



**Please complete ALL sections of this form in BLOCK CAPITALS and return it to
Two Mile Ash School**

For further information on why we collect this data and how we process it, please view the IFTL privacy notices published on our website at www.tmaschool.com

| | |
|----------------------------------|--------------------------------------|
| Legal Forename: | |
| Middle Name: | |
| Legal Surname: | |
| Preferred Surname: | |
| Preferred Forename: | |
| Date of Birth: | |
| Male/Female: | |
| Address: | |
| Postcode: | |
| Home Telephone Number: | |
| E-mail Address: | |
| Mother/Carer Full Name: | |
| Salutation: | Mrs / Miss / Ms / Dr (please circle) |
| Legal Responsibility: | Yes / No |
| Address if different from child: | |
| Postcode: | |
| Contact Telephone Number: | |
| Father/Carer Full Name: | |
| Salutation: | Mr / Dr (please circle) |
| Legal Responsibility: | Yes / No |
| Address if different from child: | |
| Postcode: | |
| Contact Telephone Number: | |



Please give details of all parents/carers who have parental responsibility if different from above.

| | |
|-----------------------------------------------|--|
| Name: Mrs / Miss / Ms / Dr (please circle) | |
| Address: | |

Other children in the family

| | |
|----------------|--|
| Name: | |
| Date of Birth: | |
| Name: | |
| Date of Birth: | |
| Name: | |
| Date of Birth: | |
| Name: | |
| Date of Birth: | |

Emergency Contact Information (Please list in order of priority)

| | |
|---------------------------------------|--|
| Name: Mr/Mrs/Ms/Dr (please circle) | |
| Relationship: | |
| Address: | |
| | |
| | |
| Home Telephone Number | |
| Work Telephone Number | |
| Mobile Phone Number | |
| Name:Mr/Mrs/Ms/Dr (please circle) | |
| Relationship: | |
| Address: | |
| | |
| | |
| Home Telephone Number | |
| Work Telephone Number | |
| Mobile Phone Number | |



| | |
|---------------------------------------|--|
| Name: Mr/Mrs/Ms/Dr (please circle) | |
| Relationship: | |
| Address: | |
| | |
| | |
| Home Telephone Number | |
| Work Telephone Number | |
| Mobile Phone Number | |
| Name: | |
| Relationship: | |
| Address: | |
| | |
| | |
| Home Telephone Number | |
| Work Telephone Number | |
| Mobile Phone Number | |

| | |
|---------------------------------------|--|
| Name: Mr/Mrs/Ms/Dr (please circle) | |
| Relationship: | |
| Address: | |
| | |
| | |
| Home Telephone Number | |
| Work Telephone Number | |
| Mobile Phone Number | |
| Name: | |
| Relationship: | |
| Address: | |
| | |
| | |
| Home Telephone Number | |
| Work Telephone Number | |
| Mobile Phone Number | |



Cultural Information

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|--|
| Language used at home* | | | |
| Religion* | | | |
| <i>*Providing information on language used at home and on religion is voluntary. If you prefer not to answer these 2 questions, please state 'prefer not to say' in the boxes provided.</i> | | | |
| Does your child speak English? | | Yes / No | |
| Does your child speak a second language? | | Yes / No | |
| Country of Birth | | Nationality | |

Ethnic Group (please tick one of the boxes below – **Providing this information is voluntary. Please tick the 'prefer not to say' box if you do not wish to provide this information**)

| | | |
|-----------------------------|----------------------------------------------------------------------------|--|
| White | British | |
| | Irish | |
| | Traveller of Irish Heritage | |
| | Gypsy / Roma | |
| | Italian | |
| | Any other white background | |
| Mixed | White and Black Caribbean | |
| | White and Black African | |
| | White and Asian | |
| | Any other Mixed background | |
| Asian or Asian British | Indian | |
| | Pakistani | |
| | Bangladeshi | |
| | Any other Asian background | |
| Black or Black British | Caribbean | |
| | African (Ghanaian, Nigerian, Sierra Leonian, Somali) Please specify: _____ | |
| Chinese | | |
| Any other ethnic background | | |
| Prefer not to say | | |

Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to future schools, (to save it having to be asked for again).



Medical Information

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Doctor's Name: | |
| Doctor's Address | |
| Does your child wear glasses? | Yes / No |
| Does your child have any medical conditions the school should be aware of? Please give full details. (for example: allergies (include plasters) asthma, epilepsy, diabetes, defect of sight, hearing or speech difficulty) | |
| Does your child need to take any regular medication | Yes / No |
| If yes, please give details: | |
| Do you give permission for the school to administer First Aid if necessary? | Yes / No |
| Does your child have an inhaler which has been prescribed for Asthma or as a reliever for another medical condition | Yes / No |
| If yes, do you authorise the Matron/First Aider of Two Mile Ash School to administer the school's emergency Salbutamol Inhaler to your child, should their inhaler become unavailable during the school day or outside of school hours while being supervised by Two Mile Ash staff. | Yes / No |
| Does your child have an Adrenaline Auto Injector (AAI) which has been prescribed for a food allergy for Anaphylaxis. | Yes / No |
| If yes, do you authorise the Matron/First Aider of Two Mile Ash School to administer the school's emergency Adrenaline Auto Injector to your child, should theirs become unavailable during the school day or outside of school hours while being supervised by Two Mile Ash staff. | |



Dietary Needs – Please tick if any of the following applies:

- Artificial Colouring Allergy
- Gluten Free
- Halal
- Kosher Foods Only
- No Beef
- No Dairy Products
- No Nuts of any type/quantity
- No Pork
- Nut Allergy (Please specify) _____
- Seafood Allergy
- Soya Milk Only
- Vegetarian
- Other (Please specify) _____

Special Educational Needs

| Does your child have any Special Educational Needs? | Yes / No |
|------------------------------------------------------|----------|
| If yes, please give details | |
| Does your child have an Educational Health Care Plan | |
| If yes, please give details | |

Pre-School / Nursery information (if applicable)

| | |
|-------------------------------|--|
| Pre-School / Nursery attended | |
| Start date | |
| End date | |

Previous School Information (if applicable)

| | |
|----------------------|--|
| Previous School Name | |
| Address | |
| Telephone Number | |



School Trips and Visits

During the coming years your child, with many others, may be taking part in activities outside Two Mile Ash School premises. Sometimes (but rarely) these activities are outside school hours. The activities are planned to support the curriculum and/or to provide additional opportunities, which we hope your child will find helpful and enjoyable. The activities may include, for example, visiting the library, local park, shops or taking part in local events. The School would not normally seek parents' permission for these activities on an individual basis, although parents will be advised of the activities their children will undertake during the school year. For longer trips, such as a half day or day out involving a coach trip, parents will receive more detailed information. Parents need to give specific written permission for these visits. The Schools aim is that visits and activities should be properly organised and that all reasonable precautions should be taken for the safety and wellbeing of your child. Your child may nevertheless be exposed to additional hazards, e.g. accidents in the course of travel or sporting activities. When it is deemed necessary the school will take out additional insurance cover. The insurance cover will protect both the school and the pupils. There is one other point; urgent medical treatment might be needed in circumstances where it is not possible to contact the parent. In this situation, I hope you would be willing to agree that the teacher-in-charge of any party may give the necessary consent on your behalf.

I have read the letter to parents about activities that may be arranged whilst my child is attending Two Mile Ash School.

I agree that if my child urgently requires medical treatment during an activity and it is not possible to contact parents/carers, the teacher-in-charge of the party is authorised to give consent on my behalf.

| | |
|--------------------------------------|--|
| Childs name in full: | |
| Signed parent/carer: Mr/Mrs/Ms/Dr | |
| Date: | |

Other Information

| | |
|---------------------------------------------------|----------|
| Is your child entitled to Pupil Premium funding?: | Yes / No |
|---------------------------------------------------|----------|

(To be entitled to Pupil Premium funding your family must be in receipt of one of the following benefits to be eligible for a Free School Meal for your child. Income Support, Employment & Support Allowance – Income related, Income Based Job Seekers Allowance (NOT Contribution Based JSA), Child Tax Credit only (with a combined family income of less than £16,190 per annum as assessed by HM Revenues & Customs) **Please note, anyone receiving Working Tax Credit, regardless of income, will NOT qualify for FSMs**, Working Tax Credit run-on - paid 4 weeks after you stop qualifying for Working Tax Credit, Universal Credit, National Asylum Seekers Support (NASS), Guaranteed Element of Pension Tax Credit)



Using digital images in our collaborative learning

Two Mile Ash School is committed to keeping your children safe. In line with the Data Protection Act 1998, the GDPR and National guidelines re e-safety, we have a duty of care to inform you about usage of, and ask for your permission to use, any images or video footage of your child.

Digital images and video footage are an integral part of our collaborative learning and are used daily throughout school life to celebrate achievement. Research has shown that creativity, motivation, partnership and communication are improved through their use.

This form is asking permission to use photos that include your child and video footage that includes your child in various ways, as detailed below.

Please note:

- This consent form is considered valid for the entire period that your child attends Two Mile Ash School unless there is a change in the child's circumstances where consent could be an issue.
- Parents/carers have the right to withdraw consent by writing to the Headteacher at any time
- Pupils' full names will not be published alongside their image and vice versa. If names are to appear (e.g. local press) then individual permission will be sought
- E-mail and postal addresses of pupils will not be published
- Digital images/videos taken by other parents at such events as Christmas concerts, sports day and other such events are allowed and are not covered by this agreement. The school cannot be held responsible for what happens with such images/videos
- All digital work at school is underpinned by our acceptable user policies; these can be read at any time via our policy section of our website and a copy is available to read from the School Office

Please indicate your consent choices by ticking the appropriate boxes below and signing the box following the consent table.

| Nature of the use of images | YES | NO |
|--------------------------------------------------------------------------------------------------------------|-----|----|
| On the school website | | |
| On school social media platforms such as Twitter, Facebook or similar platforms | | |
| In the school prospectus and other printed publications that the school may produce for promotional purposes | | |
| Recorded/transmitted on a video or webcam | | |
| Within school, in display material that may be used in communal areas | | |
| In display material that may be used externally, e.g. an exhibition promoting the school | | |
| General media appearances, e.g. local/national media/press releases | | |
| Use of photographs after the child has left Two Mile Ash School | | |
| Individual school photograph by Photography Company | | |
| Whole class with Teacher school photograph by Photography Company | | |

| | |
|--------------------------------------|--|
| Name of child: | |
| Class | |
| Signed parent/carer: Mr/Mrs/Ms/Dr | |
| Date: | |



E-Safety

Information and Communication Technology (ICT), including the internet, email and mobile technologies, is an important part of learning in our school. We expect all our children to be safe and responsible when using any ICT. Please read and discuss the e-Safety rules on the attached sheet with your child and then return the slip at the bottom of this page.

S

I will only use the internet and email with an adult.
I will not tell other people my ICT passwords.
I will not give out my name, phone number or home address.

A

I will only click on icons and links when I know they are safe.
I will only open/delete my own files.

F

I will make sure that all ICT contact (saving, sending, searching) with other children and adults is responsible, polite and sensible.
If I see something I don't like on a screen, I will always tell an adult.

E

I will be responsible for my behaviour when using ICT because I know that these rules are to keep me safe.
I know that my school use of ICT can be checked to keep me e-safe.

We have discussed this and _____ (insert name of child) agrees to follow the e-Safety rules and to support the safe use of ICT at Two Mile Ash School.

| | |
|--------------------------------------|--|
| Name of child: | |
| Class: | |
| Signed parent/carer: Mr/Mrs/Ms/Dr | |
| Date: | |



Marketing and Communications

There are various circumstances where we would like to maintain contact with parents. These include reporting on your child's progress and sending important school updates through apps such as Marvellous Me and ParentPay.

We prefer to use this method of communication as it is direct, efficient, reliable and environmentally friendly.

In order to use these services, we need to collect parent email addresses and mobile telephone numbers. These details (from our school information management system) are then imported into the relevant app in order to populate your account. Details are limited to name, address, email address and mobile telephone number.

We may also, on occasion, post or email newsletters and information about clubs directly to you.

In order to communicate with you using any of these methods, we require your consent to process your personal information.

Please use the form below to state whether or not you consent to your information being used this way.

I have read the statement above and agree to my personal data being used for marketing and communication in the following ways;

| Type of communication | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| ParentPay | | |
| Newsletters via email or ParentPay | | |
| Enrichment activities, for example:- Kidz Club, Extra Curricular Clubs and Extended Clubs | | |
| Please note, you have the right to withdraw consent to any of the items that you may provide consent for at any time by writing to the Headteacher and stating that you wish to withdraw your consent. | | |
| We do not share your data with any other third parties. Any external club providers will not receive your details unless you provide them directly to the provider. | | |

| | |
|--------------------------------------------------|--|
| Childs name in full: | |
| Class: | |
| Parent/Carers full name: Mr/Mrs/Ms/Dr | |
| Email address: | |
| Mobile phone number: | |
| Parent/Carers full name: Mr/Mrs/Ms/Dr | |
| Email address: | |
| Mobile phone number: | |
| Signed: | |



TRAVEL ARRANGEMENTS

| | |
|------------------------------------|-----------------------------------------------------|
| How will your child get to school: | Walk Car Cycle Other (please specify)_____ |
|------------------------------------|-----------------------------------------------------|

TRANSPORT TO SCHOOL ON BIKE, SCOOTER OR SKATEBOARD

If your child wishes to come to and from school on any of the above, it must be in full roadworthy condition and your child should behave in a responsible and safe manner at all times and show respect to other pedestrians.

Two Mile Ash School can't be held responsible for any loss or damage caused to any child's bike, scooter or skateboard while stored on the school premises.

| | |
|--------------------------------------|--|
| Name of child: | |
| Class: | |
| Signed parent/carer: Mr/Mrs/Ms/Dr | |
| Date: | |

Please return to: head@tma.bucks.sch.uk