



Dania School

A unique learning environment, for bilingual and bicultural children, in a multicultural society 01/11/2016

Dania Pre School Pupil Contract

Dear Parent(s) / Guardian, please read, complete and sign the enclosed documents. If there are changes during the year please notify the School.

Pupils Full Name (Block Capitals):

.....

Date of birth

.....

.....

Home Address:

.....

.....

.....

Parent: 1

.....

Telephone: Mobile: Work:

Home:

Email Address:

.....

Address (if different from

above):

...

Parent: 2

.....

.....

Telephone: Mobile: Work:

Home:

Email Address:.....

.....

Address (if different from

above):

...



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IN CASE OF EMERGENCY:

Please complete the section below with the name of a relative or neighbour who can be contacted if you cannot be reached:

Name: Relationship to child
.....

Telephone: Mobile: Work:

Home:

Attach recent photo of emergency contact person here



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Confirmation of Enrolment

I _____ wish to enrol _____ to the Dania School for the term beginning Month _____ 20____. I understand the school fee will be £950 per month - parents will be billed in September, January and April. The preschool will be open 48 weeks a year.

We also ask for a deposit of £ 1000. A full term notice period is required for any pupil who leaves the school. The deposit will be refunded if this notice is adhered to. Any fees remaining after this notice will be refunded.

The Office Manager will invoice every parent for payment of fees at the beginning of each term.

Bank details for Dania School:

Account holder: Dania School Limited

Bank: Danske Bank

Sort Code 95 05 29

Account number 10047643

Please state your child's name in the reference space.



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Medical information/Consent for treatment

Pupil's Name (Block Caps):

NHS. NUMBER:.....

Family Doctor:

Surgery:.....

Address:

.....

.....Postcode:.....

Phone
Number:

Tick if your child has had any of the following:			
Asthma or bronchitis	<input type="checkbox"/>	Fits, fainting or blackouts	<input type="checkbox"/>
Sight or hearing impairments	<input type="checkbox"/>	Severe headaches	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Travel Sickness	<input type="checkbox"/>	Other: Please state	<input type="checkbox"/>
Any allergies e.g. food, material, dust (if yes, please state)			
Any Drug Allergies (if yes, please state)			
Has she/he had a tetanus vaccination? If yes, please state when.			
Does your child have any illness, medical condition or impairments? If yes, please state:			
Does your child take regular medications? If yes please state generic names of drug plus indication for giving the medicine, dosage and frequency:			
<p>Sickness: Note: No medicines may be brought into school (apart from inhalers and epipens). Parents should make arrangements with their doctor to prescribe medicines that can be given before and after school. Where this is absolutely unavoidable, parents may come into school to administer the medicine themselves. Any child well enough to be in school is expected to fully take part in the school curriculum, including going out to play and joining in PE lessons (including swimming) unless they have a doctor's note indicating otherwise.</p>			
Has she/he received medical or surgical treatment of any kind from either your doctor or hospital during the last three months? If yes please state:			
Has she/he been given specific medical advice to follow in emergencies? If yes please state:			



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Please give details of any specific needs that your child may have, so that we can adapt activities accordingly.

.....
.....
.....
.....
.....
.....
.....

I hereby give my consent to:

- (1) my son/daughter receiving medication as instructed as above
- (2) the school, in the event that it is necessary, obtaining or rendering properly-qualified medical assistance to my son/daughter.
- (3) The school, where appropriate, administering the prescribed dose of any required medication, e.g. Paracetamol, travel-sickness tablets and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities present.

Pupil's Name:.....
 Name of Parent:
 Signed:.....
 Date:.....



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ICT Procedures

I have read and understand Dania School's ICT Policy and accept the consequences outlined therein should I fail to conform to the procedures or undertake illegal or inappropriate behaviour.

Pupil's Name:.....

Name of Parent

Signed:.....

Date:.....

Personal Information, Photographs & Video in school & Data Protection

We will use your personal information for the purposes of administration and for sending you (by email or post) invoices and other information relevant to your child and the School, including newsletter, fund raising appeals and surveys.

We will keep your information to use for these purposes for a reasonable period after your child has left school. We may share your information when necessary with those who provide services to the School and with organisations concerned with the welfare of your child and with others when we are required to do so.

Please indicate by ticking the box if you agree to:

- (a) Dania School sending you information about fundraising or other appeals connected to the School
- (b) Your child being photographed/filmed whilst attending Dania School Nursery.

Please indicate by ticking the box if you do not wish us to

- send you information about fundraising or other appeals connected to the School;

School Photographs/Video will be taken for events such as project presentations, school music events and choir, sports day, prize giving, special visits to the school (local ambulance/ fire service etc), school trips away, school plays, Christmas concerts etc. Dania School may use these photos on the School website as well as in other publications associated with the school. The end of year play and other concerts will be recorded onto DVD and made available via the school office.

Name of Parent:

Signed:.....

Date:.....



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Parental Consent for Activities outside the classroom

There are numerous occasions when children take part in activities outside the classroom as part of their normal timetable. All due care and consideration is given to organising and supervising these activities. Should children be taking part in outings of a distance involving travel, you will be informed and asked for your consent, before your child is allowed to go.

This consent form will be placed on file and will be valid as long as your child is on the school register.

I give my permission for _____ to take part in the following activities for as long as he/she is a pupil at the school.

All activities supervised by a parent/helper inside or outside the classroom, but within School premises/grounds e.g. cooking, sewing, painting, sketching, playing in the playground etc.

YES/NO

Visits to the immediate locality of Dania School supervised by a member of the classroom staff (teacher or teaching assistant)

YES/NO

Visits to the local indoor swimming pool

YES/NO

Name of Parent:

Signed:

Date:



Conduct for Out-of-School Activities

I acknowledge:

- (1) The need for obedience and responsible behaviour on my child's part.
- (2) That in the event of serious misbehaviour before any off-campus activity, the school may refuse to take my son/daughter on such occasions. In the event of serious misbehaviour during an off-campus activity, the school has the right to exclude my son/daughter from the remaining part of this activity. In either case the decision of the Group Leader shall be final. I also understand that I may be requested to collect my son/daughter from the activity venue.
- (3) That any photographs or video film taken by parents/carers during any activity must be solely for your individual family's use and must not be distributed more widely. Photographs may also be taken for publicity use by the school.
- (4) That on local curriculum-led activities my son/daughter is very likely to be walking on public footpaths alongside main roads.
- (5) That for some activities there may be occasions when a member of the school staff or another parent will transport my son/daughter by private car opposed to the use of a coach or bus.
- (6) That the Department for Education & Skills (DfES) Guidance now states, "Group Leaders should ensure that transport by road has seat belts and pupils wear them". This is fully endorsed by the School who has further advised that, in the event of a pupil refusing to wear the seat belt, the Group Leader has the right to refuse to take that pupil on the visit. All participants on any out of school activity are entitled to expect that their safety will come first.

The following code of conduct sets out the school's expectations. It is a code of conduct that ensures safety and enjoyment for all involved in these activities. Pupils should:

- Follow the rules established at the start of each activity, without fail and without question.
- Never leave the group whether indoors or out without permission from a responsible adult.
- Always be in a group of at least three.
- Be considerate and respectful at all times to all members of the group and the community.
- Remember that they are representatives of the family, their school, their community and their country, and behave accordingly.
- Be punctual.
- Avoid noisy behaviour at all times.

This code of conduct is a partnership of trust between teacher, parent and child. If the group leader believes that the safety or enjoyment of anyone is at risk because of the behaviour or attitude of your child, they may be banned from an activity and/or you may be required to collect your child at your own expense. In these cases there will be no refund of monies paid. I understand that if required I will collect my child from the activity at my own expense.

Name of Parent:

Signed:

Date: