

The Children's Hospital School

'Better Together'



Magpie Learning Centre Early Intervention Programme Student Data Collection

Name of Student	
Current School	
Year Group	

Please complete in full and return to the office during your initial visit.

For Office Use Only		
Joining Early Intervention Group	Foxes/Tigers	Date:
Entered on SIMS		Date:
Admission Date		Date:
Medical Needs Certified (JS)		Date:
Dietary Needs Reported		Date:

Dear Parent/Carer,

Welcome to The Magpie Learning Centre. In readiness for your visit to school please complete this booklet so that we have the information we need to support your child. The booklet is organised into sections.

- Part A Student information
- Part B Permissions, Consents and agreements

We have included a supplement which contains further information to help you complete this booklet.

We have also included an information booklet to tell you a little bit about The Magpie Learning Centre and to help you prepare for your appointment.

Please ensure both sections A and B of this booklet are completed and the agreement on the last page is signed. Bring the completed booklet when you visit. We will collect the booklet from you for the school office

We are looking forward to seeing you.

Yours sincerely

Nikki Cole

Deputy Headteacher, Head of The Magpie Learning Centre

Part A: Personal Details

1. Student Details

Legal Surname	
Legal Forename	
Legal Middle Name(s)	
Preferred Surname	
Preferred Forename	
Date of Birth	
Gender	
Preferred Pronoun (He/She/They)	
Home Address	
Postcode	

2. Parents and Carers Details

Names and details for **all** Parents and Carer holding legal parental responsibility for the student named above.

Schools are expected to hold details for a least two contacts in case of emergency and to meet safeguarding guidelines.

Primary Contact:		
Title		
Forename		
Surname		
Relationship to Child		
Legal parental responsibility	YES	NO
Address		
Postcode		
Home telephone number		
Mobile telephone number		
Email address		

Contact 2		
Does this contact have equal status to the primary contact	YES	NO
Title		
Forename		
Surname		
Relationship to Child		
Legal parental responsibility	YES	NO
Address		
Postcode		
Home telephone number		
Mobile telephone number		
Email address		

Contact 3		
Title		
Forename		
Surname		
Relationship to Child		
Legal parental responsibility	YES	NO
Address		
Postcode		
Home telephone number		
Mobile telephone number		
Email address		

3. Medical information

Dietary Requirements

Please tick all that apply

No eggs		No dairy produce	
No artificial colouring		No nuts	
Gluten Free		No pork	
Halal		No seafood	
Kosher foods only		Vegan	
No beef		Vegetarian	
Other dietary/food allergy information the school should be aware of:			

Medical Care

Name of Doctor (GP)			
GP Practice Address			
GP Telephone Number			
CAMHS Consultant / key worker Name and Contact Number			
Other Consultant / key worker Name and Contact Number			
Does your child have any medical conditions or suffer from health problems?	YES	NO	
If yes, please give details:			
Does your child have any non-dietary allergies?	YES	NO	
If yes, please give details:			
Does your child currently have Care Plan provided by health? (Details the care needed for a medical condition)	YES	NO	
Does your child currently have an Individual Health Care Plan developed by school? (Details the care needed in school)	YES	NO	

Medication

Does your child require prescribed regular or occasional medication during the day e.g. injections, tablets for a medical condition?	YES	NO
<i>If yes, then please request a parental consent form from the office and read the medication section of the supplement.</i>		

4. School Meals

Is your child currently in receipt of Free School Meals?	YES	NO
Has your child received Free School Meals in the last 6 years (not including Universal Free School Meals for R/Y1/Y2)?	YES	NO
If yes, please state dates	From:	To:

5. Ethnicity

We are asked by the DfE to collect information about your child's ethnicity.

Ethnic Grouping - please tick as appropriate

African Asian		Pakistani	
Any other Black Background		Refused	
Any other ethnic group		Traveller of Irish heritage	
Any other mixed background		White	
Bangladeshi		White – British	
Black – Somali		White – Irish	
Black Caribbean		White and Asian	
Chinese		White and Black African	
Gypsy/Roma		White and Black Caribbean	
Indian		White European	
Other Asian		White Western Europe	
Other Black African			

Language

Child's First Language	
Home Language	

Nationality

Asylum Status	Asylum seeker	Refugee	Not applicable
Nationality			
Country of Birth			

Religion

Buddhist		Hindu	
Christian		Sikh	
Jewish		Other Religion	
Muslim		No Religion	
Prefer not to say			

6. Home School Transport

Option	Yes	No	N/A
Parents/Carers will transport Student to The Magpie Learning Centre			
Home school will arrange transport			
Contact details of Taxi company (if known)			
Company:			
Contact name:			
Contact Number:			

7. Student Welfare

Under Local Authority Care	YES	NO
If Yes, which Local Authority		
If Yes, Name of Social Worker		
Telephone Number		
Email Address		
Is the child a young carer?	YES	NO
Current Child Protection Plan	YES	NO
Child in Need Plan	YES	NO
Early Help in Place	YES	NO
If Yes, Name of Social Worker/ Family Support		
Telephone Number		
Email Address		
Previously under Local Authority Care	YES	NO
If Yes, which Local Authority		
Privately Fostered	YES	NO
Subject to Special Guardianship	YES	NO
Adopted	YES	NO
Has a parent serving in the regular armed forces	YES	NO

DISABILITY/SUPPORT

The Equality Act 2010 defined disability as 'a physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities.'

Do you consider your child to have a disability?	YES	NO
--	-----	----

If yes, please provide further details including any arrangements the school needs to have in place:

8. Special Educational Needs

Does your child have a recognised Special Educational Need?		YES	NO										
Does your child have an Educational Health Care Plan?		YES	NO										
If yes when was this reviewed?	Date of Review:												
What is your child's Special Educational Need (SEN)? Please tick the box if applicable													
Hearing Impairment	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>										
Moderate Learning Difficulty (MLD)	<input type="checkbox"/>	Severe Learning Difficulty (SLD)	<input type="checkbox"/>										
Speech, Language or Communication Need	<input type="checkbox"/>	ADHD	<input type="checkbox"/>										
Dyscalculia	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>										
Social Emotional & Mental Health	<input type="checkbox"/>	Other Difficulty/Disability	<input type="checkbox"/>										
<table border="1"> <tr> <td>Multi- Sensory Impairment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Profound & Multiple Learning Difficulty (PMLD)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Autistic Spectrum Disorder (ASD)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dyspraxia</td> <td><input type="checkbox"/></td> </tr> <tr> <td>No Specialist Assessment</td> <td><input type="checkbox"/></td> </tr> </table>				Multi- Sensory Impairment	<input type="checkbox"/>	Profound & Multiple Learning Difficulty (PMLD)	<input type="checkbox"/>	Autistic Spectrum Disorder (ASD)	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	No Specialist Assessment	<input type="checkbox"/>
Multi- Sensory Impairment	<input type="checkbox"/>												
Profound & Multiple Learning Difficulty (PMLD)	<input type="checkbox"/>												
Autistic Spectrum Disorder (ASD)	<input type="checkbox"/>												
Dyspraxia	<input type="checkbox"/>												
No Specialist Assessment	<input type="checkbox"/>												
Additional Information:													

Part B Permissions, Consents and Agreements

The permissions/consents given below will last for the duration of your child's time at The Children's Hospital School. If you wish to change any of the authorisations, please inform the school office in writing.

Parents have already consented to The Children's Hospital School sharing information with health, social care, local authority agencies and schools at the point of referral.

Further details and explanations are in the supplement enclosed

9. School Trips and Other Off-Site Activities

I give consent for my child to take part in local school day trips and other activities that take place off school premises.	YES	NO
I give consent for my child to be given first aid or urgent medical treatment during any school trip or activity.	YES	NO

10. Photographs, Video and Media

Publications: I give permission for video/photo/images that include my child to be published on the school's website, newsletter and social media platforms as follows:		
With first name	YES	NO
Without first names or any personal identifier.	YES	NO


11. Email and Internet access, and Remote Learning

I give consent for the school to allow my child to <ul style="list-style-type: none"> • have a school email address and account on Microsoft Office • use the Internet in school and have logins for school resources online. I understand my child is accountable for his/her actions.	YES	NO
I give permission for my child to receive remote lessons if they are unable to attend school. I understand lessons will be recorded and stored for 3 weeks.	YES	NO

12. Home school communication

Primary contact: To stay up to date with school information and news I would like to be contacted by					
telephone	YES	NO	email	YES	NO
SMS text	YES	NO	letters to my address	YES	NO
Second contact: If the second contact would also like to be kept up to date with school information and news please indicate here.					
telephone	YES	NO	email	YES	NO
SMS text	YES	NO	letters to my address	YES	NO

13. Home/School agreement

Home/School Agreement	Name: _____
<p>At the Children's Hospital School, students follow part time timetables. Students are expected to attend their home school on days they are not attending The Magpie Learning Centre.</p> <p>As Parents/Guardians, I/we understand that during periods where my child is not timetabled to attend The Magpie Learning Centre or is absent, parents/guardians (or home school) have legal responsibility for their care and well-being.</p> <p>Signature _____ Date _____</p> <p>As a school, we will inform you of timetable changes and share changes in writing, so it is clear when your child is expected in school.</p> <p>Signature  _____ Date _____</p> <p>Please note that if a student does not attend regularly and when expected, leave of absence can be withdrawn and all absences can become unauthorised.</p>	
<p>As Parents/Guardians, I/we will:</p> <ul style="list-style-type: none">• work with the Children's Hospital School to support my child's education as appropriate• support my child to access lessons regularly as agreed, on time and properly equipped• support the school's code of conduct and dress code• let the school know, at the earliest opportunity, if my child has a medical appointment, or is unable to access their lessons• contact school on the first and every day of absence• let my child's tutor know of any issues that might affect my child's work, behaviour or attendance• encourage my child with homework, to meet their targets and to read• treat others with courtesy and respect• respect personal information and maintain confidentiality relating to others• advise and support my child to use ICT equipment and the internet safely at home, in order to complete school tasks• support liaison between school and other services, including CAMHS, so that we can work together to support your child• work with other support agencies as requested or required, to support your child• let the school know if anyone in my child's household is suffering with sickness, stomach upsets or any infectious conditions• support my child to have a healthy balance of school work, concentration and screen time with exercise, leisure, fresh air and conversation.• At The Magpie Learning Centre: Cancel transport in good time if my child is unable to attend• at home: Provide a quiet place for lessons in the home and for on-line lessons. <p>Signature _____ Date _____</p>	

The school will:

- provide a balanced curriculum, meeting the individual needs of the child
- promote a safe, caring environment
- expect high standards of behaviour and self-discipline of all in our school
- develop clear lines of communication between home and school
- liaise with other professionals working with you, including the school you are on roll at, to plan a way forward and keep on track
- keep you informed of your child's progress and attendance
- encourage success and recognise effort and achievement
- liaise with you and with transport providers regarding timetable changes
- treat everyone with courtesy and respect
- respect personal information and maintain confidentiality relating to others

Signature _____

Stephen Readman

Date _____

As a student I will:

- attend school / access lessons every session that I am expected to, unless I have a valid reason for absence
- have high standards of behaviour and self-discipline
- be ready for lessons on time and do my work to the best of my ability
- dress sensibly, modestly and safely, following the dress code for school
- treat others with courtesy, respect and kindness
- show consideration for all members of the school community and respect for their property
- use appropriate language to staff and others
- tell a member of staff if I have any issues that might affect my work, behaviour or attendance
- respect personal information and maintain confidentiality relating to others
- use ICT equipment and the internet safely at home and in school
- try to get on with others and always behave in a way that allows others to get on with what they should be doing
- work with my team to keep myself safe

Signature _____

Date _____

14. CONFIRMATION

By signing this acceptance form you are accepting a place at The Magpie Learning Centre for your child, initially in the assessment group.

Please tick the boxes below to agree that you have read and completed the following:

- Section A Student Data Collection
- Section B Permissions and Consents
- Home School Agreement
- Transport Application Submission (if relevant)
- Transport reference (County only).....
- Medical Consent Form to be requested from the office

I consent to the school obtaining, using, holding and disclosing “personal data” including “sensitive personal data”, for the purposes of safeguarding and promoting the welfare of our child, and where necessary, for the legitimate interests of the school and ensuring that all relevant legal obligations of the school and ourselves are complied with.

I give my consent to such processing and disclosure provided that at all times any processing or disclosure of personal data or sensitive personal data is done lawfully and fairly in accordance with the Data Protection Regulations (GDPR Data Protection Principles and the Data Protection Act of 2018).

I will notify the school of any changes to details for my child, changes to contact details and if I wish to change my permissions, and put any changes in writing.

Name of Parent/Carer

Signature of Parent/Carer

Date