

Templemoor Infant and Nursery School

# Important Returnable Forms New Starters 2016 Reception to Year 2

Please complete all applicable\_forms in this booklet and return the whole book when you attend the Induction Evening on Tuesday 5<sup>th</sup> July at 7pm <u>(for those starting in September 2016)</u>

We are unable to enrol your child without the completion of these forms.

Thank you.

Please complete forms 1 and 2. Form 3 is optional.



# Form 1: Data Collection (Rec –Yr2)

### Child's Details

Legal Surname:	Legal Forename(s):
Preferred Surname:	Preferred Forename(s):
Home Address:	
Town:	Post Code:
Date of Birth:	Gender:

Mother/person with legal parental responsibility	Father/person with legal parental responsibility
Title: Forename:	Title: Forename:
Surname:	Surname:
Home address (if different to child):	Home address (if different to child):
Destander	Destanda
Postcode:	Postcode:
Telephone (Home)	Telephone (Home)
Telephone (Business)	Telephone (Business)
Telephone (Mobile)	Telephone (Mobile)
Email:	Email:

### Contacts: please provide two additional contacts for use in an emergency:

Name	Relationship to	Telephone	Name	Relationship to	Telephone
	child	Numbers		child	Numbers

### Medical and Dietary (✓)

Coeliac	Dairy Free	No Pork	Nut Allergy	Peanut Allegy
Vegetarian	Other: please state			

Asthma	Bee Sting Allergy		Epilepsy
Kidney/Bladder	Deafness	Diabetes	Sight Impairment
Other (Please give details)			

Does your child wear spectacles?	Yes	No
Does your child need to take regular medication during school hours?	Yes	No
If yes, details:		

Name of GP	Practice/Centre Name	Address	Telephone No		
Name of Dentist	Practice Name	Address	Telephone No		
Date of last Tetanus Injection					



Ethnicity (✓)	White	Black-Other	Bangladeshi
Pakistani	Black – African	Indian	Chinese
Black – Caribbean A		Any other ethnic group (P	lease state)
I would prefer not to answer			

Religion (✓)	Christian	Jewish	Sikh
Hindu	Muslim	No Religion	Any other Religion
I would prefer not to answer			(state)

First Language (✓)	Cantonese	Bengali	Punjabi
English	Italian	Turkish	Urdu
Gujerati	Greek	Hindi	Spanish
Portuguese	Any Other (Please state)		

## **Travel Information**

### Please tick one choice below

Walk	Cycle		Car/Van		Bus
Car Share (with a differen	t household)	Taxi		Other (p	please state)

### Welfare

Is your child currently, or have they previously been under the care of the LA		No
("Looked After")? (E.g. adoption or fostering).		
If yes, which Local Authority? Date of Adoption:		

Does your child have a disability?	Yes	No

#### **School History**

Nursery Name	Nursery Phone No					
Your child's Unique Pupil Number (UPN)	Enter number					
(your nursery will provide this).	Or □ My child did not have a UPN					

### **Parental Consent**

In the event of an emergency, if we can not contact you, do we have	Yes	No
permission to take your child to hospital?		
Do we have permission to apply a plaster if your child has a minor cut?	Yes	No
Do you give permission for your child to be taken out of school into the local	Yes	No
environment during his/her time at Templemoor Infant & Nursery School?		
Do we have permission to publish photographs of your child (e.g. website)	Yes	No

## Siblings

If your child has a sibling at Templemoor or Moorlands please give details					
Name(s)	School (s)				

Signed	Print Name	Date

# **Pupil Premium**



Dear Parents/Carers,

The Pupil Premium is additional funding given to state-funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers.

There are 4 elements to Pupil Premium:

- 1. Free school meal eligibility
- 2. Service children
- 3. Adopted from care, special guardianship order and residence order
- 4. Children in care

Any qualifying family that registers their eligibility (based on the free school meal criteria) will help raise pupil premium money for the school. For 2016-17, the additional funding will be  $\pounds$ 1,320 for a primary school, for each registered child.

National data and research tells us that children eligible for free school meals tend to do less well, for example in 2014 45% of children eligible for free school meals achieved the expected level at the end of the Early Years Foundation Stage compared with 64% of other children. The Pupil Premium will provide us with extra funding to close this gap and could make a significant difference to your child's education.

We will use the extra funding to improve the quality of the early years education that we provide for your child.

It is well documented that high quality early education can influence how well a child does at both primary and secondary school so we do want to make the most of this additional funding. You may be aware if you have older children that Pupil Premium has proved to have given a real boost to the children receiving the funding. We want to do the same for our early years children entitled to this funding.

We therefore ask that **ALL PARENTS** fill in the next form to allow us to claim the Pupil Premium.

Thank you for your support

SHodgron

Stuart Hodgson Headteacher

# Form 2: Pupil Premium Registration Form



### Child(ren)'s Details:

Please complete for all children living with you, including those under school age or attending other schools

First Name	Last Name	Boy/Girl	Date of Birth	School	Relationship to child

#### Your Details:

You: Title: Forename:	Your Partner: Title: Forename:
Surname:	Surname:
Home address:	Home address:
Postcode:	Postcode:
Date of Birth:	Date of Birth:
National Insurance/NASS Number:	National Insurance/NASS Number:
Telephone:	Telephone:
Email:	Email:

#### Income Details: Please indicate your joint family income (per year)

□ Under £16,190	□ £16,190-£19,999	□ £20,000-£24,999
□ £25,000-£3	31,000 🗆 🤅	Over £31,000

#### Do you receive:

Income Support	□ Yes	□ No
Income Based Jobseeker's Allowance	□ Yes	🗆 No
Income Related Employment and Support Allowance	□ Yes	□ No
Support under Part IV of the Immigration and Asylum Act	□ Yes	□ No
Child Tax Credit but NOT Working Tax Credit, with household income of under £16,190	□ Yes	□ No
Guarantee Element of Pension Credit	□ Yes	□ No

### If you are not sure $\cdot$ $\Box$

Please tick the above box if you are not sure whether your joint family income is over £16190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for the Pupil Premium.

#### Declaration

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for Local Authority purposes. I agree to the Local Authority using this information to determine whether my child's school is entitled to claim the Pupil Premium for my child.

Signed		Date	
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# **Templemoor School Fund**



Dear Parents and Carers,

Throughout the year at Templemoor all children enjoy activities and experiences which enhance learning and enjoyment at school.

Friends of Templemoor, which you are all members of, raises a great deal of money which contributes to many aspects of school life – for example a Story Telling Workshop, enhancing computing provision, etc.

School Fund pays for consumables such as plants, compost, cooking and baking ingredients and special art materials such as mosaic tiles, metal foil, etc.

Traditionally we have asked everyone to contribute to school fund by sending £1 per week to put into money boxes (Billy Bank) in each classroom.

To make contributing to school fund easier we would like to offer all parents the opportunity to contribute by standing order directly from their bank account. If you would like to contribute in this way (with the first standing order payment from 1<sup>st</sup> November this year) please complete Form 3.

The greater the contribution, the richer the provision. Remember, Templemoor Infant and Nursery School Fund is your child's fund!

Thank you in anticipation.

Yours sincerely

SHodgron

Stuart Hodgson Headteacher

# Form 3: Standing Order (Optional)



## Your instruction to set up a new standing order.

Please write clearly in black ink in the spaces provided with capital letters or cross the boxes. All sections must be completed. Please return the original form as photocopies can not be accepted.

1	Pupil	Deta	ails															
Name of pupil											Class							
-		_																
2	Your	Deta	nils															
Your full name or name of business									Your contact telephone number									
Bank	Name a	nd A	ddress								Sor	t Cod	le					
																1	1	
											Acc	count	Num	nber		1	1	
	Data	·			•								_	_	_	_	_	
3	Deta	IIS OT	your	stand	ing or	aer												
Davm	ent Ref	oronc		nlotor	l hy sc	hool)												
2		1	4	2	0	1	5	-	Α	N								
		-	•	-	•	-	5											
Recip	ients Na	ame							1	1 <sup>st</sup> Payment Date								
Temp	lemoor	Infar	t and	Nurser	y Scho	ol Fur	nd		1	Nover	ovember 2016							
Recipient Sort Code Am							Amount Payment amount in words											
3 0 9 0 1 6							£	10.00		Ten	pour	nds						
Recipient Account Number							Н	ow oft	en to y	you w	/ant	the	paym	nent	made	e?		
1	7	9	7	1	L	3	6	0		✓	qu	arterl	y un	itil fu	urthe	r not	ice	
						·												
4	Varia																	

4 Your agreement with us

I/we authorise you to debit my/our account, in accordance with the details above. This request is addresses to the bank which holds my/our account.

Your signature

Date