

Ríchmond Methodist School

"For all"

Dear Parent/Carer,

Thank you for choosing Richmond Methodist School. Our school website contains lots of useful information about the school, its ethos, organisation and staffing. We hope you find it helpful.

Whether you are a visitor, parent/carer or pupil, we hope that you will find a warm welcome at Richmond Methodist School (RMS). We strive to ensure that pupils at RMS are happy and confident individuals with every child being recognised as a unique individual. We celebrate and welcome differences within our school community, adopting the Methodist inclusive approach of "for all".

We strive to ensure that our pupils demonstrate Christian Values during their time in school and within the community. Specifically we focus on: generosity, compassion, courage, forgiveness, friendship, respect, thankfulness, trust, perseverance, justice, service and truthfulness. We use these values to support our teaching of the central British Values of: the rule of law, individual liberty, democracy, tolerance and mutual respect. We create a safe and secure environment where all may achieve their full potential and feel a sense of pride in their own achievements and the achievements of others.

We aim to build positive and collaborative relationships with children and their families. We are deeply committed to working with parents to help children achieve to the best of their ability and will seek to work in partnership from the very beginning of your child's time here. We encourage all parents to talk to either the teaching staff or the Headteacher or Deputy Headteacher should they have any concerns relating to the education or well-being of their child.

To ensure we are aware of all important information regarding your child, it is essential we maintain up to date contact information and background information about your child. This information booklet must be completed prior to your child starting school and allows us to collect all necessary and relevant information. The information gathered will be stored securely in paper copy whilst your child is attending Richmond Methodist School and electronic information will be archived for a period of 5 years following the completion of Year 6. For full details of our data management procedures and privacy notice that comply with the GDPR (2018) please see our website or contact me directly.

However, the best way to learn about our school is to visit us and see for yourself. Please feel free to make an appointment with our school administrators if you would like to arrange a visit and have a tour of the school.

We look forward to meeting you in the near future.

Yours sincerely,

Sharon Stevenson

Head Teacher

Person Child's Name:	al Information F	Record and Cor	nsents	
Date of Birth: If you would like support completing this form please contact school. This information booklet must be completed prior to your child starting school at Richmond Methodist School and allows us to collect all necessary and relevant information. The information gathered will be stored securely in paper copy whilst your child is attending Richmond Methodist School and electronic information will be archived for a period of 5 years following the completion of Year 6. For full details of our data management procedures and privacy notice that comply with the GDPR* (2018) please contact school or see our school website.				
*GDPR is General Data Pro	tection Regulation			
	DECLARA			
	Please read and sign the	following declaration		
provide the information re for the school to have perti responsibility to advise the	igned have parental responsibility aquested and that the information inent information to ensure the eschool in writing of any changes formation provided is used in lin	on provided is accurate. I under quality of care and safety for t is in information as soon as rea	erstand that it is essential he pupil and that it is my asonably possible.	
Signed:				
Printed Name:	I	Date:		
All data provide	ed will be held in strictest confide	ence under the provisions of t	he GDPR 2018	
	S SECTION IS FOR BASIC INFORM are entitled to access information We will need to see documenta	about their child unless there		
Children and Francisco		Children and Consequent		
Child's Legal Forename		Child's Legal Surname		
Preferred Forename		Preferred Surname		
Middle Names				
Date of Birth		Gender		
Address			1	

Please complete this section if your child has previously attended another school/preschool provision **Previous School Attended Head Teacher** Attended from and to: Address Reason for leaving **Previous School Attended Head Teacher** Attended from and to: Address Reason for leaving PARENTAL DETAILS AND EMERGENCY CONTACTS 1 AND 2 Please note a parent with parental responsibility is entitled to access information about their child unless there is a legal order in place.

We may require documentary evidence to support this if queries arise.

If you wish to change this information, it is your responsibility to inform the school.

			Parent/carer's		
Parent/carer Title:			relationship:		
Parent/carer Full Name					
Parent/carer Full Address including postcode					
Mobile number			Home number		
Work number			Other		
Email address – We run a paperless system. Please provide your preferred email address for all correspondence					
Does this person have full parental responsibility?	YES	NO	Does this parent have residential care?	YES	NO
Is this parent a priority contact?	YES	NO	Are there any legal orders in place re this parent?	YES	NO
Is this parent a member of Her Majesty's Arı	med Forces	?	YES		NO

		relationship:		
		Home number		
		Is this parent a priority contact?	YES	NO
YES	NO	Does this parent have residential care?	YES	NO
YES	NO	Are there any legal orders in place re this parent?	YES	NO
Is this parent a member of Her Majesty's Armed Forces? YES NO				NO
	YES	YES NO	Is this parent a priority contact? YES NO Does this parent have residential care? YES NO Are there any legal orders in place re this parent?	Is this parent a priority contact? YES NO Does this parent have residential care? YES NO Are there any legal orders in place re this parent? YES Therefore Energy 1

_	ER EMERGENCY (s for other people you would wish u		RMATION were unable to contact priority 1 and 2
Contact priority number	3	Relationship to pupil	
Contact's Title:	Mr/Miss/Mrs/Ms/Other		
Contact's Full Name			
Contact's Full Address			
including postcode			
Mobile number		Home number	
Work number			
Contact priority number	4	Relationship to pupil	
Contact's Title:	Mr/Miss/Mrs/Ms/Other		
Contact's Full Name			
Contact's Full Address			
including postcode			
Mobile number		Home number	
Work number			

SCHOOL MEALS

At Richmond Methodist School, children have two options during the lunch period; school lunch or packed lunch. However, the vast majority of children opt for school dinners and we would encourage this.

School Meals are cooked daily on the premises and we operate a menu of choices. This means that children select their lunch choice from a given selection. Each day the lunch menu offers a range of foods including meat, vegetarian and cold options. Children in Reception, Year 1 and Year 2 are entitled to a free school meal as part of Universal Infant Free School Meals.

A copy of the lunch menu is available on the school website www.richmondmethodist.n-yorks.sch.uk.

We ask parents to pay lunch money in advance via ParentPay on a weekly, monthly or termly basis before a lunch is taken. (Any meals not taken are not charged for.)

PACKED LUNCHES

Children may also have a packed lunch. This should be in a rigid plastic container or lunch box carrier and must be clearly marked with your child's name. We strongly request that no glass bottles, canned or fizzy drinks, sweets, nuts or chocolate are included in packed lunches.

CHANGING LUNCH OPTIONS

If your child wishes to change from school lunch to packed lunch and vice versa they should inform their class teacher whilst the register is being taken.

register is being taken.				
DIETARY NEEDS				
☐ Artificial colouring allergy ☐ Gluten allergy ☐ Dairy allergy ☐ No nuts of any type/quantity ☐ Seafood allergy	☐ Halal☐ Kosher Foods Only☐ No pork☐ Vegetarian☐ Vegan	Other dietary information:		
Meal Arrangement Choice Paid Meal □	Free Scl	hool Meal Packed lunch		

FREE SCHOOL MEALS AND PUPIL PREMIUM

Registering for free school meals could raise an extra £1,320 for your child's school, to fund valuable support like extra tuition, additional teaching staff or after school activities.

This additional money is available from central government for every child whose parent is receiving one of the welfare benefits listed in the form. It is therefore important to sign up for free school meals, even if your child is in Reception, Year 1 or Year 2, so that your child's school receives as much funding as possible. If you would like more information and an application form please visit https://www.northyorks.gov.uk/free-school-meals. (Alternatively ask the school office to provide a paper copy.)

You can register your child for Free School Meals if you get any of these benefits:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The Guarantee element of State Pension Credit
- Child Tax Credit, provided they are not entitled to Working Tax Credit and have an annual income (as assessed by HM Revenue & Customs) that does not exceed £16,190
- Working Tax Credit 'run-on' the payment someone may receive for a further four weeks after they stop qualifying for Working Tax Credit

If you don't want your child to have the school meals, they can continue their lunchtime routine as normal – as long as you qualify and are registered, the school still gets £1320 extra. No one will know you have registered and it will not affect any other benefits you are claiming.

HEALTH

We are committed to making sure that school is a happy and successful experience for all of 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.

We will treat what you have told us here sensitively. None of the information will be shared with other parents or pupils.

If you need help to answer any questions please let us know.

What Happens To The Information You Give Us?

Information will be used by the school to promote the wellbeing of your child. No information will be published that would identify your child. Information will be shared with those staff in the school who support your child.

	MEDICAL PRACTICE INFORMATION			
Name of Doctor/ Medical Practice				
have substantial difficulties with any	has any long standing illnesses, health problems of the areas of his/her life shown below. Please on over a period of at least 12 months or that is like ould expect for a child of that age	select all that apply. By	long-stand	ing we onths.
Mobility – moving around indoors or	outdoors		,	
Mobility – moving around indoors or Hand movements – touching or holdi				
Personal care – going to the toilet, dr				
Eating and drinking without help	essing			
Incontinence – wetting or dirtying				
Taking medication				
Learning – numbers, letters, words				
Behaviour – very active, has a short a	ttention snan hehaves unaccentably			
Has fits or seizures	tterition span, behaves unacceptably			
Diagnosed with autism or Asperger S	ındrome			
Has a life-limiting condition or require				
Can be depressed, or anxious, or has				
can be depressed, or anxious, or mas	an eating disorder			
2 Does your child take any medicati	on, use any physical aids or require any special die	et or sunnlements?	Yes	No
2. Does your clina take any incarcati	on, and any projection and or respond any openior and	ct or supplements.		110
	ication, use this physical aid or has a special diet			No
3. If your child did not take this med				
3. If your child did not take this med he/she have substantial difficulties v	ication, use this physical aid or has a special diet			
3. If your child did not take this med he/she have substantial difficulties v 4. Hearing	ication, use this physical aid or has a special diet with any of the areas of life listed above?	or supplements, would	Yes	No
3. If your child did not take this med he/she have substantial difficulties v. 4. Hearing Has your child ever had their hearing	ication, use this physical aid or has a special diet with any of the areas of life listed above?			No
3. If your child did not take this med he/she have substantial difficulties v 4. Hearing Has your child ever had their hearing What was the result?	ication, use this physical aid or has a special diet with any of the areas of life listed above? tested?	or supplements, would Yes	Yes	No No
3. If your child did not take this med he/she have substantial difficulties v. 4. Hearing Has your child ever had their hearing What was the result? Does your child have a history of hea	ication, use this physical aid or has a special diet with any of the areas of life listed above? tested?	Yes Yes	Yes	No No
3. If your child did not take this med he/she have substantial difficulties v. 4. Hearing Has your child ever had their hearing What was the result? Does your child have a history of hea Does your child wear grommets?	ication, use this physical aid or has a special diet with any of the areas of life listed above? tested?	Yes Yes Yes Yes	Yes No	No No
3. If your child did not take this med he/she have substantial difficulties v. 4. Hearing Has your child ever had their hearing What was the result? Does your child have a history of hea	ication, use this physical aid or has a special diet with any of the areas of life listed above? tested?	Yes Yes	Yes	No No
3. If your child did not take this med he/she have substantial difficulties v. 4. Hearing Has your child ever had their hearing What was the result? Does your child have a history of hea Does your child wear grommets?	ication, use this physical aid or has a special diet with any of the areas of life listed above? tested?	Yes Yes Yes Yes	Yes No	No No
3. If your child did not take this med he/she have substantial difficulties we will be a substantial difficulties we will be a substantial difficulties will	ication, use this physical aid or has a special diet ovith any of the areas of life listed above? tested? ring difficulties/ear infections?	Yes Yes Yes Yes	Yes No	No No
3. If your child did not take this med he/she have substantial difficulties was the result? Does your child ever had their hearing What was the result? Does your child have a history of hear Does your child wear grommets? Does your child wear a hearing aid? 5. Vision Has your child ever had their eyesight What was the result?	ication, use this physical aid or has a special diet ovith any of the areas of life listed above? tested? ring difficulties/ear infections?	Yes Yes Yes Yes Yes Yes Yes	Yes No	No No
3. If your child did not take this med he/she have substantial difficulties we will be a substantial difficulties we will be a substantial difficulties will	ication, use this physical aid or has a special diet ovith any of the areas of life listed above? tested? ring difficulties/ear infections?	Yes Yes Yes Yes Yes Yes Yes	Yes No	No No
4. Hearing Has your child ever had their hearing What was the result? Does your child have a history of hea Does your child wear grommets? Does your child wear a hearing aid? 5. Vision Has your child ever had their eyesight What was the result? Does your child wear spectacles?	ication, use this physical aid or has a special diet ovith any of the areas of life listed above? tested? ring difficulties/ear infections?	Yes Yes Yes Yes Yes Yes Yes	Yes No	No No
4. Hearing Has your child ever had their hearing What was the result? Does your child have a history of hea Does your child wear grommets? Does your child wear a hearing aid? 5. Vision Has your child ever had their eyesight What was the result? Does your child wear spectacles?	ication, use this physical aid or has a special diet with any of the areas of life listed above? tested? ring difficulties/ear infections?	Yes Yes Yes Yes Yes Yes Yes	Yes No	No No
4. Hearing Has your child ever had their hearing What was the result? Does your child wear grommets? Does your child wear a hearing aid? 5. Vision Has your child ever had their eyesigh what was the result? Does your child wear a hearing aid? 6. Asthma (please ask for a copy of the poes your child have Asthma?	ication, use this physical aid or has a special diet with any of the areas of life listed above? tested? ring difficulties/ear infections?	Yes	Yes No	No No
4. Hearing Has your child ever had their hearing What was the result? Does your child wear grommets? Does your child wear a hearing aid? 5. Vision Has your child ever had their eyesigh what was the result? Does your child wear a hearing aid? 6. Asthma (please ask for a copy of the poes your child have Asthma?	ication, use this physical aid or has a special diet with any of the areas of life listed above? tested? ring difficulties/ear infections? t tested? the school asthma policy and procedures)	Yes	Yes No	No No
4. Hearing Has your child ever had their hearing What was the result? Does your child wear grommets? Does your child wear a hearing aid? 5. Vision Has your child ever had their eyesigh what was the result? Does your child wear a hearing aid? 6. Asthma (please ask for a copy of the poes your child have Asthma?	ication, use this physical aid or has a special diet with any of the areas of life listed above? tested? ring difficulties/ear infections? t tested? the school asthma policy and procedures)	Yes	Yes No	No No

7. Allergies					
ALLERGIES eg Plasters, anti-septic wipes, bee / wasp stings Please specify below:					
Does your child need any medication for the any of the above?	our child need any medication for the any of the above? Yes/No (please delete) If yes				
Does your child have an Epi Pen for any of the above?	Yes		No		
		•			
8. Speech and Language Development			NI-		
Does your child have any issues with speech and language development? Have they ever been assessed by Speech and Language Therapy?		es es	No No		
What was the result?					
Does your child attend Speech Therapy?	Y	es	No		
9. Emergency First Aid					
May we administer sticking plaster for minor first aid injuries?	Y	es	No		
	'		_		
10. Other Medical Information – if you tick any conditions below we will contact	t you for further	information	n V		
Epilepsy					
Diabetes					
Eczema					
ADHD					
ADD					
Coeliac Disease					
Cystic Fibrosis					
Other (Please Specify):					
Please use this space to inform of us any other medical information that you may questions:	feel is relevant I	out not cove	red by the earlier		
11. Other Information					
Is your child under any medical treatment at present?		Yes	No		
Is your child being seen or assessed by any other agency or medical professional? Has your child ever had a serious accident?		Yes	No No		
Is there anything else we need to know? Please give details		Yes	INO		
is there anything else we need to know. Thease give details					
Has your child ever experienced any emotional trauma? Describe briefly any trau events that your child has experienced (for example: death of close relative, divor		Yes	No		
family crisis, etc.)?					
Is there anything else we need to know? Please give details	<u> </u>				
12 Ave your shilds vessiontions up to date including total	Vas		No		
12. Are your child's vaccinations up to date including tetanus:	Yes		No		

13. During summer months we ask children to wear sun cream that lasts with one application. Alternatively, your child may bring in a named bottle which they then apply themselves.

Medication

Please note children are not permitted to bring medication into school.

- All medication used in school must be delivered and signed in by an adult and a medicine authorisation form must be completed and signed by a parent and must comply with our school policy.
- Only prescribed medication in the original container can be dispensed if needed four times a day or at regular intervals please ask at the school office for advice.
- All medicines can only be collected by an adult that has been nominated by the person with parental responsibility.

GENERAL BACKGROUND INFORMATION Please note that these are mandatory fields on our database, should you wish not answer please select the 'Information refused' option, so we can complete data					
Ethnicity					
☐ Any other Asian background ☐ Any other black background	□ Gypsy Roma □ Indian				
☐ Any other black background	☐ Pakistani				
☐ Any other mixed background	□ Roma				
☐ Any other white background	☐ Traveller of Irish heritage				
☐ Bangladeshi	☐ White British				
☐ Black African	☐ White Irish				
☐ Black Caribbean	☐ White and Asian ☐ White and black African				
☐ Chinese ☐ Gypsy	☐ White and black Caribbean				
Ш дурsу	Write and black caribbean				
First Language spoken		☐ Information refused			
Other Languages spoken/understood		☐ Information Refused			
Is English an additional Language used by your child?		☐ Information Refused			
Religion		☐ Information refused			
National Identity		☐ Information refused			
Country of Birth		☐ Information refused			
Nationality		☐ Information refused			
In Care Yes □ No □	Foster Carer name:	Special Guardian name:			
Social Worker name:	Foster Carer contact details	Special Guardian contact			
Social Worker contact details:		details:			
Adoption Yes □ No [☐ Information refused			
My child was adopted from care under the	e Adoption and Children Act 2002 or has				
left care under a Special Guardianship or Residence Order					
· · · · · · · · · · · · · · · · · · ·					
Service Yes No No		☐ Information refused			
My child has a parent/s who is a member of pension from the Ministry of Defence.					
pension from the Ministry of Defence.					
Mode of Transport Car/Van	Taxi				
(please choose one Car share (with a	•				
only ie the main one) Cycle	Bus				

PERMISSIONS AND CONSENTS FOR GENERAL ACTIVITIES IN SCHOOL



Consent on enrolment for normal, routine educational visits



Educational visits during the school day which are part of the normal curriculum.

Schools are not required to obtain consent from parents for pupils to participate in off-site activities that take place during school hours and which are a normal part of a child's education, such as local studies and visits to a museum or library, swimming lessons etc. While parents do not have the option to withdraw their child from the school curriculum, it remains good practice to inform parents that a visit or activity is to take place

This school will inform you of any proposed educational visit of this sort by letter, text or e-mail.

Educational visits beyond the school day or which are not a part of the normal curriculum

Educational visits beyond the school day or which are not part of the normal curriculum require consent. This consent for educational visits is given on enrolment for those visits which are not further afield, residential or include adventurous activities.

This school will inform you of any proposed educational visit of this sort by letter, text or e-mail.

For visits which are further afield, residential or include adventurous activities the school will request individual consent and where appropriate further medical information.

Educational visits during the school day which are part of the normal curriculum.

I understand that I am not required to give consent for local educational visits during the school day which are part of the normal curriculum, but that I will be fully informed by the means described above.

Yes/No

Educational visits beyond the school day or which are not a part of the normal curriculum

I give consent for my child to take part in local educational visits beyond the school day or which are not part of the normal curriculum. I understand that I will be fully informed by the means described above. Further afield, residential or adventurous visits will require separate consent.

Yes/No

Medical information and contact details

I understand that it is my responsibility to provide timely updated medical and contact details to the school.

Yes/No

Medication

I understand that the Visit Leader may give the participant prescribed or non-prescribed medication for which I have given separate written consent and that I will be informed.

Yes/No

Further information

I understand that I can request further information about administering medication, behaviour, charging and remissions, safeguarding and other relevant policies from the school or service.

Yes/No

Consent	

Name of person giving consent and relationship	Name of child
Signature	Date

PERMISSIONS AND CONSENTS FOR GENERAL ACTIVITIES IN SCHOOL		
Please help us by completing <u>all</u> the boxes. All permissions will be active for the time the child is registered with the school and in the case of the use of images for 6 years after they have left. If you wish to change this information, it is your responsibility to inform the school.	Permission granted	Permission declined
RESPONSIBLE USE OF THE INTERNET User Agreement IT and the use of IT play an important role in children's learning in school. As part of the school's IT		
programme we offer pupils supervised access to the Internet and email. In order to reduce the risk of accidentally accessing inappropriate material, the school employs a filtering system that restricts access to inappropriate materials or undesirable sites. Whilst every endeavour is made to ensure suitable restrictions are in place we cannot be held responsible for the nature or content of all materials accessed through the Internet. The school has further details guiding Internet use and follows a safe code of conduct. The school also a comprehensive Safety On-line Policy.		
I understand that my child will use the Internet at school. I understand that the school will take all reasonable precautions to ensure that my child does not gain access to inappropriate material. I have discussed this and my child agrees to follow the e-safety rules and to support the safe use of ICT at		
Richmond Methodist School. Signed:		
orgcu.		

PERMISSIONS AND CONSENTS FOR GENERAL ACTIVITIES IN SCHOOL (continued) Please help us by completing all the boxes. All permissions will be active for the time the child is Permission Permission declined registered with the school and in the case of the use of images for 6 years after they have left. If granted you wish to change this information, it is your responsibility to inform the school. USING IMAGES OF CHILDREN (Your child's image could be a photo or video) From time to time the media asks us, usually following a publicised school event, to have photographs taken of pupils within school for publication in the local press or in other publications. Occasionally, their first names accompany the photograph. Please note: we will not release children's surnames to П П the press without seeking further consent from you. I give permission for my child's image to be used in newspaper articles. I give permission for my child's image to be used for promotional purposes such as in the school prospectus. П П We like to share the many events, activities and successes on social media such as Twitter and Facebook. Parents/carers are not permitted to share photographs used and posted by the school on any form of social media in a public social media forum (e.g. your own Facebook page). П П I give permission for my child's image to be used on social media. We also use photographs on the school website including school newsletters. I give permission for my child's image and their work to be used for the above. Photographs may also be taken during lessons and used in pupils' work books, EYFS online learning journals (Tapestry), or for display around the building. I give permission for my child's image to be used for the above. П П Sianed:

THE USE OF VIDEO CLIPS AND IMAGES RATED PG		
We like to make use of modern technologies throughout the curriculum and sometimes take the		
opportunity to use feature films and associated resources for education or enrichment activities.		
There are occasions when the materials may have been classified PG. We ask for your permission to		
use PG rated films that we deem to be acceptable for the age, maturity and well-being of your child.		
I give permission for my child to watch films and clips that have a PG classification.		
T give permission for my child to water films and chips that have a FG classification.		
FOUNDATION STAGE AND KEY STAGE 1 AND 2 PLAYGROUND		
During the day, the children use the outdoor play areas and trim trails. This is for use by children		
under the supervision of a member of staff employed by the school. The equipment is perfectly safe		
but is designed to be challenging for children from the ages of 3 to 11 years. Children must only		
access this equipment during the school day, when accompanied by an employee of the school and		
not at any other time. Parents are asked to ensure that their children do not access the equipment,		
thereby ensuring their safety whilst waiting on the yard.		
I give permission for my child to be able to access the Foundation Stage and Key Stage 1 and 2	Ш	Ш
Playground and under the supervision of an employee of Richmond Methodist School.		
Signed:		

For Office use only		
Unique Pupil Number (UPN) Issue for children new to education/request from previous school		
Common Transfer Form requested from previous school	Yes / No	
Birth Certificate seen:	Signature:	Date:
Data input into SIMS database:	Signature:	Date:
Consent information into database	Signature:	Date:
Health questionnaire information into database	Signature:	Date:
FSM/Pupil Premium Information received	Signature:	Date:
Start Date	Signature:	Date: