

Castle View Primary and Nursery School

Meadway Halton Brook Runcorn Cheshire WA7 2DZ



Pupil Application Form



Castle View Primary and Nursery School

Meadway Halton Brook Runcorn Cheshire WA7 2DZ

Telephone: 01928 563970

CONFIDENTIAL

ADMISSION FORM

1. General Data Protection Regulations 2018/Data Protection Act 1998 – The information provided by you will be used for the administration and management of Education & Children’s Services.
2. Changes of personal circumstances should be notified to the school immediately.
3. The personal information will be recorded on the school computer management information system (SIMS).
4. Please check all sections and correct/complete, sign and return to your child’s school.

FULL NAME OF CHILD.....

ANY OTHER NAME THE CHILD.....

PERMANENT HOME ADDRESS.....

.....**POST CODE** **GENDER**

DATE OF BIRTH.....

RELIGION..... **DATE OF ADMISSION**

ETHNICITY **FIRST LANGUAGE**

NAME OF FAMILY DOCTOR.....

DOCTOR’S ADDRESS.....

PARENT/CARER WITH WHOM THE CHILD CURRENTLY RESIDES

MOTHER’S NAME..... **MOBILE NUMBER**.....

EMAIL ADDRESS **HOME NUMBER**.....

FATHER’S NAME..... **MOBILE NUMBER**.....

EMAIL ADDRESS **HOME NUMBER**.....

GUARDIAN’S NAME..... **MOBILE NUMBER**.....

(The person with whom the child is living)

EMAIL ADDRESS **HOME NUMBER**.....

RELATIONSHIP TO CHILD.....

IF YOU HAVE CARED FOR, OR INTEND TO CARE FOR, THE CHILD FOR MORE THAN 28 DAYS PLEASE STATE

.....

IF YOU HAVE CARED FOR, OR INTEND TO CARE FOR, THE CHILD FOR 28 DAYS OR MORE AND ARE NOT THE CHILD'S GRANDPARENT, AUNT, UNCLE, ADULT BROTHER OR SISTER OR STEP PARENT BY MARRIAGE, YOU ARE LEGALLY REQUIRED TO INFORM HALTON BOROUGH COUNCIL OF THIS ARRANGEMENT? Please state yes/no and if yes when

.....

Please note:

Children who are cared for on a full time basis by people other than their parents or a close relative may be in a Private Fostering arrangement. There is a legal requirement to inform Halton Borough Council Children's Social Care of such arrangements on 01928 704341

IS THE CHILD LOOKED AFTER BY HALTON BOROUGH COUNCIL OR ANY OTHER LOCAL AUTHORITY (please tick)

Yes No

PLEASE GIVE DETAILS OF ALL PERSONS WHO HAVE PARENTAL RESPONSIBILITY FOR THE CHILD

COURT ORDER	NAME	RELATIONSHIP TO THE CHILD	HOME ADDRESS	TELEPHONE NUMBER (landline & mobile)	EMAIL ADDRESS

PREVIOUS SCHOOL / NURSERY / PLAYGROUP ATTENDED (Name and Address)

.....

INFORMATION REGARDING ANY SPECIFIC DIETARY NEEDS OF THE CHILD

.....
.....

INFORMATION REGARDING ANY MEDICAL INFORMATION ABOUT THE CHILD THAT THE SCHOOL NEEDS TO BE AWARE OF (hearing problem, poor sight, speech defect etc..)

.....
.....

INFORMATION REGARDING ANY SPECIAL EDUCATIONAL NEED (A statement, behavioural problem, learning difficulty etc.)

.....
.....

INFORMATION REGARDING MEDICATION e.g. Asthma, Diabetes, Epilepsy

.....
.....

A Medication Form is available from the School Office to request medication to be given to your child in school. This must be completed before medicines can be administered.

SCHOOL MEALS –

Free school meal Yes No

Packed lunch Yes No

Paid school meal Yes No

TRAVEL ARRANGEMENTS (Please tick)

Walks Yes No

Car Yes No

Bus Yes No

Taxi Yes No

HAS THE CHILD RECEIVED SACRAMENTS OF:

Baptism Yes No **Church:** _____

Communion Yes No **Church:** _____

Reconciliation Yes No **Church:** _____

Confirmation Yes No **Church:** _____

PARENT/CARER SIGNATURE:

NAME:

DATE:

***Data Protection Act**

Personal information provided on this form is treated in confidence and complies with the requirements of the Act.

CASTLE VIEW PRIMARY SCHOOL

In order to help the school run smoothly and also to save time and paper, permission is asked of parents and guardians regarding the following issues. Some of these issues happen on a regular basis and others less often - regardless of this we still need your permission.

Please complete and send this permission letter back to school. Families will be informed through the newsletter when activities are taking place and all full day and residential trips will require a separate permission slip. If you require more information or clarification please ask.

Please circle

- | | | |
|--|-----|----|
| · I agree to my child's name being mentioned in school newsletters. | Yes | No |
| · I agree to my child's photograph being placed in school newsletters. | Yes | No |
| · I agree to my child's photograph being placed in the school prospectus. | Yes | No |
| · I agree to my child's photograph and name being published in local papers. | Yes | No |
| · I agree to my child's photograph being used on the public school website/social media. | Yes | No |
| · I agree to my child being photographed during school performances by the School/official photographer. | Yes | No |
| · I agree to my child being filmed during school performances by the school/official photographer. | Yes | No |
| · I agree to my child watching an appropriate DVD or video as part of the curriculum, this may be classified as PG or U. | Yes | No |
| · I agree to my child having sun cream applied when needed. | Yes | No |
| · I agree to my child wearing goggles at the swimming baths. | Yes | No |
| · I agree to my child wearing a plaster if required. | Yes | No |
| · I agree to my child tasting different foods. | Yes | No |
| My child has food allergies. | Yes | No |

If yes please state

My child has asthma Yes No

If yes please state if inhaler required

My child has anaphylaxis

Yes No

If yes please state if epipen required

All children receive personal, social and health education throughout the school with a special emphasis on growing up, puberty and education for personal relationships in Year 5 and Year 6. I agree to my child receiving education for personal relationships.

Yes No

CHILD'S NAME:

CLASS:

SIGNED:

(Parent / Guardian)

RELATIONSHIP TO CHILD:

DATE:

If you wish to withdraw consent for any of the above please contact the School Office

MEDICAL EMERGENCY

I agree that in the event of a medical emergency, where neither parent/guardian is contactable, the member of staff in charge may authorise any lifesaving treatment deemed necessary by a medical professional.

SIGNED:

DATE:

Internet/e-mail use
Castle View Primary and Nursery School

Parent / guardian name:.....

Pupil name:**Pupil's registration class:**

As the parent or legal guardian of the above pupil(s), I grant permission for my child to have access to use the Internet, the Virtual Learning Environment, school Email and other ICT facilities at school. I know that my daughter or son has signed a form to confirm that they will keep to the school's rules for responsible ICT use, outlined in the Acceptable Use Policy (AUP). I also understand that my son/daughter may be informed, if the rules have to be changed during the year.

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 will take every reasonable precaution to keep pupils safe and to prevent pupils from accessing inappropriate materials. These steps include using a filtered internet service, secure access to email, employing appropriate teaching practice and teaching e-safety skills to pupils.

I understand that the school can check my child's computer files, and the Internet sites they visit. I also know that the school may contact me if there are concerns about my son/daughter's e-safety or e-behaviour. 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.

I am aware that the school permits parents/carers to take photographs and videos of their own children in school events and that the school requests that photos/videos are not shared on any social networking site such as Facebook if the photos/videos contain images of other children. I will support the school's approach to e-Safety and will not upload or add any pictures, video or text that could upset, offend or threaten the safety of any member of the school community

Parent / Guardians' signature:.....

Your name (in block capitals):

Date:.....

YEAR 5/6 PUPILS ONLY

I give permission for my child's phone to be kept at the office during school hours and agree to the following:

- The phone is password protected
- The phone is switched off before being given to the office
- Castle View Primary is not responsible for the phone
- Phones must not be switched on in school

Signed.....

Parent/Guardian Routine Visits Consent Form

Castle View Primary & Nursery School

Pupil's Name: _____

I hereby agree to my son/daughter participating in routine visits off the school site. These visits might include the following, or similar, activities:

Library Visits, Educational Trips, Sports Activities, Swimming Lessons, Performances, Local walks, Ambassador events, Infant Music Festival, Crucial Crew

These visits will normally take place at the following, or similar, locations:

Halton Library, Runcorn Cricket ground, Beechwood community centre, Wicksten Drive, other local schools, Safety Central, Cineworld Runcorn, Town Hall

I understand that:

- such visits will normally take place within the school normal hours, but that if, occasionally, they are likely to extend beyond this, adequate advance notice will be given so that I may make appropriate arrangements for my son/daughter return home;
- my specific permission will be sought for any visits beyond those listed above or which could involve commitment to extended journeys, times or expense;
- all reasonable care will be taken of my son/daughter during the visit;
- my son/daughter will be under an obligation to obey all directions given and to observe all rules and regulations governing the visit and will be subject to all normal school discipline procedures during the visit;
- I must inform the school of any medical or behavioural condition or physical disabilities that may effect them during the visit;

I understand the extent and limitations of the insurance cover provided and that is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Address: _____

_____ Tel: _____



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Castle View Primary and Nursery School
Headteacher: Ms H Melarangi

Telephone: 01928 563970
E-mail: head.castleview@halton.gov.uk
E-mail: sec.castleview@halton.gov.uk
Website: www.castleviewprimary.com

Dear Parents/Carers

As you know the safety of your child is most important to us at all times.

It is essential that we have at least two emergency telephone numbers and also a list of **anyone** who may pick up your child from school at home time.

Name of child

Emergency telephone numbers (including parents).

1. Name..... Relationship to child.....Telephone No.....
2. Name..... Relationship to child.....Telephone No.....
3. Name..... Relationship to child.....Telephone No.....
4. Name..... Relationship to child.....Telephone No.....

Name of anyone who may collect your child at home time.

1. Name..... Relationship to child.....
2. Name..... Relationship to child.....
3. Name..... Relationship to child.....
4. Name..... Relationship to child.....
5. Name..... Relationship to child.....
6. Name..... Relationship to child.....
7. Name..... Relationship to child.....
8. Name..... Relationship to child.....

We will not allow your child to go home with anyone who is not named above.

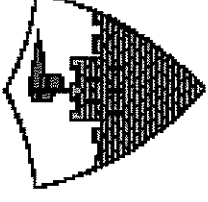
Parent/Carer Signature.....



**AS A PUPIL AT CASTLE VIEW PRIMARY SCHOOL
I WILL KEEP THE SCHOOL RULES, WHICH ARE:-**

- To walk into and out of school calmly and quietly.
- To listen and follow directions.
- To keep hands, feet and objects to myself.
- To always be polite and helpful, be a friend and never bully.
- To work to the best of my ability.
- To always hand my homework in on time.
- To be responsible for any equipment for example pen, pencil.
- To get up in time for breakfast to help me do my best work.
- To take pride in my appearance by wearing school uniform.
- To remember my PE Kit, Reading Book and to leave things at home if they are not needed eg. toys.

Signed
Child



Castle View Primary and Nursery School

Home School Contract of Partnership

Name of Pupil.....

For pupils to achieve success at school it is important that parents, pupils and the school are able to work together, each party having an equally important part to play in the partnership.

In order that this partnership can work effectively each party must be supportive and committed to work in the best interest of all concerned.

AS PARENTS I/WE WILL:-

- Make sure my/our child is punctual, attends school regularly. Notify school as early as possible on the first day of absence.
- Let school know any concerns or problems that might affect my child's work or behaviour.
- Support the school's policies on discipline, uniform, jewellery, hair styles and medicines and advise the school on any health or relevant family problems.
- Read with my/our child on a daily basis and support them with their homework, making sure it is done on time.
- Attend Open Evenings to discuss my/our child's progress, as arranged.
- Never to park in front of school gates in case these are needed by Ambulance or Fire Brigade.
- Never leave my car in the school car park between opening and closing times of school 8.30 – 9.30 and 2.30 – 3.00. (Nursery 11.30 – 11.50)
This is to ensure safety for all children.
- Leave dogs outside the school gates, for the safety of all children.
- Ensure the safety of my/our child on the school premises
e.g. not allowing my/our child to climb on walls, railings, equipment or run off etc.
- Ensure that appropriate language is used when on the school premises.
- Ensure that intimidating behaviour isn't used towards children, staff and fellow parents on any parts of the school premises.

Signed
Parent/Guardian

AS A SCHOOL WE WILL:-

- Provide a safe, well ordered and caring environment.
- Act appropriately to prevent any child from harming themselves/others, or from purposely damaging property with the use of reasonable force where necessary.
- Contact parents if there is a problem with attendance, punctuality or PE kit.
- Let parents know about any concerns or problems that affect their child's work or behaviour.
- Provide a curriculum designed to meet the needs of your child in English, Maths, Science, Religious Education, ICT, Art, Design + Technology, Geography, History, Music, PE and PSHE & Citizenship.
- Be open and welcoming at all times and offer opportunities for you to become involved in school life.
- Provide regular information about school events and your child's progress.
- Encourage your child to do the very best they can.
- We will strive at all times to be fair in our relationships with your child.

Signed
Classteacher/Headteacher



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Dear parents/carers

After much consultation with Halton Education Welfare Service over the increasingly larger amount of unauthorised absences in term time the School Governors have agreed to the issuing of Fixed Penalty notices.

A Penalty Notice is considered appropriate where a child's attendance is irregular i.e. below 95% during the previous 38 weeks and the following circumstances apply:

- Leave of absence for a period of 5 school days or more (10 or more sessions) taken following a request being submitted to the school where that request was not approved as exceptional circumstances by the proprietor of the school.

This will take effect from 1st January 2017.

Yours sincerely

Mr D Richmond-Webb
Chair of Governors



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Dear Parents/Carers

Attendance – Traffic Light System

Attendance has always been a priority at Castle View Primary School. We have a variety of initiatives we use to continue to improve our school attendance for example: On Time for School Week/Star Week/Spot on Week. We also reward good attendance with certificates, books, letters home and vouchers.

The Traffic Light System initiative is another way to improve attendance and we will be using this periodically throughout the school year.

The Traffic Light System works as follows:

Green ‘Good Attendance’ – In line with school target. 96%+. This will be recognised with a congratulations letter and a certificate and will be monitored by the class teacher.

Amber ‘At Risk Group’ – Between 92% and 96%. This will be monitored by the school office and class teacher. These pupils may be in danger of joining the Red Group if their attendance does not improve.

Red: ‘Concern Group’ – Below 92%. For pupils within this group the school is required to set a personal support plan.

Pupils will be closely monitored for six weeks. A letter will then be sent out to Parents/Carers to update them on their child’s attendance progress. During this period, the only absences authorised are those accompanied by medical evidence or with prior agreement with the school. Pupils who fail to move out of the Red Group or move into it, will be requested to attend a school planning meeting with their Parents/Carer.

Pupils who achieve the target of 96%+ will be sent a letter and certificate of achievement.

If you have any questions please do not hesitate to contact me.

Yours sincerely

Ms H Melarangi
Headteacher





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Dear Parents /Carers

FIRST DAY CONTACT

It is part of our school policy that we ask all parents/carers to let us know the reasons for a child's absence. In Castle View School we use a system called First Day Contact.

The school office is open from 8.30am for you to telephone when your child is absent. We would appreciate these calls before 9.30am. This ensures that we know children are safe and also reduces administration time.

From September 2018, for Safeguarding reasons, we are making adjustments to our procedures for First Day Contact.

If your child is absent and you have not telephoned us, we will follow the procedure below:

1. We will attempt to phone you directly.
2. We will attempt to phone alternative contacts that you have provided. (Please provide the school with at least 2 alternative contacts).
3. If we still do not have a reason for your child's absence, we **may** make a home visit.
4. If a home visit is made and there is no response, we **may, if there are reasons for concern**, make the decision to inform the police.

Please let us know if there are any reasons why we may have difficulty contacting you.

If you change address or telephone number can you please let school know so that we can keep our records up to date and can get in touch with you should an emergency arise.

Yours sincerely

Ms H Melarangi
Headteacher



Dear Parent / Carer

I am writing to inform you that our school participates in a Police led initiative called Operation Encompass. This is a partnership between schools and the Police that helps schools to better support any child where a domestic incident has been reported to Police from their home.

Following a domestic incident, the Police will make contact with the child's school via telephone and secure email (usually the next day) and will communicate relevant information to nominated, fully-trained school staff. This will ensure that, as a school, we are made aware early enough to support children and young people in a way that means they feel safe, supported and listened to. It will also provide an opportunity for school to offer support to the whole family.

Each school has 2 members of staff called key adults who are trained to liaise with the police, when required, whilst ensuring support is available to the child.

The initiative was launched county-wide at the beginning of 2016. It is active in all Cheshire schools. You can find out more about Operation Encompass via the following site: <http://www.operationencompass.org/>

If you would like to speak to someone further about the initiative, or require any additional information, please do not hesitate to contact Mrs Thompson on the school's telephone number (01928 563970).

We are committed to working in partnership with local relevant organisations to keep children safe and to offer valuable support to all children across Cheshire.

Yours faithfully,

Ms Melarangi

Castle View Primary School

