safe and happy environment with help and encouragement to ensure that your child strives to do the best they can.
- Set regular homework.
- Inform parents of their child's progress.
- Encourage children to take care of their surroundings and others around them.

Headteacher Signature	<i>Mrs Chisnall</i>
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THE CHILD WILL:

- Work hard, follow school rules and school values and try my best at all times.
- Be a friend, to all other children, caring about their feelings and helping them to be happy.
- Be polite and helpful.
- Take care of all the things I use in school and have respect for other people's belongings.
- Do my homework and return it to school on the correct day.

Child's Signature	
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THE GOVERNORS WILL:

As Governors of the school, we will do our best to:

- Support a clear vision, ethos and strategic direction for the school.
- Support the leadership and self-evaluation processes of the school to ensure high quality teaching, achievement, behaviour and safety.
- Seek financial efficiency and value for money.
- Ensure compliance with statutory obligations, including health and safety regulations.
- Engage with all key stakeholders on a regular basis.

Chair of Governor's Signature	<i>Mr Limb</i>
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FOR OFFICE USE ONLY	<input type="checkbox"/> Please tick once the information on this form is added to the pupil record on SIMS and other relevant documentation record sheets have been completed.		
Date added:		Added by (initials):	