

#### Richmond Methodist School

# "Doing all the good we can"

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	al Information	Record and Co	nsents
Child's Name:			
Date of Birth:			
If you would like suppor This information booklet mallows us to collect all necessary paper copy whilst your chill for a period of 5 years follo	ressary and relevant information in the service of	se contact school. child starting school at Richmo on. The information gathered nodist School and electronic information data man contact school or see our school	will be stored securely in ormation will be archived nagement procedures and
ODFN is General Data Fro	tection Regulation		
	DECLAR	ATION	
	Please read and sign the	e following declaration	
provide the information re for the school to have pert responsibility to advise the	quested and that the informat inent information to ensure the school in writing of any chang	lity for the named pupil and the ion provided is accurate. I und equality of care and safety for es in information as soon as re ine with Richmond Methodist!	erstand that it is essential the pupil and that it is my asonably possible.
Signed:			
Printed Name:		Date:	
All data provide	d will be held in strictest confi	dence under the provisions of	the GDPR 2018
		RMATION REGARDING THE PU on about their child unless thei tary evidence to support this.	
Child's Legal Forename		Child's Legal Surname	
Preferred Forename		Preferred Surname	
Middle Names		,	
Date of Birth		Gender	
Address			

Please com	plete this section if	your child has	previously	v attended ar	nother school/	preschool	provision

Previous School Attended				Head Teacher		
Address				Attended from and to:		
Reason for leaving						
DADENITALI	)ET A II	C AND	ENJED	GENCY CONTAC	TC 1 AND	2
Please note a parent with parent						
,	We may requ	ire documen	tary evidence	to support this if queries arise. our responsibility to inform the		·
	_	-		o whom urgent corresponde		rected
				Parent/carer's		
Priority 1 Parent/carer's Title:				relationship:		
Parent/carer Full Name						
Parent/carer Full Address includi postcode	ng					
Main contact number to use first	t			Home number		
Work number				Other		
Email address – We run a paperl system. Please provide your pre email address for all correspond	ferred					
Does this person have full parent responsibility?	tal	YES	NO	Does this parent have residential care?	YES	NO
Is this parent a priority contact?		YES	NO	Are there any legal orders i place re this parent?	n YES	NO
Is this parent a member of Her N	lajesty's Arr	med Forces?	)	YES	1	NO
Priority 2 Parent/carer's Title:				Parent/carer's relationship:		
Parent/carer's Full Name						
Parent/carer's Full Address inclu postcode	ding					
Preferred contact number to use	e first			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	1	NO

# OTHER EMERGENCY CONTACT INFORMATION

Please provide contact details for other people you would wish us to contact in emergency if we 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			
Main number		Alternative 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			
Main number		Alternative number	

# **SCHOOL MEALS**

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.

DIETARY NEEDS							
□ Artificial colouring allergy □ Gluten allergy □ Dairy allergy □ Nut allergy any type/amount □ Seafood allergy □ Other allergy –please specify	☐ Halal ☐ Kosher foods only ☐ No pork ☐ Vegetarian ☐ Vegan ☐ Pescatarian	We cater for many special medical dietary requirements and if your child has a specific need please ask school for a special diet form so we can share the information with our catering team. Please give brief summary here:-					
Meal Arrangement Choice Paid Meal □	Free Sch	nool Meal  Packed lunch					

### FREE SCHOOL MEALS AND PUPIL PREMIUM

Registering for free school meals could raise an extra £1,345 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 <a href="https://www.northyorks.gov.uk/free-school-meals">https://www.northyorks.gov.uk/free-school-meals</a>. (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 £1345 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	

1. Please indicate whether your child has any long standing illnesses, health prohave substantial difficulties with any of the areas of his/her life shown below.						
mean anything that has troubled them over a period of at least 12 months or tha						
Please exclude difficulties that you would expect for a child of that age	,					
				٧		
Mobility – moving around indoors or outdoors						
Hand movements – touching or holding						
Personal care – going to the toilet, dressing						
Eating and drinking without help						
Incontinence – wetting or dirtying						
Taking medication						
Learning – numbers, letters, words						
Behaviour – very active, has a short attention span, behaves unacceptably						
Has fits or seizures						
Diagnosed with autism or Asperger Syndrome						
Has a life-limiting condition or requires palliative care						
Can be depressed, or anxious, or has an eating disorder						
can be depressed, or annead, or nas an earning allocate.						
2. Does your child take any medication, use any physical aids or require any spe	ecial diet or s	supplements?	Yes	No		
3. If your child did not take this medication, use this physical aid or has a special			ld Yes	No		
he/she have substantial difficulties with any of the areas of life listed above?		. ,				
4. Hearing						
Has your child ever had their hearing tested?		Yes	N	0		
What was the result?	I		I			
Does your child have a history of hearing difficulties/ear infections?		Yes	N	0		
Does your child wear grommets?		Yes	N	0		
Does your child wear a hearing aid?		Yes	N	0		
	•		•			
5. Vision						
Has your child ever had their eyesight tested?		Yes	N	0		
What was the result?			T			
Does your child wear spectacles?						
6. Asthma (please ask for a copy of the school asthma policy and procedures)						
Does your child have Asthma?		Vos	N			
Does your child have Asthma?  Yes  Do they need prescribed medication/inhaler to be kept in school for this? Please give details						
Do they need prescribed medication/innaier to be kept in school for this? Please	e give details					
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?	Yes/No (nl	ease delete) If y	es please d	etail		
Does your 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			
	•	<b>'</b>				
8. Speech and Language Development						
Does your child have any issues with speech and language development?		Yes	No			
Have they ever been assessed by Speech and Language Therapy?		Yes	No			
What was the result?						
	<u>,                                      </u>					
Does your child attend Speech Therapy?		Yes	No			

9. Emergency First Aid		
May we administer emergency first aid including sticking plaster for minor first aid injuries?	Yes	No
10. Other Medical Information – if you tick any conditions below we will contact you for	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 feel is questions:		area by the currier
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?	Yes	No
Has your child ever had a serious accident?	Yes	No
Is there anything else we need to know? Please give details		
Has your child ever experienced any emotional trauma? Describe briefly any traumatic events that your child has experienced (for example: death of close relative, divorce,	Yes	No
family crisis, etc.)?		
Is there anything else we need to know? Please give details		
		T
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 routinely permitted to carry medication in school.

- All medication which needs to be stored / administered in school must be delivered and signed in by an adult, and
  must comply with our school policy. A medicine authorisation form needs to be completed and signed by a parent.
   School staff will maintain a record of administration in school.
- 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.
- It is the parent's responsibility to ensure any inhalers for child's emergency use in school are labelled and in date. Older children may be given permission to carry their own inhaler whilst in school.

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 entry.							
Ethnicity  Any other Asian background  Any other black background  Any other ethnic group  Any other mixed background  Any other white background  Bangladeshi  Black African  Black Caribbean  Chinese  Gypsy		☐ Gypsy Roma ☐Indian ☐Pakistani ☐Roma ☐Traveller of Irish heritage ☐White British ☐White Irish ☐White and Asian ☐White and black African ☐White and black Caribbean		□ Information Refused			
First Language spoken				☐ Information refused			
Other Languages spoken/understood				☐.Information Refused			
Is English an additional Language used your child?	d by			☐ Information Refused			
Religion				☐ Information refused			
National Identity				☐ Information refused			
Country of Birth				☐ Information refused			
Nationality				☐ Information refused			
In Care Yes□ N Social Worker name:  Social Worker contact details:	lo 🗆	Foster Carer name: Foster Carer contact details		Special Guardian name:  Special Guardian contact details:			
Adoption Yes  My child was adopted from care und left care under a Special Guardianship		e Adoption and Children Act 2002 o	or has	☐ Information refused			
Service  Yes□ No□  My child has a parent/s who is a member of the armed forces or in receipt of a child				☐ Information refused			
pension from the Ministry of Defence  Mode of Transport (please choose	e. Car/\	/an T	Гахі				
one only ie the main one)	hare (with another child) V	Walk Bus					

#### PERMISSIONS AND CONSENTS



# 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 c	urriculum
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	
- 1	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 In respect of Child Name: Please help us by completing all the boxes. All permissions will be active for the time the child is Permission Permission registered with the school and in the case of the use of images for 6 years after they have left. If you granted **V** declined v wish to change this information, it is your responsibility to inform the school. 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: **USE OF MICROSOFT TEAMS** We are delighted to be able to offer online learning and interaction using Microsoft Teams to continue 'Doing all the good we can' learning at home and at school. Please read the information on the attached user agreement carefully and sign here to confirm your understanding. Once you have signed we will provide you with a username and password and further instructions Signed: **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 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. 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). 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. Signed:

# PERMISSIONS AND CONSENTS FOR GENERAL ACTIVITIES IN SCHOOL cont In respect of Child Name: Please help us by completing all the boxes. All permissions will be active for the time the child is Permission Permission declined v registered with the school and in the case of the use of images for 6 years after they have left. If you granted **√** wish to change this information, it is your responsibility to inform the school. 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. **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 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	_			
Ψ	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:		