



CHILD'S NAME:



Important Returnable Forms New Starters 2025 Nursery

Please complete <u>all</u> applicable forms in this booklet and return the whole book.

Please could you also ensure school receive a copy of your child's birth certificate before they start.

We are unable to enrol your child without the completion of these forms.

Thank you.

Please complete forms 1, 2, 3, 4, 5, 6 & 7









Data Collection Form - Form 1

All the personal information we hold is held and processed in accordance with data protection legislation. Please refer to the Privacy Notice (located on our website) for details of how personal information is used.

| Pupil Surname | е | | | | | | |
|--|--|--|--------------------------|---|------------------------|--|------------|
| Pupil Forenam | ne(s) | | | | | | |
| Date of Birth | | | | G | ender M/F | | |
| Full Address Including Post Co | ode | | | | | | |
| | - | | | | | | |
| Parent Name | Priority 1 | | | Parent Nam | ne Priority 2 | | |
| Home Address (if different fro | | | | Home Addr (if different above) | | | |
| Home telepho | one | | | Home telep | hone | | |
| Mobile numbe | er | | | Mobile num | ber | | |
| Work number | | | | Work numb | er | | |
| Email | | | | Email | | | |
| Parental Resp | onsibility | YES 🗆 | NO [| ☐ Parental Re | esponsibility | YES 🗆 | NO 🗆 |
| an emergency | YES NO | Permission to be contacted by email/text for routine school communications | NO 🗆 | Permission to be contacted as an emergency contact | YES 🗆 | Permission to be contacted by email/text for routine school communications | YES 🗆 |
| to be contact | | l <i>other</i> pers mergency. | ons who ha Place them | in the order t | | and anyone else h for them to b | |
| contacted in | an emerge | ency – contin | ue overleaf | if necessary. | | | |
| contacted in Emergency (| | ency – contin | ue overleaf | if necessary. Emergency | Contact 2 | | |
| | | ency – contin | ue overleaf | | Contact 2 | | |
| Emergency (| Contact 1 | ency – contin | ue overleaf | Emergency | | | |
| Emergency (| Contact 1 | ency – contin | ue overleaf | Emergency Name | to family | | |
| Name Relationship to | o family | ency – contin | ue overleaf | Name Relationship t | to family one | | |
| Name Relationship to Home telepho Mobile number | o family | | ue overleaf | Name Relationship t Home telepho Mobile number | to family one er | | |
| Name Relationship to Home telepho Mobile number Work number Permission to be contacted as an | o family | Permission to be contacted by email/text for routine school communication | yes NO | Name Relationship t Home telepho Mobile number | to family one er | Permission to be contacted by email/text for routine school communications | YES □ NO □ |
| Name Relationship to Home telepho Mobile number Work number Permission to be contacted as an emergency | contact 1 co family cone cer cyes NO Contact 1 | Permission to be contacted by email/text for routine school communication | YES □ NO □ | Name Relationship t Home telepho Mobile number Work number Permission to be contacted as an emergency | to family one er YES | contacted by email/text for routine school | |
| Name Relationship to Home telepho Mobile number Work number Permission to be contacted as an emergency contact Medical Pract (please include pi | contact 1 co family cone er YES NO cone tice contact 1 | Permission to be contacted by email/text for routine school communication | YES 🗆 NO 🗆 | Name Relationship t Home telepho Mobile number Work number Permission to be contacted as an emergency | to family one er YES | contacted by email/text for routine school | |





| Ethnicity | Home Language | First Language | Religion |
|-----------|---------------|----------------|----------|
| | | | |

| Signed | |
|-------------------|--|
| Print Name | |
| Date | |

Data Protection Legislation: The school is registered with the Information Commissioner for holding and processing of personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with other agencies including the Local Authority and the Department for Education. Please see our Privacy Notice for full details of how we use and share the above personal information.

Please note that you have the right to withdraw or amend your consent for the sharing of personal information at any time, although we will need to have certain personal information to fulfill our legal duties. You can notify us of a withdrawal of or any changes to your consent in writing by contacting (office@chadsmead.staffs.sch.uk).





Consent Form for the Recording and Use of Images – Form 2

| Dear Parent/Carer |
|---|
| During the course of the school year, we may sometimes wish to take photographs or video record |
| children within school or on school trips, either for our own records, for use as part of our learning curr |

During the course of the school year, we may sometimes wish to take photographs or video recordings of children within school or on school trips, either for our own records, for use as part of our learning curriculum or for inclusion in our promotional material such as the school prospectus and our website. These photographs are occasionally shared with our trust communications team for use in newsletters, marketing materials and inclusion on their website and social media accounts. The school may also invite an external photographer to the school each year to take official school photographs and may invite the media in to take photographs of pupils engaged in school activities or events for publication.

To comply with the General Data Protection Regulation, we need to ask your consent before the school record any images of your child. In view of this, please read the statements below, complete the slip and return this form to school within the next 10 days.

This table sets out the various reasons for taking, and making use of, images of your child and we should be grateful if you would indicate whether or not you give consent for use in these circumstances. By circling 'YES', you are confirming that you consent to your child's personal data being shared for those purposes and/or with the named third parties):

| 1. | For official school photographs, with images taken by Tempest Photography and available for purchase by parents and carers, and held by the school for identification purposes with names attached | YES/NO |
|-----|--|--------|
| 2. | For official class photographs, with images taken by Tempest Photography and available for purchase by parents and carers | YES/NO |
| 3. | For use on internal school displays | YES/NO |
| 4. | For use as part of projects of work by students | YES/NO |
| 5. | For use on the school's website | YES/NO |
| 6. | For use on the school's Facebook page | YES/NO |
| 7. | For use on the school's Twitter page | YES/NO |
| 8. | I consent to photographs being taken of my child during school productions | YES/NO |
| 9. | *Nursery/Reception Children ONLY* I consent to group images containing my child to be included in the learning journeys of other children | YES/NO |
| 10. | Occasional sharing of images of your child taken for internal purposes with external media organisations, such as the Lichfield Mercury or Express and Star newspaper or inviting such media organisations to take photographs of pupils (including your child) engaged in school activities or events for publication | YES/NO |
| 11. | For use on Community Academies Trust's website | YES/NO |

We also need your consent before your **child's name** would be attached to any images accessible to our Trust (for example social media, other websites or the print media). Please indicate below your consent to this:





| 12. | For use on the Community Academies Trust's (CAT) website | YES/NO |
|-----|--|--------|
| 13. | For use on the CAT's Facebook page | YES/NO |
| 14. | For use on the CAT's Twitter account | YES/NO |
| 15. | For use on the CAT's Instagram account | YES/NO |
| 16. | For use in the CAT's marketing materials, resources and publications | YES/NO |

| Signature |
|-----------------------|
| Name |
| Relationship to child |
| Date |

Please note, this consent form lasts for the duration of your child's time at Chadsmead Primary Academy. You have the right to withdraw or change your consent at any time by giving the school written notice and completing a new consent form. You can notify us of your consent withdrawal in writing by contacting office@chadsmead.staffs.sch.uk



Parent/ Carer Signature____



Collection Arrangements Form – Form 3

Please complete this form with the names of the people you wish to collect your child from school, **including yourself**. It is of paramount importance that you keep this record up to date and inform school of changes throughout the school year. Also please be aware that if the person collecting your child is **not** on the list below we will not allow your child to leave the school premises.

| Child's Name | | Class | | | | | | | |
|--------------------|-----------------------|---|--|--|--|--|--|--|--|
| First Name | Last Name | Password (something memorable and personal to you) | Relationship to child (Mum / Dad / Nan/ friend of family, Aunty, etc) | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ave the name of so | omebody you do not wa | nt your child to go hor | ne with, please indicate th | | | | | | |
| First Name | Last Name | Leg | jal order? | | | | | | |
| eso of an omorgo | ncy you may wish for | vour child to be nick | ced up from school by s | | | | | | |

Date __





Pupil Premium

Dear Parents/Carers,

The Pupil Premium is additional funding given to state-funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers.

There are 4 elements to Pupil Premium:

- 1. Free school meal eligibility
- 2. Service children
- 3. Adopted from care, special guardianship order and residence order
- 4. Children in care

Any qualifying family that registers their eligibility (based on the free school meal criteria) will help raise pupil premium money for the school. For 2021-22, the additional funding will be £1,345 for a primary school, for each registered child.

National data and research tells us that children eligible for free school meals tend to do less well, for example in 2014 45% of children eligible for free school meals achieved the expected level at the end of the Early Years Foundation Stage compared with 64% of other children. The Pupil Premium will provide us with extra funding to close this gap and could make a significant difference to your child's education.

We will use the extra funding to improve the quality of the early years education that we provide for your child.

It is well documented that high quality early education can influence how well a child does at both primary and secondary school so we do want to make the most of this additional funding. You may be aware if you have older children that Pupil Premium has proved to have given a real boost to the children receiving the funding. We want to do the same for our early years children entitled to this funding.

We therefore ask that **ALL PARENTS/CARERS** fill in the next form to allow us to claim the Pupil Premium.

Thank you for your support,

Mrs G Grainger Headteacher









Pupil Premium School Funding – Form 4

ABOUT YOUR CHILD/CHILDREN

| Surname | First Name | Date of Birth |
|---------|------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

PARENT/CARER DETAILS

| | Parent/Carer (1) | | | | | | | | | | Pa | rer | nt/C | Care | er (| 2) | | | | | | |
|---------------------------------|------------------|-----|--|--|----|-----|--|--|-----|-----|----|-----|------|------|------|----|-----|--|--|-----|-----|---|
| Surname | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | (4 | DD) | | | (N | 1M) | | | (Y) | YY, |) | (D | D) | | | (M | 1M) | | | (YY | YY, |) |
| NI Number | | | | | | | | | | | | | | | | | | | | | | |
| NASS Number | | | | | | | | | | | | | | | | | | | | | | |
| Daytime Phone Number | | | | | | | | | | | | | | | | | | | | | | |
| Mobile Number | | | | | | | | | | | | | | | | | | | | | | |
| Address (including postcode) | | | | | | | | | | | | | | | | | | | | | | |





FAMILY INCOME AND BENEFIT DETAILS

| Is your joint family income over £16,190 per year? (Please place an $\mathcal X$ in the appropriate box |) |
|---|-------------------|
| Yes No | |
| If you have ticked YES you do not need to complete the next section. Please go straight to at the end of the form. | the declaration |
| If you have ticked NO please place and X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of these benefits X in the box if you are in receipt of any of the second X in the box if you are in receipt of any of the second X in the box if you are in receipt of any of the second X in the box if you are in receipt of any of the second X in the box if you are in receipt of any of the second X in the box if you are in receipt of any of the second X in the box if you are in receipt of any of the second X in the box if you are in receipt of X in the box if you are in receipt of X in the box if you are in receipt of X in the box if you are in receipt of X in the box if you are in receipt of X in the box if you are in receipt of X in the box if you are in receipt of X in the box if X is the first X in the box if X is a first X in the box if X in the box if X is a first X in the box if X is a first X in the box if X is a first X in the box if X is a first X in the box if X is a first X in the box if X is a first X in the box if X is a first X in the box | efits: |
| Income Support | |
| Income-based Jobseekers Allowance | |
| Income-related Employment and Support Allowance Support from NASS (National Asylum Support Service) under part 6 of the Imm Asylum Act 1999 | nigration and |
| The guarantee element of the State Pension Credit | |
| Child Tax Credit (with no working tax credit) with an annual income of no more t | than £16,190 |
| Working Tax Credit run-on | |
| Universal Credit | |
| Please place an X in this box if you are not sure if your family income is over you are in receipt of one of the benefits listed above, but you would still like whether your child is eligible for free school meals. | - |
| DECLARATION | |
| The information I have given on this form is complete and accurate. I understand the information is held securely and will be used only for local authority purposes. I agree to the using this information to process my application for free school meals. I also agree to notify the in writing of any change in my family's financial circumstances as set out in this form. | e local authority |
| SignedDate | |
| PLEASE PRINT NAME | |





Acceptable Use of the School's ICT Systems and Internet - Form 5

Dear Parent or Carer,

As part of the curriculum at Chadsmead Primary Academy, your child will be accessing computers. In order to support the school in educating your child about e- safety (safe use of the Internet), the school has an Online Safety Policy available to view on the school website at www.chadsmeadacademy.co.uk

Please read and discuss our 'Acceptable Use of the School's ICT Systems and Internet Agreement' (Appendix 1 of the Online Safety Policy) with your child and sign and return the form to school. Please support us in helping to keep your child safe. Should you wish to discuss this matter further, please do not hesitate to contact the school.

Yours sincerely,

Mrs G Grainger Headteacher





ACCEPTABLE USE OF THE SCHOOL'S ICT SYSTEMS AND INTERNET: PUPILS AND PARENTS/CARERS

When I use the school's ICT systems (computers/ipads) and log onto the internet in school I will:

- Ask a teacher or adult if I can do so before using them
- Only use websites that a teacher or adult has told me or allowed me to use
- Tell my teacher immediately if:
 - I click on a website by mistake
 - o I receive messages from people I don't know
 - I find anything that may upset or harm me or my friends
- Use school computers for school work only
- I will be kind to others and not upset or be rude to them
- Look after the school ICT equipment and tell a teacher straight away if something is broken or not working properly
- Only use the username and password I have been given
- Try my hardest to remember my username and password
- Never share my password with anyone, including my friends
- Never give my personal information (my name, address or telephone numbers) to anyone without the permission of my teacher or parent/carer
- Save my work on the school network
- Check with my teacher before I print anything
- Log off or shut down a computer when I have finished using it

I will not:

- Access any inappropriate websites including: social networking sites, chat rooms and gaming sites unless my teacher has expressly allowed this as part of a learning activity
- Open any attachments in emails, or follow any links in emails, without first checking with a teacher
- Use any inappropriate language when communicating online, including in emails
- Log in to the school's network using someone else's details
- Arrange to meet anyone offline without first consulting my parent/carer, or without adult supervision

I agree that the school will monitor the websites I visit and that there will be consequences if I don't follow the rules.





Form 6



Name of provider:

RESTRICTED

Parent Declaration for Early Education Funding (EEF)

All sections should be completed to claim Early Education Funding (EEF) for this child.

All fields are mandatory.

This form is to be retained by the provider and should NOT be returned to Staffordshire County Council.

Provider details

| Address of provider (incl postcode): | | | | | | | | |
|--|-------|-----------------------------|--------------------------------|--------------------------------------|-----|--|--|--|
| | | | | | | | | |
| Childs details | | | | | | | | |
| Childs legal name*: | | | | DOB*: | | | | |
| *I have seen evidence of the ch Certificate, Passport or other ev | | | | | | | | |
| Address (incl postcode): | | | | Gender: | | | | |
| | | | | | | | | |
| | on (T | his is mandatory to generat | e i | nformation for the Early Years Censu | us) | | | |
| WBRI-White British | V | VEUR-White European | | WOTH-Any other white backgr'nd | | | | |
| WEEU-White Eastern | | | | | | | | |
| European | В | CRB-Black Caribbean | | MWBC-White & Black Caribbean | | | | |
| CHNE-Chinese | | VROM-Gypsy / Roma | | BOTH-Any other Black backgr'nd | | | | |
| BAFR-Black African | M | MWBA-White & Black African | | BAOF-Other Black African | | | | |
| MWAS-White & Asian | A | OTA-Other Asian | AOTH-Any other Asian backgr'nd | | | | | |
| AIND-Indian | M | MWAI-White & Indian | | OOTH-Any other ethnic group | | | | |
| APKN-Pakistani | M | IWAP-White & Pakistani | | MOTH-Any other mixed backgr'nd | | | | |
| BOTB-Other black | R | REFU-Refused | | | | | | |
| Eligibility code for 15 fu | ınde | d hrs for 2 year olds | | | | | | |
| (Think2) (if applicable) | | - | | | | | | |
| 11 digit reference code | for v | working parents | | | | | | |
| (If applicable - from Childcare C | | | | | | | | |
| For 3 & 4 yr olds spli | tting | their funding at more | | | | | | |
| than one provider: if I fall out of eligibility for the | | | | | | | | |
| extended 15 hours, I w | | | | | | | | |
| (first) 15 hours of fund | | | | | | | | |
| | | | | | | | | |

| Parent/Carer details | | | | | | |
|-------------------------|--------------------------------|--|--|--|--|--|
| Parent/Carer 1 | Parent/Carer 2 (if applicable) | | | | | |
| Full name | Full name | | | | | |
| NINo (or NASS) | NINo (or NASS) | | | | | |
| DOB | DOB | | | | | |
| Address | Address | | | | | |
| (if different to child) | (if different to parent 1) | | | | | |
| Tel no: | Tel no: | | | | | |







RESTRICTED



Entitlement Guidelines

- EEF hours can be claimed between 6am and 8pm up to a maximum of 10 hours.
- Parents can access the funded entitlement at a maximum of 2 sites in any one day.
- If applicable, parents must reconfirm their eligibility with HMRC every 3 months to access the working parent entitlement.
- The Local Authority reserves the right to suspend funding if the provision does not meet the required quality as rated by Ofsted.
- Depending on how many funded hours have been claimed in the previous two terms, the annual entitlement could be reached before the end of the third term in the year; check with your childcare provider.

Additional Supplements

Some children are entitled to extra funding based on Government criterion. This funding is paid directly to the child's provider but can only be accessed if information required to check eligibility is shared.

| Disability Access Fund (DAF) | | | | | |
|---|-----|--|--|--|--|
| Children in receipt of Disability Living Allowance (DLA) and in receipt of EEF are eligible for DAF. Is this child in receipt of DLA? | Y/N | | | | |
| If 'Yes' the provider will need to apply for DAF online via the Early Years Portal and a copy of the child's most recent DLA award letter will need to accompany the application. If the child attends 2 or more providers the parent will nominate the provider that will receive the funding, as it can only be paid to one provider. | | | | | |
| Early Years Pupil Premium (EYPP) | | | | | |
| Some children are entitled to a premium which the provider can use to support their learning and development (please discuss criterion with provider.) Parent/carer details are required to conduct an eligibility check. | | | | | |
| Does the parent/carer consent to share information? | | | | | |
| If yes, ensure the parent/carer details are entered in full in the box above. (Please note-if details are already on record this check may already have been undertaken). EYPP is only payable on the first 15 hours. | Y/N | | | | |

Signatures

This form must be signed by the parent/carer to give consent to share personal information in line with GDPR compliance and for the purpose of claiming EEF and other additional supplements.

This parent declaration is for the purpose of claiming early education funding and does not replace the contract you may have with your early years provider. By completing this form it is confirmed:

I have read the Privacy Notice below and understand that any information shared with Staffordshire County Council will be stored in accordance with Data Protection Legislation. I certify that the information given on this form is accurate to the best of my knowledge. I understand that if I give false information or fail to declare my full circumstances, Staffordshire County Council may withdraw the funding for my child and take criminal proceedings against me.

I understand that if my child does not consistently attend for the agreed amount of funded hours, the funding could be reduced or removed in full, meaning that I could incur childcare costs with my provider.

Sections for hours and weeks must be completed once parent and childcare provider have agreed the funded hours that will be claimed.





RESTRICTED



| AUTUMN TERM FUNDING PERIOD (1st September-31st December) 14 weeks or Stretch 16 weeks | | | | | | | |
|---|----------|---------|---------|----------|------------|-------|--|
| Parent/carer name | | | Sigi | nature | | | |
| Date | | | | | | | |
| Provider staff name | | | Sign | nature | | | |
| No. of funded hours | per week | | | Total n | umber of v | veeks | |
| to be claimed this ter | rm | | | claimed | d per term | | |
| Is the child claiming EEF hours | | If Y gi | | If Y giv | e name | | |
| at another provider? | | | of prov | ider | | | |

| SPRING TERM FUNDING PERIOD (1st January-31st March) 11 weeks or Stretch 12 weeks | | | | | | | |
|--|----------|--|------|----------|------------|-------|--|
| Parent/carer name | | | Sig | nature | | | |
| Date | | | | | | | |
| Provider staff name | | | Sign | nature | | | |
| No. of funded hours | per week | | | Total n | umber of v | veeks | |
| to be claimed this ter | rm | | | claimed | d per term | | |
| Is the child claiming EEF hours | | | | If Y giv | e name | | |
| at another provider? Y/N of provider | | | | | | | |

| SUMMER TERM FUNDING PERIOD (1st April-31st August) 13 weeks or Stretch 20 weeks | | | | | | | |
|---|---------|--|------|----------------|------------|-------|--|
| Parent/carer name | | | Sign | nature | | | |
| Date | | | | | | | |
| Provider staff name | | | Sign | nature | | | |
| No. of funded hours | er week | | | Total n | umber of v | veeks | |
| to be claimed this ter | rm | | | claimed | per term | | |
| Is the child claiming EEF hours | | | | If Y give name | | | |
| at another provider? Y/N | | | | of prov | ider | | |







Staffordshire County Council RESTRICTED

Privacy Notice

Information that you supply to your childcare provider will be shared with other organisations including Staffordshire County Council. The Local Authority will use the information you provide in order to:-

- · Deliver our services and understand your needs
- Maintain and update your customer records or contact details
- Contact you where necessary in relation to the provision of this service
- Obtain your opinion and feedback about the services we provide
- · Ensure that we fulfil our legal obligations

Your information may also be shared with other Local Authorities, Childcare Providers and the Department for Education for audit funding requirements or where there is a legal basis to do so.*

*If your child stops attending and your provider cannot make contact with you, your information may be shared with the Health Visiting Service to ensure the wellbeing of your family.

Information on how Staffordshire County Council process your information can be found here:-

https://www.staffordshire.gov.uk/Your-council-and-democracy/Request-and-access-information/Your-personal-information/Overview.aspx

Your rights

Under the Data Protection legislation, you have a right to make a request for a copy of some or all of your personal information we hold about you. We want to make sure that your personal information is accurate and up to date. You may ask us to rectify or remove information. Please help us to make sure that we have identified you correctly by letting us know when you change address or name.

Further information on your rights can be found at:

https://www.staffordshire.gov.uk/Your-council-and-democracy/Request-and-access-information/Your-personal-information/Your-information-rights.aspx

Request further information or making a complaint

Our Information Governance Unit is responsible for handling requests in relation to your information and rights. Send your request in writing to: accessinformation@staffordshire.gov.uk or by telephone: 0300 111 8000

Raising a complaint or concern about the handling of your information, contact the Data Protection Officer: DPO@staffordshire.gov.uk

Further information on raising concern or complaints is available from the Information Commissioner's Office: https://ico.org.uk/for-the-public/





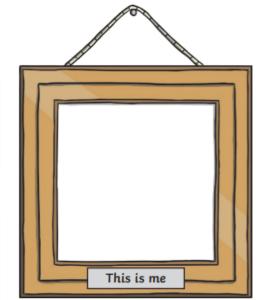


| ΛII | | L | | |
|-----|------|----------|----|--|
| All | . ai | DU | ul | |

I am _____ years old

One thing I like is...

One thing I don't like is...



This is my family

My favourite colour is

A word that describes me...

When I grow up I want to be...





