

**Please ensure all forms
are completed and
returned to the
school's office**

Longford Park School Pupil Information Form

Please return this form to the Office on your child's first day at school. It is very important that we have daytime telephone contact numbers in case of accident or illness and we are notified of any changes.

PUPIL INFORMATION	
Surname:	Forename:
Date of Birth:	Gender:
Address:	
Postcode:	Home Tel No:
Previous School:	

FAMILY INFORMATION	
Name of Parents/Carers:	
Is your child considered to be a LAC? <small>Looked After Child</small>	Yes / No
Name of social worker linked to your child (if applicable):	

EMERGENCY CONTACT INFORMATION		
	Emergency Contact 1	Emergency Contact 2
Contact Name:	Mr/Mrs/Miss	Mr/Mrs/Miss
Relationship to Child:		
Address:		
Postcode:		
Email address:		
Telephone No Home:		
Telephone No Mobile:		

MEDICAL AND OTHER USEFUL PERSONAL INFORMATION

Doctor: Telephone No:

Address:

Medical Conditions:

Disability, Discrimination & Equality Act 2006:
Please Note: you are not obliged to answer this question

Would you describe your child as disabled? Yes / No

Would you describe yourself or your partner as disabled? Yes / No

MEAL ARRANGEMENT

Meal Type
(please tick)

Paid School Meal
**MUST BE PAID IN
ADVANCE**

Eligible for Free
School Meal

Packed Lunch from
Home

Any special dietary needs?

FOR OFFICE USE ONLY

Admission Date:

Admission No:

Registration Group:

Year Group:

UPN

Enrolment Status:

***IMPORTANT* Requires Immediate Attention**

(please return to the school office ASAP)

Name of Child: _____	
Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and keep it up to date. The school is required to share some of the data with the Local Authority and with the DfES	
ETHNICITY: Please tick one box only to indicate the ethnic background of your child	
WHITE	
British	
Irish	
Traveller of Irish Heritage	
Gypsy/Roma	
Any other White background	
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	
BLACK OR BLACK BRITISH	
Caribbean	
African	
Any other Black background	
CHINESE	
ANY OTHER ETHNIC BACKGROUND	
RELIGION and LANGUAGE	
What is your child's religion?	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Other (please specify)	
What is your child's main language?	
What is your child's home language?	

Longford Park's Home and School Agreement

Your parents agree to:

- Support the school in its efforts to help you.
- Help you with home talks and projects.
- Attend Parent's Evenings and Annual Review meetings to discuss your progress.
- Let teachers know of *anything* which might affect you at school.
- Make sure you attend school every day.

Signed **Parent/Carer**

As a pupil at Longford Park School I agree to:

- Try to get on with everybody at school.
- Try to be kind and helpful.
- Work hard and do my best.
- Do any homework on time.
- Look after the school buildings and equipment.
- Listen carefully to people.
- Always tell the truth.

Signed **Pupil**

All the staff at Longford Park agree to:

- Take care to keep you safe at school.
- Give you work and activities that suit your individual abilities and needs.
- Set appropriate work for you to do at home.
- Help you to make the best of yourself.
- Let your parents know if you are having any problems.
- Welcome your parents and carers into school to talk to us.

Longford Park School

Asthma Medication Form

It has been agreed with school that your child will be given medication during the school day, please complete this form and return it to school for the attention of the Headteacher.

Please indicate how many tablets are being sent into school.

Where regular medication is required, we do rely on parents to send in more supplies together with one of these forms.

Name of Pupil	
Name of Medication	
Dose of Medication	
How many doses needed	
When is medication needed	
Knows how to take medication?	
Signature of Parent	
Date	
Medication sent to school	
Any other information	
Any comments	

PLEASE NOTE:

All medicines should be in a clearly labelled bottle or packet.

UNDER NO CIRCUMSTANCES SHOULD PUPILS CARRY MEDICINE.

UNDER NO CIRCUMSTANCES SHOULD MEDICINES BE PUT IN SCHOOL BAGS.
 Medicines should be given, for safekeeping, to the escort on your child's school bus.

Longford Park School

Medication

If it has been agreed with school that your child will be given medication during the school day, please complete this form and return it to school for the attention of the Headteacher.

Please indicate how many tablets are being sent into school.

Where regular medication is required, we do rely on parents to send in more supplies together with one of these forms.

Name of Pupil	
Name of Medication	
Dose of Medication	
Time for medication to be given	a.m./p.m.
Signature of Parent	
Date	
Number of tablets sent to school	
Any comments	

PLEASE NOTE:

All medicines should be in a clearly labelled bottle or packet.

UNDER NO CIRCUMSTANCES SHOULD PUPILS CARRY MEDICINE.

UNDER NO CIRCUMSTANCES SHOULD MEDICINES BE PUT IN SCHOOL BAGS.
 Medicines should be given, for safekeeping, to the escort on your child's school bus.

Longford Park School

Medication at HOME

If your child is currently being medicated at home, please complete this form and return it to school for the attention of the Headteacher.

Should the medication change at any point, please complete a new form and send into school for the school's pupil records.

Name of Pupil	
Name of Medication	
Dose of Medication	
Signature of Parent	
Date	
Any comments	

Making School Better Places for Learning

We are committed to making sure that school is a happy and successful experience for all our children and young people. Where a child has a particular difficulty or need, we will do our best to put measures in place to overcome this. It would therefore be helpful if you could complete this questionnaire, whether or not your child has any difficulties. Please complete one form for each of your children at this school.

We will treat what you have told us here sensitively. None of the information will be shared with other parents or pupils. The back page of this questionnaire provides more information about who this information will be shared with. If you need help to fill in this questionnaire please let us know.

Child's First Name			
Child's Surname / Family Name			
Date of Birth (dd/mm/yy)	Gender (please circle)	Male	Female

<p>1. Please indicate whether your child has any long-standing illnesses, health problems or disabilities which mean that they have substantial difficulties with any of the areas of his/her life shown below? Please select all that apply. By long-standing we mean anything that has troubled them over a period of at least 12 months or that is likely to affect them over at least 12 months. Please exclude difficulties that you would expect for a child of that age.</p>	
Mobility – moving around indoors or outdoors	<input type="checkbox"/>
Hand movements – touching or holding	<input type="checkbox"/>
Personal care – going to the toilet, dressing	<input type="checkbox"/>
Eating and drinking without help	<input type="checkbox"/>
Incontinence – wetting or dirtying	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>
Communication – speaking with others, or understanding them	<input type="checkbox"/>
Learning – numbers, letters, words	<input type="checkbox"/>
Hearing	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Behaviour – very active, has short attention span, behaves unacceptably	<input type="checkbox"/>
Has seizures	<input type="checkbox"/>
Diagnosed with autism or Asperger Syndrome	<input type="checkbox"/>
Has a life-limiting condition or requires palliative care	<input type="checkbox"/>
Can be depressed, or anxious, or has an eating disorder	<input type="checkbox"/>
Other (please describe other areas of great difficulty)	

2. Does your child take any medication, use any physical aids or require any special diet or supplements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3. If your child did not take this physical aid or have a special diet or supplements, would he/she have substantial difficulties with any of the areas of life listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4. Has your child seen a professional, such as a paediatrician or a psychologist or a speech and language therapist because of the difficulty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If YES, please provide further details:				
5. If you have indicated about that your child has difficulties, do these difficulties affect his or her:	Yes	Some-times	No	Don't know
Classroom learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with his or her classmates/peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joining in other school activities e.g. breaks, social and leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day to day life outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What sort of help or special equipment do you think your child needs so that they get on well at school?				
7. Has your child ever been in care, if so which local authority were they under? 8. Has your child ever been adopted, if so please provide any documentation				
We would be pleased to meet with you to talk about your child's needs. Please tick if you would like us to arrange this.				<input type="checkbox"/>

What happens to the information you give us?

We really appreciate your help with this questionnaire. The information will be used by the school to improve the way that information on pupils' difficulties and disabilities is collected and used in schools to promote the wellbeing of children. No information will be published that would identify your child. By returning this form you are agreeing that information can be used in this way. The covering letter shows the person in the school who will open the envelope and see this information. Information will be shared with those staff in the school who support your child unless you ask not to below.

Is there any person in the school who you **would not** like to share this information with?

Please name them:

Thank you for completing this form. Please return it to the school office. ☺

High quality school wear is available for purchase directly from the supplier School Trends, as follows:

STYLE	SIZE	PRICE
Crew –neck sweatshirt	26" 28" 30" 32"	£12.00
	S (34") M (36") Large	£14.00
Sweat cardigan	26" 28" 30" 32" 34"	£13.00
PE Shorts	26"/28" 30"/32" 34"/36"	£7.00
Book bag		£6.00
PE/Swim Bag		£6.00
		TOTAL

Please use the link below to make your purchase(s)

https://www.schooltrends.co.uk/uniform/Longford_Park_School_M32_8QJ

For other uniform items, such as trousers, skirts or polo shirts etc – please purchase these independently. Additionally, spare sweatshirts (of the same or similar colour) can be purchased elsewhere (logo-free).

General Educational Visits

From time to time all classes undertake educational visits to support the curriculum work in class. We consider that these visits are a vital part of our educational programme and we are sure you will support us in this.

Longford Park Activity Area

Occasionally some classes take the children on a short visit to Longford Park (which is adjacent to our school) during the school day. We consider these mini visits an important part of our learning programme and we hope you will support us in this.

Within the park there are various playground apparatus which include: usual playground equipment (swings, slides... etc) and a climbing boulder. Please complete and return the overall permission slip printed below as soon as possible if you are happy for your child to be included in this ad-hoc class activity and use the equipment whilst at the park.

Longford Park Activity Area - BICYCLES

Your child may visit Longford Park Activity Area to use the bicycles as part of their enrichment. Visits of this nature are an important part of our learning programme and we hope you will support us in this.

Minor First Aid in School

In addition, with the many activities our children are involved in during the school day, more particularly during PE or outdoor play/learning for example, occasionally there might be a need to administer some minor First Aid – which would include applying a plaster and/or using an antiseptic wipe to clean a small cut or graze.

Following advice recently received, it has been recommended that we obtain permission from parents/carers before we can use such items as plasters and antiseptic/alcohol-free wipes.

If we do not receive a completed permission slip we will assume you object to your child going out of school on these visits* and/or receiving first aid and *they will not be able to attend.

Many thanks

Permission Slip

Name of Child: _____ Class: _____

I give permission for the above named child to take part in Educational Visits and Out-of-School Activities organised by the school staff as stated:

	Yes please	No thank you
General Educational Visits	<input type="checkbox"/>	<input type="checkbox"/>
Longford Park Activity Area	<input type="checkbox"/>	<input type="checkbox"/>
Longford Park Activity Area – BICYCLES	<input type="checkbox"/>	<input type="checkbox"/>
Administer Minor First Aid in School	<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____ Parent/Guardian

Date: _____

Dear Parent/Carer

This letter explains why we will need to ask for your consent before we are able to take photographs of your child during their time at Longford Park School.

Generally, photographs are a source of pleasure and pride. We believe that the taking and use of photographs can enhance the self-esteem of children and their families and therefore is something to be welcomed and appreciated.

We may take photographs for a number of reasons whilst your child is with us, including:

- documenting, recording and sharing educational activities;
- recording their learning and development progress;
- recording special events and achievements.

We will also encourage children to be active learners, and to become involved in using cameras themselves by taking photos of their surroundings, activities and of each other.

We do however recognise that with the increased use of technology, particularly digitally and online, the potential for misuse has become greater and we understand that this can give rise to concern. We will therefore endeavour to put effective safeguards in place to protect children and young people by minimising risk

We are mindful of the fact that some families may have reasons why protecting a child's identity is a matter of particular anxiety. If you have special circumstances either now or at any time in the future which would affect your position regarding consent, please let us know immediately in writing.

We include the safe use of cameras and images as part of our eSafety Policy and Acceptable Use Policy which you are welcome to view or take a copy of at any time.

To comply with the Data Protection Act 1988, we need your permission before we can photograph or make any recordings of your child. If your child is old enough to express their own view, you may want to consult with them about categories of consent and we invite you to use this letter to explore their feelings about being photographed at the setting.

Please read and complete the attached form and do not hesitate to contact me should you have any queries.

Parental Consent for Images – Conditions of Use

- This form is valid for the period of time your child attends the setting. The consent will automatically expire after this time. We will not re-use any photographs or recordings after your child leaves the setting without additional consent.
- We will not use the personal details or full names (which means first name and surname) of any child or adult in a photographic image, on video/DVD, on our website, in our prospectus or in any of our other printed publications.
- We will not include personal addresses, emails, telephone numbers, fax numbers on video, on our website, in our prospectus or in other printed publications.
- If we use photographs of individual children then we will not use the name of that child in the accompanying text or photo caption. If we name a child in any text then we will not use a photograph of that child to accompany the article.
- We may include pictures children and staff that have been drawn by the children.
- We may use group photographs or footage with general labels, such as ‘making Christmas decorations’.
- We will only use images of children who are suitably dressed.
- We will discuss the use of images with children in an age appropriate way to role model positive behaviour.
- This consent can be withdrawn by parent/carer at any time by informing the setting in writing.

I agree / disagree* with the following points: (delete as appropriate)

- We may use your child’s photograph/image in displays around the setting?
- We may record your child’s image or use videos for assessments, monitoring or other educational uses within the setting? (these images or recordings will be used internally only)
- We may use your child’s photograph/image in our prospectus and other printed publications that we produce for educational and promotional purposes?
- We may use your child’s image on our website or other electronic communications?
- We may record your child’s image on webcam for appropriate curriculum?
- You are happy for the school to print images of your child electronically?

Signed _____ Print Name _____

The press are exempt from the Data Protection Act and may want to include the names and personal details of children and adults in the media.

Please sign if you agree with the following:

I am happy for my child to appear in the media, e.g., if a newspaper photographer or television crew attend an event organized by the setting.

Signed _____ Print Name _____

I have read and understand the conditions of use and I am also aware of the following:

- Websites can be viewed throughout the world and not just in the United Kingdom where UK law applies.
- I will discuss the use of images with my child to obtain their views, if appropriate.
- As the child’s parent/guardian, I agree that if I take photographs or video recordings of my child which include other children then I will only use these for personal use.

Signed _____ Print Name _____

Child’s Name _____ Class _____

Please detail all children living with you:

First Name	Last Name	Boy/ Girl	Date of Birth	School & Start Date	Relationship to Child (e.g. Mother)	School Year (e.g. Year 4)

If you have moved or changed your name in the last 3 years, please give us your previous details:

Declaration

- I understand that if I do not make Trafford Council aware of any change in my circumstances which might affect my claim, or if I give false information I will have to repay the cost of any free meals to which my children were not entitled and Trafford Council may take court action against me.
- I understand that information I supply may be used by Trafford Council to assess (and inform me of) any entitlement to receive free travel to school for my children.
- I understand that the details I have provided may be used to check my ongoing eligibility for free school meals. I can withdraw consent for my information to be used for this purpose at any time by contacting the Free School Meals team.
- Trafford Council may check some of the information with other sources as allowed by the law.
- Trafford Council may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. Trafford Council may give some information to other organisations, such as government departments, local authorities and private-sector companies such as banks and organisations that may lend me money, if the law allows this.
- I declare the information I have given on this form is correct and complete.

Signed

Date

/ /