

METHERINGHAM PRIMARY SCHOOL – PUPIL INFORMATION SHEET

(Please complete in block capitals – All sections must be completed)

SURNAME: _____ LEGAL SURNAME: _____

FORENAME: _____ MIDDLE NAME: _____

GENDER: _____ DATE OF BIRTH: _____

ADDRESS: _____

_____ POSTCODE: _____

HOME TELEPHONE NO : _____

CLASS TEACHER: _____

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted.

PRIORITY	NAME/RELATIONSHIP	HOME ADDRESS	CONTACT TEL NUMBERS
1.			Home: Mobile:
2.			Home: Mobile:
3.			Home: Mobile:
4.			Home: Mobile:

PARENTAL OCCUPATION DETAILS:

NAME/RELATIONSHIP	PLACE OF WORK	CONTACT TEL NUMBER

PLEASE TICK THE BOX IF EITHER PARENT IS A SERVING MEMBER OF THE ARMED FORCES.

NAME OF DOCTOR:
ADDRESS:
TELEPHONE NUMBER:
Please give details of any medical conditions including allergies:
Please give details of any medication to be kept by school:

DIETARY NEEDS: Please tick the appropriate boxes:	<input type="checkbox"/> School Meal		
<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Free School Meals	<input type="checkbox"/> Home	<input type="checkbox"/> Other
Are you currently receiving Free School Meals?	Yes/No		

PARENTAL CONSENT

<p>PHOTOGRAPHY:</p> <p>From time to time school events may appear in the press. We also produce publicity materials for use within and outside of school. If you are happy to allow pictures of your child to be used in this way, please tick this box <input type="checkbox"/></p> <p>COOKING AND TASTING ACTIVITIES:</p> <p>I am happy that my child is able to participate in these. I have noted any special medical conditions which are likely to affect health.</p> <p>WALKS AND ACTIVITIES BEYOND THE SCHOOL GROUNDS</p> <p>I am happy that my child can participate in activities and walks which involve leaving the school environment to make observations and environmental studies. I understand that I will be informed if this involves any transportation.</p> <p>CHANGES OF CLOTHES (KEYSTAGE 1)</p> <p>I am happy that a member of staff will change my child's clothing should it become necessary. I understand that if there is a persistent toileting problem I may be asked to come to school to help staff with this.</p> <p>I am happy that my child is able to participate in all of the above.</p> <p>Signed _____ Date _____</p>
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AGREEMENT

The parents/guardians

I/We will:

- see that my/our child goes to school regularly, on time and properly equipped.
- make the school aware of any concerns or problems that might affect my/our child's work or behaviour.
- support the school's policies and guidelines for behaviour.
- support my child in homework and other opportunities for home-learning.
- attend parents' evenings and discussions about my child's progress.
- make time to discuss the school day with my/our child.

Signature(s) _____

The school will:

- care for your child's safety and well being.
- ensure that your child achieves their potential as a valued member of our school community.
- provide a balanced curriculum, set mark and monitor homework as appropriate to meet the individual needs of your child.
- aim to achieve high standards of work and behaviour through building good relationships and developing a sense of responsibility.
- keep you informed about general school matters and about your child's progress.
- be open and welcoming at all times and offer opportunities for you to become involved in the daily life of the school.

Signature(s) _____

Headteacher

Class Teacher.

The pupil

I shall try to:

- do my best at all times in school.
- attend school regularly and on time.
- bring all the equipment I need every day.
- wear the school uniform and be tidy in appearance.
- do all my classwork and homework as well as I can.
- be polite and helpful to others, be respectful to myself, other pupils and all adults.
- respect equipment and buildings.

Signature _____

WORD/OFFICE/Pupil Info Sheet 07