**Personal Information Record**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This information booklet must be completed prior to your child starting school at Durham Lane Primary School to allow us to collect all necessary and relevant information. The information gathered will be stored securely in paper copy whilst your child is attending Durham Lane Primary 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.*

|  |  |  |
| --- | --- | --- |
|  | | |
| **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 and recorded  Mother  Father | 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: |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **DECLARATION**  **Please read and sign the following declaration** | | | |
|  | | | |
| I declare that I, the undersigned have parental responsibility for the named pupil and that I am therefore able to provide the information requested and that the information provided is accurate. I understand that it is essential for the school to have pertinent information to ensure the quality of care and safety for the pupil and that it is my responsibility to advise the school in writing of any changes in information as soon as reasonably possible.  I understand that all the information provided is used in line with ours and Stockton on Tees Borough Council’s Fair Processing Notice which is available at <http://www.stockton.gov.uk/disclaimer/education/> . | | | |
| **Signed:** | | | |
| **Printed Name:** | | **Date:** | |
| ***All data provided will be held in strictest confidence under the provisions of GDPR Act 2018*** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **THIS SECTION IS FOR BASIC INFORMATION REGARDING THE PUPIL**  Please note legal parents are entitled to access information about their child unless there is a legal order in place. We will need to see documentary evidence to support this. | | | |
|  |  |  |  |
| Child’s Legal Forename |  | Child’s Legal Surname |  |
| Preferred Forename |  | Preferred Surname |  |
| Middle Names |  | | |
| Date of Birth |  | Gender | MALE/FEMALE  (please delete as appropriate) |
| Address |  | | |

|  |  |
| --- | --- |
| Start Date: |  |

Please could you bring into the school office your child’s original birth certificate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | |  |
| **PARENTAL DETAILS**  Please note parent with parental responsibility are 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. | | | | |
|  | | | | |
| Parent/carer Title: |  | Parent/carer’s relationship: |  | |
| Parent/carer Full Name |  | | | |
| Parent/carer Full Address including postcode |  | | | |
| Mobile number |  | Home number | |  |
| Work number |  | Other | |  |
| Email address |  | | | |
| 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 Armed Forces? | | YES NO | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Parent/carer’s Title: |  | Parent/carer’s relationship: |  | |
| Parent/carer’s Full Name |  | | | |
| Parent/carer’s Full Address including postcode |  | | | |
| Mobile number |  | Home number | |  |
| Work number |  | Other | |  |
| Email address |  | | | |
| 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 Armed Forces? | | YES NO | | |
|  | | | | |

|  |  |
| --- | --- |
| Password: |  |

Please provide a password. This will be used in the event of our classroom and club staff needing to verify the identity of the person picking up your child. Please make sure that all adults picking up have this password.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **OTHER EMERGENCY CONTACT INFORMATION** | | | | |
|  | | | | |
| Contact priority number | 1 | Relationship to pupil | |  |
| Contact’s Title: | Mr/Miss/Mrs/Ms/Other- please give details  please delete as appropriate) | | | |
| Contact’s Full Name |  | | | |
| Contact’s Full Address including postcode |  | | | |
| Mobile number |  | | Home number |  |
| Work number |  | |  |  |
| Email address |  | | | |
| Does this contact have full parental responsibility? | YES/NO  (please delete as appropriate) | Does this contact have residential care? | | YES/NO  (please delete as appropriate) |
|  | | | | |
|  | | | | |
| Contact priority number | 2 | Relationship to pupil | |  |
| Contact’s Title: | Mr/Miss/Mrs/Ms/Other- please give details  please delete as appropriate) | | | |
| Contact’s Full Name |  | | | |
| Contact’s Full Address including postcode |  | | | |
| Mobile number |  | Home number | |  |
| Work number |  |  | |  |
| Email address |  | | | |
| Does this contact have full parental responsibility? | YES/NO  (please delete as appropriate) | Does this contact have residential care? | | YES/NO  (please delete as appropriate) |
|  | | | | |
|  | | | | |
| Contact priority number | 3 | Relationship to pupil | |  |
| Contact’s Title: | Mr/Miss/Mrs/Ms/Other- please give details  please delete as appropriate) | | | |
| Contact’s Full Name |  | | | |
| Contact’s Full Address including postcode |  | | | |
| Mobile number |  | Home number | |  |
| Work number |  |  | |  |
| Email address |  | | | |
| Does this contact have full parental responsibility? | YES/NO  (please delete as appropriate) | Does this contact have residential care? | | YES/NO  (please delete as appropriate) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  | |  |
| **SCHOOL MEALS** | | | | | |
|  | | | | | |
| In Durham Lane Primary children have several options during the lunch period; school lunch or packed lunch.  School Meals are cooked daily on the premises and we operate a ‘daily choice menu’. This means that children staying for school lunch must select their lunch choice from a given selection when at the school hatch. Each day the lunch menu will offer a range of foods including meat, vegetarian and cold options. There are also a selection of desserts for children to choose from each day. At present the cost of school meals is £2.20 a day (£11.00 weekly) but children in Reception, Year 1 and Year 2 are entitled to a free school meal as part of the government's Universal Infant Free School Meals scheme.  A copy of the lunch menu is available on the school website. Additional copies can be obtained from the main school office.  We ask parents pay lunch money using cash or cheque on a weekly, monthly or termly basis. Any meals which are not taken will be credited to the child’s lunch account. **PACKED LUNCHES** Parents may prefer their child to 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 have a [school policy](http://fluencycontent2-schoolwebsite.netdna-ssl.com/FileCluster/BarleyFields/MainFolder/files/Policies/Packed-Lunch-Policy-2015.doc)offering guidance on the content of packed lunches available on the school website but we strongly request that no glass bottles, canned drinks, sweets, fizzy drinks, nuts or chocolate are included in packed lunches. | | | | | |
| **DIETARY NEEDS** | | | | | |
|  |  | |  |  | |
| Artificial colouring Allergy  Gluten Free  Halal  Kosher Foods Only  No diary produce  No nuts of any type/quantity  No pork  Seafood allergy  Other – please give details | | | | | |
| **Meal Arrangement Choice**  Paid Meal  Free School Meal  Packed lunch  Home | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FREE SCHOOL MEALS AND PUPIL PREMIUM** | | | |
|  |  |  |  |
| **THIS SECTION IS RELATES INFORMATION REQUIRED TO ENSURE MAXIMUM FUNDING OPPORTUNITIES FOR YOUR CHILD**  (*Please note if preferred this section can obtained separately and sent directly to Stockton-On-Tees Borough Council’s Free School Meal Department at PO Box 228 Municipal Buildings, Church Road, Stockton on Tees TS18 1XE)* | | | |
|  | | | |
| 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.  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   For parents who may be eligible, registering is really quick and easy either contact the Free School Meals Team at Stockton Borough Council on **01642 526606** who will help you to register or ask a member of the office staff for advice. There are many benefits of this for your child in addition to the free meal (which may save you more than £350 a year). Extra benefits include an additional £1320 pupil premium funding allocated to the school which is used to support your child’s learning. 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.  **If you think you may be eligible please complete the next section.**   * The information you provide in this form is confidential but will allow us to support a claim for free school meals if you are eligible. You only need to complete this form once and it will last for the duration of your child’s time at their current school but if circumstances change please make us aware. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FAMILY INCOME AND BENEFIT DETAILS**  Is your joint family income over £16,190 per year? (Please place an X in the appropriate box).  Yes  No  If you have ticked yes, you do not need to complete the next section and can go straight to the declaration on the next page.  If you ticked no, please place an X in this box if you are in receipt of any of the benefits listed below: | | | |
| * Income-based Jobseekers Allowance * Income-related Employment and Support Allowance * Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999 * the guarantee element of State Pension Credit * Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190 * Working Tax Credit run-on * Universal Credit   Please place an X in this box if you are not sure whether your joint family income is over £16,190, 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 free school meals:  **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 process my application for free school meals. I also agree to notify the local authority in writing of any change in my family’s financial circumstances as set out in this form. | | | |
| Signature of Parent/guardian |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **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 unless you ask us not to below.  Is there any person in the school who you would not like to share this information with?  Please name them: ………...........................................………………………………………………..……….. | | | |

|  |  |
| --- | --- |
| **MEDICAL PRACTICE INFORMATION** | |
| Name of Doctor |  |
| Doctor - Medical Practice Address |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| **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* | |
|  | X |
| 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 |  |
| 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 No |

|  |  |
| --- | --- |
| **3. If your child did not take this medication, use this physical aid or has a special diet or supplements, would he/she have substantial difficulties with any of the areas of life listed above?** | Yes No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4. If you have indicated above that your child has difficulties, do these difficulties affect his or her:** | **Yes** | **Sometimes** | **No** | **Don’t know** |
| Classroom learning? |  |  |  |  |
| Interaction with his or her classmates / peers? |  |  |  |  |
| Joining in other school activities e.g. breaks, social and leisure activities? |  |  |  |  |
| Attendance at school |  |  |  |  |
| Day to day life outside of school |  |  |  |  |

|  |  |
| --- | --- |
| **5. Hearing** | |
| Has your child ever had their hearing tested? | Yes No |
| What was the result? | |
| Does your child have a history of hearing difficulties/ear infections? | Yes No |
| Does your child wear grommets? | Yes No |
| Does your child wear a hearing aid? | Yes No |

|  |  |
| --- | --- |
| **6. Vision** | |
| Has your child ever had their eyesight tested? | Yes No |
| What was the result? | |
| Does your child wear spectacles? | Yes No |

|  |  |
| --- | --- |
| **7. Asthma (please ask for a copy of the school asthma policy and procedures)** | |
| Does your child have Asthma? | Yes No |
| Use of emergency Salbutamol inhaler  In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. | Yes No |
| Do they need prescribed medication/inhaler for this? Please give details | |

|  |  |
| --- | --- |
| **8. Hay Fever** | |
| Does your child have Hay Fever? | Yes No |
| Do they need prescribed medication for this? | |

|  |  |  |  |
| --- | --- | --- | --- |
| **9. Allergies (please ask for a copy of the school allergies policy and procedures)** | | | |
| **FOOD ALLERGIES** | **X** | **OTHER ALLERGIES** | **X** |
| Nuts |  | Plasters |  |
| Dairy |  | Antiseptic Wipes |  |
| Seafood |  | Bee Stings |  |
| Other (Please Specify): |  | Other (Please Specify): |  |
| Does your child need any medication for the any of the above? Yes / No (please delete) If yes please detail | | | |
| Does your child have an Epi Pen for any of the above? Yes / No (please delete) If yes please detail | | | |

|  |  |
| --- | --- |
| **10. 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? | |
| Does your child attend Speech Therapy? | Yes No |

|  |  |
| --- | --- |
| **11. Emergency First Aid** | |
| Is your child allergic to sticking plaster? | Yes No |
| May we administer sticking plaster for minor first aid injuries? | Yes No |

|  |  |
| --- | --- |
| **12. Other Medical Information – if you indicate any conditions below, we may contact you for further information** | **X** |
| Epilepsy | ⃞ |
| Diabetes | ⃞ |
| Eczema | ⃞ |
| ADHD | ⃞ |
| ADD | ⃞ |
| Coeliac disease | ⃞ |
| Other (Please Specify): | ⃞ |
| Please use this space to inform of us any other medical information that you may feel is relevant but not covered by the earlier questions: | |

|  |  |
| --- | --- |
| **13. 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, family crisis, etc.)? | Yes No |
| Is there anything else we need to know? Please give details | |

|  |
| --- |
| **15. Are your child’s vaccinations are up to date including tetanus:** |
|  |

|  |
| --- |
| **16. If your child has complex needs, what sort of help or special equipment do you think your child may need so that they get on well at school?** |
|  |

|  |
| --- |
| **17. We would be pleased to meet with you to talk about your child’s needs. Please contact school or indicate below if you would like us to arrange this.** |
|  |

|  |
| --- |
| **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 the School Medicine Policy terms.** * **Only prescribed medication in the original container can be dispensed – please see the medicine policy or advice or ask at the school office.** * **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 entry. | | | |
|  |  |  |  |
| Ethnicity | Any other Asian Background  Any other black background  Any other ethnic group  Any other mixed background  Any other white background  Bangladeshi  Black Caribbean  Chinese  Gypsy  Gypsy Roma  Indian  Pakistani  Roma  Traveller of Irish heritage  White British  White and Asian  White and black African  White and black Caribbean | Information Refused |  |
| Looked After Child |  | Information Refused |  |
| Adoption  Adopted from care under the Adoption and Children Act 2002 or has left care under a Special Guardianship or Residence Order |  | Information Refused |  |
| Service  Pupils with parents who are members of the armed forces or in receipt of a child pension from the Ministry of Defence. |  | Information Refused |  |
| First Language spoken |  | Information refused |  |
| Other Languages spoken/understood |  | Information refused |  |
| Is English an additional Language? |  | Information refused |  |
| Religion |  | Information refused |  |
| Travel arrangements: | Bus School Bus Car Taxi Walk Cycle Train  Other (please specify): | | |

|  |  |  |
| --- | --- | --- |
|  | | |
| **PERMISSIONS AND CONSENTS FOR GENERAL ACTIVITIES IN SCHOOL** | | |
|  | | |
| Please help us by completing **all** the boxes and returning the whole form to school.  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. | **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 has an e-safety Policy and Mobile Phone use policy which are available to parents on request.  ***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 understand that pupils will be held accountable for their own actions.*** | ⃞ | ⃞ |
| **VISITS TO LOCAL DESTINATIONS**  We sometimes organise visits to local destinations, such as the churches, shops or walks around the locality, to enhance the children’s learning. You will be informed of all such visits prior to them taking place, but we will not seek further written consent. Risk assessments are always carried out and there is always adequate adult supervision. (Consent forms for all visits requiring transport and of longer than half a day’s duration will be sent out separately for each trip).  ***I give permission for my child to be taken on a visit to a destination within walking distance of the school for no more than half a school day. I understand that the school will take all reasonable precautions to ensure my child’s safety.*** | ⃞ | ⃞ |
| **USING IMAGES OF CHILDREN**  There will be occasions when your child is photographed or filmed taking part in school activities. We seek your permission to use your child’s image for display on a number of publicity materials, social media, school website and internal display opportunities within the school.  *Please Tick each box as appropriate or tick on the right if you agree to all*  ***I give permission for my child’s image and work to be used for promotional purposes in documentation such as in the school prospectus, internal TV screens or to accompany newspaper articles.***  ***I give permission for my child’s image and their work to be used on the school website***  ***I give permission for my child’s image and work to be used on Twitter/Facebook.***  ***I give permission for my child’s image and their work to be used in display around school.***  \*\*\*Please note if names are used to accompany an image only the child’s forename will be used. | ⃞ | ⃞ |
| **Local Press**  We are proud to be a very successful school in many different areas. Last year we were contacted by local press about many different events and activities where our school had excelled. We anticipate that in the future we may well appear in the press again! If you give permission for your child’s picture to appear in local press releases, please give consent here.  (**Please note:** we will not release children’s names to the press without seeking further consent from you. Most publication groups including Gazette Media have for many years made published photographs available for purchase via their offices and now also via their website). | ⃞ | ⃞ |
|  |
| **Consent for Visits and Off-site Activities**  *Specific written parental consent will not be requested from you for localised off-site activities in school – for example, year-group visits to local amenities such as the local park, library, shopping centre, church etc. These activities are part of the school’s curriculum and take place during the normal school day.*  I give permission for my child to:  a) Take part in localised school trips and other activities that take place off school premises; and  b) Be given minor first aid or urgent medical treatment during any school trip or activity.  **Please note the following important information before signing this form:**   * The trips and activities covered by this consent include; * all visits off-site which take place * adventure activities at any time * off-site sporting fixtures within the school day, * We will send information about each trip or activity before it takes place. * You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity. |  |  |
| **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.*** |  |  |
| **Use of the Timber Activity Trail**  As you are aware we have a timber activity trail installed onto the school premises. This is for use by children under the strict 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 4 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 at the start and end of the school day.  ***I give permission for my child to be able to access the Timber Activity Trail under the supervision of an employee of Durham Lane Primary School.*** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Please complete this section ONLY if your child is starting Nursery** | | | |
|  | | | |
| **We request that Durham Lane Primary School will provide 15 hours free nursery education my child.** | | | |

|  |
| --- |
| My child is claiming the free entitlement maximum 15 hours per week in line with the morning nursery option.  I confirm that my child will access 15 hours per week over days at Durham Lane Primary School.  Please indicate which days your child will be attending the setting:  Days Mon Tues Wed Thurs Fri  (please tick box)  **I confirm that my child does not access a free place with another Stockton-On-Tees provider or with a provider in another Local Authority.** |
| Please tick to show that you agree with the following conditions of the grant.  I understand that I cannot be charged for the 15 hours Free Nursery Entitlement  I have received detailed information from this provider of additional services available for my child.    The details I have given on this form are true. I understand that any false or incorrect information could lead to the free place being withdrawn.    Parent/carer  Signature Date  Contact Number  This agreement will remain in place until the child enters full-time education but under certain circumstances can be amended or broken, below are some cases when this may apply: -   * If the family leaves the area. * If the family’s circumstances change i.e. a new job/unemployment * The child has a long term sickness * To accommodate changing shift patterns * Provision not appropriate to the child’s needs |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Please complete this section ONLY if your child has previously attended**  **another school/s or Nursery provision** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous School Attended |  | Head Teacher |  |
| Address |  | Attended from and to: |  |
| Reason for leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous School Attended |  | Head Teacher |  |
| Address |  | Attended from and to: |  |
| Reason for leaving |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous School Attended |  | Head Teacher |  |
| Address |  | Attended from and to: |  |
| Reason for leaving |  | | |