| **A D M I S S I O N F O R M**  This information will be held on the school’s database and will be shared with the DfE, the Local Authority, and any school your child may transfer to.  Information is covered under the UK General Data Protection Regulation 2021 and the Data Protection Act 2018. Information relating to ethnicity and religion is optional to provide.  **(Please see the school website for the Privacy Notice, or a copy can be obtained from the school office)** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| *(To be completed by the school)* | | | | | | |
| UPN: | Date of application | Date of admission | Year group / class: | CD | PP | FSM |

**1. PUPIL DETAILS**

**Please write all forenames exactly as on birth certificate**

| Child’s first name: | Middle name(s): | Child’s last name *(Family name):* |
| --- | --- | --- |
| Preferred first name *(if applicable):* | Any former names *(if applicable)*: | Date of Birth: |
| Gender: MALE / FEMALE / OTHER | | |

| Home address *(Please show proof of address)*: | |
| --- | --- |
|  | |
|  | |
|  | |
| Postcode: | Borough of residence: |

| Child’s nationality (Optional): | Last country of residence *(if applicable*): |
| --- | --- |
| Country of birth (Optional): | Date of entry to UK *(if applicable):* |
| Does your child have an Educational Health Care Plan or a Special Educational Need? YES / NO  SEN Stage / Action (if known): | |
| Religion (Optional): |  |

**2. PARENT / GUARDIAN / CARER / FAMILY DETAILS**

**It is a legal requirement that the school always has your up-to-date contact details so that we are able to contact you in the event of an emergency. Please remember to notify the school when you change your home address or mobile numbers.**

| **Contact One** | | |
| --- | --- | --- |
| Title: | First name: | Surname: |
| Address (If different to child’s): | | |
|  | | Postcode: |
| Home telephone number :  Work telephone number : | | Mobile number: |
| Email address: | | First language: |
| Relationship to child (Mother/Father/Foster Parent etc.): | | Should correspondence be addressed to this person?  (Please circle) YES / NO |

| **Contact Two** | | |
| --- | --- | --- |
| Title: | First name: | Surname: |
| Address (if different to child’s): | | |
|  | | Postcode: |
| Home telephone number:  Work telephone number: | | Mobile number: |
| Email address: | | First language: |
| Relationship to child (Mother/Father/Foster Parent etc.): | | Should correspondence be addressed to this person?  (Please circle) YES / NO |

| Who holds parental responsibility for the child? *Please tick* ✔ Both Parents □ Mother only □ Father only □ Other □ (please provide details below): |
| --- |

| Is there a court order in place? (Please circle) YES\* / NO  *\*If YES please provide the School with a copy* |
| --- |
| **You have a duty to inform the local authority if the child is fostered through a private arrangement with the child’s birth family. Private Fostering refers to carers who are NOT step-parents, grandparents, siblings, aunts and uncles and who do NOT hold parental responsibility.** |

**3. SIBLINGS**

| Does your child have any brothers and sisters attending this school: (Please circle) YES / NO  Name & current class: Date of Birth  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Are there any siblings attending another school? (Please circle) YES\* / NO  \*If YES please state which school and year group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |

**4A. EMERGENCY CONTACT DETAILS – *Please complete all 3 (family and friends)***

**Please give details of someone we can contact if your child is taken ill or injured and we are unable to contact parents or guardians; eg. Grandparent, aunt, uncle, neighbour, family friend (NOT PARENT)**

| **Emergency contact one** | | |
| --- | --- | --- |
| Title: | First name: | Surname: |
| Address: | | |
|  | | Postcode: |
| Home telephone number:  Mobile telephone number: | | Relationship to child: |

| **Emergency contact two** | | |
| --- | --- | --- |
| Title: | First name: | Surname: |
| Address: | | |
|  | | Postcode: |
| Home telephone number:  Mobile telephone number: | | Relationship to child: |

| **Emergency contact three** | | |
| --- | --- | --- |
| Title: | First name: | Surname: |
| Address: | | |
|  | | Postcode: |
| Home telephone number:  Mobile telephone number: | | Relationship to child: |

**4B. COLLECTION - Family and friends that are able to collect your child**

| **One** Name |  |
| --- | --- |

| Home telephone number:  Mobile telephone number: | Relationship to child: |
| --- | --- |

| **Two** Name |  |
| --- | --- |

| Home telephone number:  Mobile telephone number: | Relationship to child: |
| --- | --- |

| **Three** Name |  |
| --- | --- |

| Home telephone number:  Mobile telephone number: | Relationship to child: |
| --- | --- |

**5. PREVIOUS SCHOOLING (applicable to IN-YEAR transfers)**

| Date of starting last school: | School Name & phone number: | |
| --- | --- | --- |
| Reason for leaving last or current school: | | |
| Date of starting last school: | | Date of leaving last school: |
| Any other schools attended (not Nursery). *Please list details with dates and any extended absences from school in UK or abroad:* | | |

**6. EARLY YEARS SETTING ATTENDANCE**

| Name of Early Years Setting attended (including childminder, Nursery,.etc): |  |
| --- | --- |
| Telephone Number: | Type of Provider: |
| Dates attended:  From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Did your child attend (please circle):  Full-time / Part-time |
| Name of Early Years Setting attended (including childminder, Nursery..etc): |  |
| Telephone Number: | Type of Provider: |
| Dates attended:  From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Did your child attend (please circle):  Full-time / Part-time |

**6A. LANGUAGE INFORMATION (CHILD)** (Optional)

| Child’s first language most confident in: | Other languages spoken at home by the child: |
| --- | --- |
| Can your child read and write in his/her first language?  (Please circle) YES / NO | Can your child read/write in any other language(s)? If so, which? |
| Does your child attend any community/supplementary schools? (Please circle) YES / NO  If so, which one? | |

**6B. LANGUAGE INFORMATION (PARENT)** (Optional)

| Is an interpreter needed/useful to communicate with parent/carer?  (Please circle) YES / NO | If so, in what language? |
| --- | --- |
| Is there a member of the family or friend who is available to interpret? (Please circle) YES / NO  Name Telephone | What languages can the parent/carer read? |

**7. MEDICAL INFORMATION**

| Name of Doctor: | Practice: |
| --- | --- |
| Address: | |
|  | |
| Postcode: | Telephone Number: |
| a) Does your child have any medical conditions that we should be aware of? (Please circle) **YES / NO**   | Asthma |  |  | Colour Blindness |  | | --- | --- | --- | --- | --- | | Eczema |  |  | Epilepsy |  | | Hay fever |  |  | ADHD |  | | Hearing problems |  |  | Dyslexia |  | | Eyesight problems |  |  | Dyspraxia |  | | Diabetes |  |  | Allergies requiring medication |  |   b) Do you consider your child to have a disability? (if YES please use box below to give info) **YES / NO**  If you answered YES to a) or b) please give information below…  c) Was your child born prematurely **YES / NO**  d) Does your child wear glasses? **YES / NO**  e) Does your child wear a hearing aid **YES / NO**  f) Do you consent for the school to share this information with the school nurse? **YES / NO**  **For some medical conditions it may be required to have a Health Care Plan in place. Our Pastoral Care Team or SENCO will contact you separately to arrange this**. | |
| g) Does your child require any medication during the day that will need to be held by the school? **YES / NO**  Please specify: | |
| h) Is your child fully immunised for Pre-school Booster (diphtheria, tetanus, whooping cough, and polio)?  **YES – completed / NO – but would like to be immunised / DECLINED**  e) Is your child fully immunised for MMR 2?  **YES – completed / NO – but would like to be immunised / DECLINED**  *If your child is not fully immunised or declining, this information will be shared with the school nurse.* | |
| f) Does your child have any allergies or dietary needs that we should be aware of? **YES / NO**  Please specify: | |

**8. LUNCH ARRANGEMENTS**

| *Please tick* ✔ School dinner □ or Packed lunch □  If your child is having school meals please specify what they can eat:  Meat □ Vegetarian □ Halal □ No pork □  Please notify the School Office if you wish to change between school dinners and packed lunches. Please only change at the beginning of each half term. |
| --- |

**9. TRAVEL & ARRANGEMENTS FOR AFTER SCHOOL**

| Please indicate below how your child will travel to school: *Please tick one only for the main part of journey*   | Walk |  |  | Dedicated school bus |  | | --- | --- | --- | --- | --- | | Cycle |  |  | Taxi |  | | Car / van |  |  | Train |  | | Car share |  |  | London Underground |  | | Public service bus |  |  | Other, please specify |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**10. ADDITIONAL NEEDS**

| Does your child have any identified/known additional needs? For instance, does your child have a SEN Support Plan, an EHCP or any diagnoses?  If yes, please give as much information as you can.  Do you have contact with any outside agencies e.g. Education Welfare, Educational Psychologists, Social Worker, Child Guidance, Speech Therapist? Please provide any reports.  Or do you suspect that your child may have additional needs? Please give as much information as you can. |
| --- |

**11. OTHER INFORMATION**

| Please use the box to provide any other information that you feel we should know to ensure the well-being of your child: |
| --- |

| **DECLARATION**  The details supplied above are correct to the best of my knowledge.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |

**12. ETHNIC ORIGIN (Optional)**

**ETHNIC ORIGIN**

Please tick one of the following

| WHITE |  |  | ASIAN OR ASIAN BRITISH |  |
| --- | --- | --- | --- | --- |
| British |  |  | Indian |  |
| English |  |  | Pakistani |  |
| Scottish |  |  | Bangladeshi |  |
| Welsh |  |  | Other Asian Background |  |
| Other White British |  |  |  |  |
| Irish |  |  |  |  |
| Traveller of Irish Heritage |  |  | BLACK OR BLACK BRITISH |  |
| Gypsy/Roma |  |  | African |  |
| Albanian |  |  | Caribbean |  |
| Bosnian – Herzegovinian |  |  | Ghanaian |  |
| Greek/Greek Cypriot |  |  | Nigerian |  |
| Kosovan |  |  | Somali |  |
| Turkish/Turkish Cypriot |  |  | Other Black African Background |  |
| White Eastern European |  |  | Any Other Black Background |  |
| White Western European |  |  |  |  |
| Other White Background |  |  |  |  |
|  |  |  | CHINESE |  |
|  |  |  | Chinese |  |
| MIXED/DUAL HERITAGE |  |  | Hong Kong Chinese |  |
| White + Black Caribbean |  |  | Other Chinese |  |
| White + Black African |  |  |  |  |
| White + Asian |  |  |  |  |
| Any Other Mixed Background |  |  | Prefer not to say |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ANY OTHER ETHNICITY |  |  |  |  |
| Afghan |  |  |  |  |
| Iranian |  |  |  |  |
| Japanese |  |  |  |  |
| Kurdish |  |  |  |  |
| Latin/South/Central American |  |  |  |  |
| Any Other Ethnic Group |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**13. FREE SCHOOL MEALS AND PUPIL PREMIUM**

**ELIGIBILITY CHECK**

We want to make sure that we are providing your child with the best education and support we can. Your child is eligible for free school meals if you are in receipt of one of the benefits listed below. Please see Free School Meal Criteria on page 10.

Registering for free school meals could also raise extra funding for your child’s school to fund valuable support like extra tuition, additional teaching staff or after school activities.

**FAMILY INCOME AND BENEFIT DETAILS**

**Please tick ✔ the box that applies to you.**

| Is your joint family income over £16,190 per year? | Please circle YES / NO |
| --- | --- |
| Do you or your partner receive Working Tax Credit? | Please circle YES / NO |

**Please tick ✔ the box indicating which benefit you are in receipt of – tick all that applies.**

|  | **✔** |  | **✔** |
| --- | --- | --- | --- |
| Income Support |  | Income-Based Job Seeker’s Allowance |  |
| Child Tax Credit – with an annual income below £16,190 (with no Working Tax Credit) |  | Income Related Employment and Support Allowance |  |
| The Guaranteed Element of State Pension Credit |  | Support under Part VI of the Immigration and Asylum Act 1999 |  |
| Working Tax Credit run-on |  | Universal Credit |  |

**PARENT/GUARDIAN DETAILS**

|  | Parent/Guardian 1 | | | | | | | | | | | | | | | | | | | | Parent/Guardian 2 | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last name |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| First Name |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | DD | | | | | | MM | | | | | | YYYY | | | | | | | | DD | | | | | | MM | | | | | | | YYYY | | | | | | | |
| National Insurance Number\* |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | | |  | |  | |  | |
| National Asylum Support Service (NASS) Number\* |  |  | | **/** | |  | | |  | | **/** |  | |  | |  | |  | |  |  |  | | **/** | |  | | |  | | **/** |  | | |  | |  | |  | |  |
| Daytime Telephone Number |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Mobile Number |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Address | Postcode: | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | | | | | | | | | | | | | |

**ABOUT YOUR CHILD/CHILDREN**

| Child’s Last Name | Child’s First Name | Child’s Date of Birth | | |  |
| --- | --- | --- | --- | --- | --- |
|  |  | DD | MM | YYYY |  |
|  |  | DD | MM | YYYY |  |
|  |  | DD | MM | YYYY |  |

| **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 the purpose of establishing entitlement to pupil premium and to contact other sources, as allowed by law, to verify my initial and continuing entitlement. I also agree to notify Bell Lane Primary School in writing of any change in my family’s financial circumstances as set out on this form.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |

**Thank you for completing this form and helping to make sure your child’s school is as well funded as possible.**

**How the information in this form will be used**

The information you provide in this form will be used by the Local Authority to confirm receipt of one of the listed welfare benefits. Once this is confirmed, this helps to decide how much money your child’s school will receive each year.

The information will also be used in relation to pupils in year 3 or above to decide whether they are eligible for free school meals.

You only need to complete this form once and it will last for the duration of your child’s time at their current school. You should contact the school or Local Authority if you have a change in financial circumstances.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information. We will use the information you provide to assess entitlement to free school meals. The information may also be shared with other council departments to offer benefits and services.

**ONLINE SAFETY AGREEMENT FORM**

The school recognises that the use of the internet will enhance and enrich the curriculum and make learning more attractive for our pupils. These steps include using an educationally filtered service, restricted access email (LGFL), employing appropriate teaching practice and teaching e-safety skills to pupils.

As the parent or legal guardian of the above pupil, I understand that, as part of the National Curriculum, my child will have access to use the Internet, the managed learning environment, school email and other ICT facilities at school.

I accept that ultimately the school cannot be held responsible for the nature and content of materials accessed through the Internet and mobile technologies, but I understand that the school takes every reasonable precaution to keep pupils safe and to prevent pupils from accessing inappropriate materials.

I understand that the school can, if necessary, check my child’s computer files and the Internet sites they visit at school and if there are concerns about my child’s e-safety or e-behaviour they will contact me.

**I know that my child has signed an Early Years / Key Stage 1 Internet Stay SAFE agreement form (if applicable).**

**I understand that my child will be given a copy of the ‘12 rules for responsible ICT use’ when they reach Year 3 (or above) and will be asked to sign a Key Stage 2 e-safety agreement form.**

I will support the school by promoting safe use of the Internet and digital technology at home and will inform the school if I have any concerns over my child’s e-safety.

**Parent / Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**SOCIAL MEDIA STATEMENT**

The Internet provides a range of social media tools that allow users to interact with one another, for example on social networking sites such as Facebook, Instagram and Twitter. While recognising the benefits of these media for new opportunities for communication this statement sets out the principles that Bell Lane parents / carers are expected to follow when using social media.

I am aware that I cannot upload photographs / videos of my child with other children in it onto a social media website.

**Parent / Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

***For Nursery***

| **A child born between:** | **Eligible for a place:** |
| --- | --- |
| 1 September and 31 December | Spring term (January start) |
| 1 January and 31 March | Summer term (April start) |
| 1 April and 31 August | Autumn term (September start) |

**Please tick ✔ the box indicating your preference**

| **Caterpillars**  **(2 Year Olds)** | **PM sessions**  **12:45 – 15.45pm** |  |
| --- | --- | --- |
| **Butterfly**  **(3 & 4 Year Olds)** | **AM Session**  **8:45- 11:45 am** |  |
| **PM Session**  **12:45 – 15.45pm** |  |

To apply for the 15 hour free code please visit https://enrol.barnet.gov.uk/Website/default.aspx

To apply for the 30 hour free code please visit https://www.gov.uk/30-hours-free-childcare

We will need a copy of your confirmation letter before we can accept your application for free hours.

If your child is not eligible for free childcare, their session times are charged at £7/hour, payment must be made a week in advance

| I have a 15 hour code (2 Year old) |  |
| --- | --- |
| I require the 15 hours free early education (3/4 Year Old) |  |
| I have a 30 hour code |  |
| I will pay per week in advance |  |
| I require additional hours that I will pay for a week in advance |  |

My 15 hour code is \_

My 30 hour code is \_\_\_\_\_\_\_\_\_\_ \_

Additional hours \_\_\_\_\_\_\_\_\_\_ \_

Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For Early Years***



**Use these rules to Stay SAFE when using the Internet**















**I know that once I post a message or an item on the internet it becomes permanent and is completely out of my control.**I understand that I am responsible for my actions and the consequences. I have read and understood the above and agree to follow this agreement.



***For Key Stage 1 pupils***



**1**

**13 rules for responsible ICT use**

I want to feel safe and comfortable and I understand that other children want to feel the same way.

I agree that I will:

1. Always keep my passwords secret
2. I will only use activities that an adult has agreed
3. I will take care of all of our equipment (Chromebooks, iPads, computers etc.)
4. I will ask for help from an adult if I am not sure what to do or if I think I have made a mistake
5. I will tell an adult if I see something that upsets me on the screen.
6. I will only send messages using kind words.
7. I will show my teacher if I get an unkind message.
8. I will not reply to any unkind messages.
9. I will not share any personal information about myself online.
10. I will not load photographs of myself onto computers.
11. I know that if I break the rules I might not be allowed to use IT equipment at home or school.
12. I understand these rules and will follow them.
13. I know that once I post a message or an item on the internet it becomes permanent and is completely out of my control.

# I understand that I am responsible for my actions and the consequences. I have read and understood the above and agree to follow this agreement.

| **PUPIL DECLARATION**  I have read the school’s ’13 rules for responsibleICT use’.  I understand these rules are there to help keep me safe, and my friends and family safe.  **I agree to follow the rules.**  This means I will use the computers, Internet, e-mail, online communities, digital cameras, video recorders, and otherICT in a safe and responsible way. I understand that the school can check my computer files, and the Internet sites I visit and that if they have concerns about my safety, that they may contact my parent / carer.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |

***For Key Stage 2 pupils***



**12 rules for responsible ICT use**

*These rules will keep me safe and help me to be fair to others.*

1. I will only use the school’s computers for schoolwork and homework.
2. I will only edit or delete my own files and not look at, or change, other people’s files without their permission.
3. I will keep my logins and passwords secret.
4. I will not bring devices / files into school without permission or upload inappropriate material to my workspace.
5. I am aware that some websites and social networks have age restrictions and I should respect this.
6. I will not attempt to visit Internet sites that I know to be banned by the school.
7. I will only e-mail people I know, or a responsible adult has approved.
8. The messages I send, or information I upload, will always be polite and sensible.
9. I will not open an attachment, or download a file, unless I know and trust the person who has sent it.
10. I will not give my home address, phone number, send a photograph or video, or give any other personal information that could be used to identify me, my family or my friends, unless a trusted adult has given permission.
11. I will never arrange to meet someone I have only ever previously met on the Internet, unless my parent/carer has given me permission and I take a responsible adult with me.
12. If I see anything I am unhappy with or I receive a message I do not like, I will not respond to it but I will show a teacher / responsible adult.

| **PUPIL DECLARATION**  I have read the school’s ’12 rules for responsibleICT use’.  I understand these rules are there to help keep me safe, and my friends and family safe.  **I agree to follow the rules.**  This means I will use the computers, Internet, e-mail, online communities, digital cameras, video recorders, and otherICT in a safe and responsible way. I understand that the school can check my computer files, and the Internet sites I visit and that if they have concerns about my safety, that they may contact my parent / carer.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |

**COMPETITIONS CONSENT**

Due to new rules on data protection we need to have written consent to enter your child’s work into various writing/art/maths competitions run by outside providers via school. The competition forms are collected by school and entered into the competitions. On the forms they will often ask for the full name and age of the child. All other contact is through school.

Please sign if you give your consent for your child to enter competitions run by outside providers.

I consent for the following Information to be included with my child’s competition entry:

*Please tick* ✔ *all boxes*



My child’s full name

My child’s current class at Bell Lane Primary School

My child’s age

I give consent for my child (full name of child), to be entered into competitions on behalf of Bell Lane Primary School.

Signed Name please circle Mother / Father

**Bell Lane Primary School**

All about your child

This form is designed to help us get to know your child before starting in our Caterpillar / Nursery / Reception Class. Having this information means we can help your child to settle in smoothly and plan for his / her interests and needs.

| **Free milk:** Barnet Council will provide all Nursery and Reception pupils with 1/3 of a pint of whole milk daily at no cost to the family or school. Please indicate if you wish your child to receive this free milk.  *Please tick* ✔ I wish my child to receive the daily free milk Yes □ No □ |
| --- |
| **Tell us about your child:** (Preschool experience, interests, family members) |
| **What celebrations is your child involved in at home?** Is there anything special in your culture that we could share in the nursery (e.g. places you visit, special people, special objects?) |
| **Are there any foods your child is not able to eat? Does your child drink milk?** |
| **Is your child able to use the toilet independently?**  Yes □ No □  If no, is your child currently being toilet trained? |
| **Is there anything you would like us to know about your child’s development or behaviour?** (talking, hearing, walking, tantrums, shy, sensitive etc) |

| **Would you be interested in sharing any of your skills with us:**  Cooking  Gardening   reading Stories  Art/Craft   Cultural writing  Book bags   Helping with resource making  Attending local walk   Stitching  Cultural song   Traditional dancing  Talks on religion festivals   Carpentry  Other :………………………..  **What days are you available to help?**  Monday Tuesday Wednesday Thursday Friday |
| --- |
| **Do you write or speak another language?**  Yes □ No □  Would you be able to write signs and labels for the nursery in your home language? |

**Thank you from The Early Years Team**