



GRANGE INFANT SCHOOL
PART 1 - HOME SCHOOL AGREEMENT

Child's full name: _____ (please print)

Dear Parents/Carers

We send this return out at the start of each year to keep our records up-to-date. All schools are encouraged to have such an agreement. We appreciate your time in reading and returning the signed agreement for our school records.

Please refer to our school privacy notice for information about how and why we ask for and hold particular data, which has been provided by you, in school.

For the Pupil

To help me do my best:

- I will follow the values of our school vision.
- I will aim to achieve to the best of my ability.
- I will behave in a way that is respectful to others.
- I will care for my school and the people in it.
- I will be independent in my learning and thinking.
- I will show respect for my friends, teachers and school property.
- I will always try to do my best and think carefully about what I need to learn next.
- I will look after all the things I use at school.
- I will do my homework and tell you about the things I learn at home with my family.
- I will bring my reading book to school every day.
- I will tell my teacher or another adult if anything is worrying me.

Pupil's signature _____

For the Parent/Carer

To help my child achieve their best I will:

- Ensure my child attends school regularly and on time. Provide an explanation if my child is late and notify the office before the start of the school day on the first day of my absence.
- Make sure my child attends school properly dressed and equipped to work (PE Kit, Water Bottle, Book Bag, and appropriate outside clothing).
- Support the Grange Infant School's Values (PLANES), working with the school to achieve excellent behaviour.
- Support learning by completing homework, attending information workshops and parents' evenings.
- Inform the school of any concerns, changes or problems that may affect my child.
- Ensure the school has up-to-date contact details at all times.
- Avoid making holiday requests within term time.
- Reply to school correspondence as necessary.

Parent/Carer signature _____ Date: _____



The School

To help your child achieve their best we will:

- Provide a caring, happy environment where children and their families feel welcome.
- Provide regular opportunities for children to talk about their learning with adults and other children, so they can confidently talk about how to get better at things and identify ways that can help them to do this.
- Praise children for the effort they apply to their learning.
- Create an ethos where children are unafraid of making mistakes and are confident to try new challenges.
- Keep children safe and value their sense of well-being.
- Keep parents informed regularly of progress in all aspects of school life.
- Contact parents if we have any concerns regarding punctuality and attendance or learning difficulties.
- Set children regular homework tasks to extend their learning and to engage them in topics.
- Inform parents regularly of class topics.

Milk EARLY YEARS ONLY	I would like my child to have free milk.	<input type="checkbox"/> Please tick
Behaviour	I have read and support the behaviour policy (Policy is on the website or available from the office)	<input type="checkbox"/> Please tick
Local visits	I give permission for my child to go on local short trips in the minibus and by walking. This may include the church and local area walks.	<input type="checkbox"/> Please tick
Head lice	I give permission for school staff to check my child's hair should it be suspected that there is the presence of head lice.	<input type="checkbox"/> Please tick
Plasters	I give permission for my child to have a plaster if required. I confirm that my child has not got an allergy to plasters	<input type="checkbox"/> Please tick
Food prep/tasting	I give permission for my child to take part in food tasting sessions.	<input type="checkbox"/> Please tick
ALLERGIES	My child MUST NOT EAT: _____ Parental consent to be given in writing for food preparation and cooking activities. This includes permission to handle ingredients and equipment (specifically knives) under one-to-one supervision.	<input type="checkbox"/> Please tick
Child's health	Health concerns (e.g. hearing, sight, special conditions, need for regular medication etc). Attach additional details if necessary.	
Family doctor	Name: Address: Telephone number: Other services: Other services that have been recently involved with the child (e.g. Social Services, Educational Psychologist, Bilingual Support Service, Speech and Language, Child & Family Guidance)	



Collection of Early Years (EY), Year One (Y1) and Year Two (Y2) and Emergency Contacts

We will not let your child leave school with anybody who you have not given permission for. Please name below adults who have permission to collect your child, together with a contact number, who can be contacted in an emergency to act on your behalf. If your child is new to the school, could we please ask all contacts to bring ID with them for the first few visits until we have become familiar with the adults dropping off and collecting.

Main Carer	Full Name	Relationship	Daytime contact telephone Number
Parent/carer			
Other parent/carer			
Emergency contact one			
Emergency contact two			
Additional contact			

If there are any changes in this arrangement, you must telephone the office or inform the class teacher verbally or in writing on the day. If someone arrives to collect your child who we do not know and we have not been notified about, we will need telephone confirmation from you before releasing your child.

The lawful basis on which we collect and use this information is defined under Article 6 of the GDPR. For further information please refer to our Privacy Notice available on our website – www.grangeinfantschool.co.uk

Parent's signature: _____ Date: _____

If you have any enquiries or concerns please, as ever, contact us so we can help you. Your support is much appreciated.

Miss S Myers
Headteacher



GRANGE INFANT SCHOOL
PART 2 - HOME SCHOOL AGREEMENT

Dear Parents/Carers,

Occasionally a child will come to us with a minor pain (e.g. an earache or headache) and it would bring them some comfort if we could administer a small dose of paracetamol.

This would only be done with your prior permission and we would imagine any such occurrence to be rare.

The school will only give a dose of paracetamol if a child complains of pain after giving the child a drink, sitting them quietly or letting them lie down for a while. If the pain does not ease we will contact you by phone to ask permission to give a dose of paracetamol. (The dose will be the recommended dose for the child's age) A written record will be kept of when the paracetamol is given.

It is also a legal requirement that we have written permission from you before it is given. We have published the policy on our website and if you would like a paper copy of it, please ask at the school office.

Once you have read the policy, we would be grateful if you would complete the attached tear-off slip below, which asks you to indicate your consent to the school giving paracetamol liquid suspension (usually Calpol) in the event of headache, etc.

Even once we have written permission, we will still contact you by phone for your verbal consent before any paracetamol is given and to confirm if your child has taken any medicines before attending school. Please ensure that you have an up to date contact number listed on the tear-off slip and inform the office of any changes.

Please note Paracetamol will not be issued without both written and verbal consent.

Administration of Paracetamol

I (Print name) ***give / do not** give permission for Paracetamol Liquid suspension to be given to my child (named below) in the event of headache, toothache, etc.

(* Please delete)

Child's name: _____

Parent/Carer signature _____ Date: _____

Reviewed and agreed by the Governing Board on: 21st February 2024

Review date: February 2025

Signed
Headteacher

Signed
Chair of Governors