2020-21

**Winterhill School Y6 Transitions**

**For: September 2020**

Please return all the completed sections to Mrs Heidi Cooper (Senior Transitions Co-Ordinator), via email [**transitions@winterhill.org.uk**](mailto:transitions@winterhill.org.uk), or by post: Winterhill School, High Street, Kimberworth, Rotherham, S61 2BD.

**Please return this information to school by 1st July 2020**

Dear Parent/Carer

I am extremely pleased to confirm that your child has been allocated a place at Winterhill School, and we are very much looking forward to welcoming them as a Year 7 student.

As you know, your child will be joining a high achieving comprehensive school, where we put great emphasis on personal development as well as academic achievement. Alongside this, we expect everyone to uphold our Winterhill ethos of showing respect, responsibility and resilience. It is these values which uphold all aspects of school life, underpinned by our guiding principle that, ‘other people matter’.

Of course, during such challenging and uncertain times, there will be some increased anxiety around the important transition to Winterhill School. However, I would like to take this opportunity to reassure you that the staff at Winterhill School have been working extremely hard in ensuring that this transition will be as smooth as possible, by working with your child’s current school throughout this academic year. Of course, when we are able to return to school, we will be in contact with details of events where you can meet myself, your child’s group tutor and other key staff who will all be supporting your child’s education at Winterhill.

In order to prepare for your child’s arrival at Winterhill, we are continuing to put in place the support networks they may need, as well as organising important information to ensure your child can continue to build on the excellent progress they have made during their primary years. In order to do this, can I ask that you complete the following information form and return it to Winterhill at your earliest convenience by post, or preferably email using [transitions@winterhill.org.uk](mailto:transitions@winterhill.org.uk)

I look forward to meeting you all in the near future and working with yourselves throughout your child’s time at Winterhill. In the meantime, please take care and stay safe.

Yours sincerely

**Mr S Rhodes**

**Headteacher**

**WINTERHILL SCHOOL – PERSONAL DATA SHEET**

**GENERAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Details** | | | | |
| **Forename:** |  | **Middle name:** |  | |
| **LEGAL Surname:** |  | **Preferred Surname (if different to LEGAL):** |  | |
| **Date of Birth:** |  | **Gender:** |  | |
| **Home address:**  **(inc. postcode)** |  | | | |
|  | | | |
|  | | | |
|  | | | | |
| **Please name any brothers/sisters currently at Winterhill:** | | | |
|  | | | |
| **Parent/Carer Salutation e.g. Mr and Mrs Webster:** | | | |
|  | | | |
| **Please detail any access needs for either the student, parent, or any carer may require:**e.g. mobility, auditory, language | | | |

**TRAVEL TO SCHOOL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Travel Arrangements** | | | | | | | Please tick how your child will mainly travel to Winterhill (1 choice only) | | | | | | | | |
| Walk |  | Car |  | Bike |  | Taxi | |  | School Bus |  | Car Share |  | Public Bus Service |  |  |

Students who currently live on route between Winterhill and Thorpe Hesley/Chapeltown will be able to catch a Winterhill School Bus in the morning and the afternoon. From September, a levy will be attached to this that parents can sign up for. It will work out at around £40 per half term, which guarantees them a place. This is at a lower cost than the Mainline/First service. Further details will be provided at a later date.

**EMERGENCY CONTACTS:**

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency.  Place them in the order how you wish for them to be contacted in an emergency.

|  |  |  |
| --- | --- | --- |
| **Priority** | **Name / Relationship** | **Home Address** |
| **1st Emergency Contact**    YES / NO  Parental Responsibility – please delete as appropriate | Mr / Mrs / Miss / Ms    Forename: ……………………….    Surname: ………………………… | **Address:**  (leave blank if same as student) |
| **Post Code:** |
| **Home Tel:** |
| **Relationship to**  **child:**e.g. Mum | **Mobile Tel:** |
| **Work Tel:** |
| **Email:** |
| **Priority** | **Name / Relationship** | **Home Address** |
| **2nd Emergency Contact**      YES / NO  Parental Responsibility – please delete as appropriate | Mr / Mrs / Miss / Ms    Forename: ……………………….    Surname: ………………………… | **Address:** |
|  |
| **Post Code:** |
| **Relationship to**  **child:**e.g. Mum | **Home Tel:** |
| **Mobile Tel:** |
| **Work Tel:** |
| **Email:** |
| **Priority** | **Name / Relationship** | **Home Address** |
| **3rd Emergency Contact** | Forename:    Surname:    **Relationship to child:**e.g. Mum | **Home Tel:**    **Mobile Tel:** |

**MEDICAL DETAILS:**

|  |  |
| --- | --- |
| **Medical Practice Name** |  |
| **Medical Practice Number** |  |

Please give as much detail as you feel we need to know, so we are able to care for your son/daughter in the best way possible:

|  |  |
| --- | --- |
| **Allergies:** |  |
| **Medication inc. dose & frequency:** |  |
| **Known medical conditions e.g. diabetes, epilepsy etc.:** |  |
| **Any disabilities:** |  |
| **Visually Impaired:** |  |
| **Hearing Impaired:** |  |
| **Any other relevant information:** |  |

**Specific Food Allergy Information:**

Please only complete this form if your child has specific food allergies that have been verified by a Doctor, with the appropriate evidence being made available upon request. Further contact may be required with the Catering Manager, Mrs Senior, which will take place prior to your child starting at Winterhill.

If you inform us of a food allergy and we have not be able to verify the allergy need, then to ensure the safety of your child, you would be required to send them to school with a home packed lunch.

|  |  |
| --- | --- |
|  | Allergy – please delete where appropriate |
| Celery | Yes/No |
| Gluten | Yes/No |
| Crustaceans | Yes/No |
| Eggs | Yes/No |
| Fish | Yes/No |
| Lupin | Yes/No |
| Milk | Yes/No |
| Mollusc | Yes/No |
| Mustard | Yes/No |
| Nuts | Yes/No |
| Peanuts | Yes/No |
| Sesame Seeds | Yes/No |
| Soya | Yes/No |
| Sulphur Dioxide | Yes/No |
| Other | Yes/No. If Yes, please provide details below: |

|  |  |  |
| --- | --- | --- |
| Name of Child: |  | |
| Junior School: |  | |
| Name of Parent completing the form: |  | |
| Evidence can be provided from own Doctor: | Yes/No | |
| Understand that contact with Winterhill School may be required along with Doctors letter: | Yes/No | |
| Signed Parent/Carer: |  | Date: |

**BIOMETRICS**

We operate a Biometric account for your child to access their school meal account. This means your child will use their fingerprint when purchasing school meals.

In order for your child to participate in this system, we require you to complete the table below:

|  |  |
| --- | --- |
| I **do** wish my child to be included in the Impact Biometric registration process | |
| Student Name |  |
| Year |  |
| Name of Parent/Guardian |  |
| Signature of Parent/Guardian |  |
| Date |  |

**Frequently Asked Questions**

**Why do you need to take my child’s finger image?**

By taking an image of your child’s finger we can turn this information into a digital signature.

**Can finger images be used by any other agency?**

No, the software we use turns your child’s finger image in to a mathematical algorithm. The image of the finger is then discarded and the information stored cannot be used to recreate an image of the child’s finger.

**What happens when my child leaves the School?**

When a student leaves school all data can be deleted very easily.

**How does it work?**

When the child places his/her finger on the scanner, the software matches their finger image with the unique digital signature held in the database.

**ETHNICITY**

|  |  |  |
| --- | --- | --- |
|  | | **Please tick** |
| **WHITE** |  |  |
| British – Includes:  English, Scottish, Welsh, Other White British | WBRI |  |
| Irish | WIRI |  |
| Traveler of Irish Heritage | WIRT |  |
| Gypsy/Roma | WROM |  |
| White European | WEUR |  |
| Any other White Background | WOTW |  |
| **ASIAN OR ASIAN BRITISH** | | |
| Indian | AIND |  |
| Pakistani | APKN |  |
| Bangladeshi | ABAN |  |
| Any other Asian background – Includes: African, Asian, Kashmiri, Nepali, Sinhalese Ski Lankan Tamil | AOTH |  |
| **BLACK OR BLACK BRITISH** | | |
| Caribbean – Includes: Antigua & Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts & Nevis, St Lucia, St Vincent & Grenadines, Trinidad & Tobago | BCRB |  |
| African | BAFR |  |
| Any other Black Background – For example:  Black European, Black North American & Canadian | BOTH |  |
| **CHINESE** | | |
| Chinese – Includes:  Hong Kong, Malaysian, Singaporean, Taiwanese & Other Chinese | CHNE | |
| **MIXED/DUAL BACKGROUND** | | |
| White & Black Caribbean | MWBC |  |
| White & Black African | MWBA |  |
| White & Asian | MWAS |  |
| White & Chinese | MWCH |  |
| Any other Mixed Background – For example:  Asian & Black, Asian & Chinese, Black & Chinese | MOTM |  |
| **OTHER** | | |
| Yemeni | OYEM |  |
| Any other Ethnic Group | OOEG |  |
| **REFUSED** | REFU |  |

**FIRST LANGUAGE**

|  |  |
| --- | --- |
| **Child’s first language:** | **Religion:** |
| **Asylum Status:**  N/A  Asylum Seeker  Refugee |

**DECLARATION**

|  |  |
| --- | --- |
| **Date** |  |
| **Signature of parent/carer** |  |
| **Relationship to child** |  |

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