**Welcome**

**Transition Pack**

In order to facilitate a smooth transition to Cannock Chase High School for your child, we have prepared a Welcome Pack containing the following documents, a number of which require completion and must be returned.

Welcome letter

Summer School Letter

Reply Slips

Student Information Sheet

Student Medical Information Reply Document

Special Diets/Food Allergy Form

Data Processing/Photographic and Biometric Consent Letter and Form

Eligibility for Extra Funding Letter and Form

Please return all reply slips in one envelope to our Reception, clearly marked for the attention of Miss Galpin by **Monday 22 May 2023.**

If you are posting them, please send them to the school address, marked for Miss Galpin’s attention.

My Ref: IT/CAG Your Ref: Date: 3 May 2023

Dear Parent/Guardian

**Welcome**

We are delighted that you have chosen Cannock Chase High School for the next stage of your child’s educational journey. We know that the next few months can be a nervous time for students (and parents) and, therefore, want to make this process as stress-free as possible. With this in mind, we thought it would be helpful to give you an overview of what the next few months will look like.

**New Intake Days**

On Wednesday 28 and Thursday 29 June we would like to invite your child to join us to give them the opportunity to meet staff and students and to familiarise themselves with the school. They will participate in lessons and have the opportunity to get a taster of life at Cannock Chase High School. On these days, we would like all students to meet in the Lower School Hall at 8.40am. Students should wear the clothing they usually wear to attend their current Primary School. They should bring a pencil case, with a minimum of two black pens, one pencil, one ruler and one eraser. They will also need to bring a water bottle and a pair of trainers.

Lunch arrangements for the two days.

* Lunch will be provided on both days. We will be sending out the choices for you to make your selection closer to the date.
* All parents are required to complete the enclosed **Food Allergies/Intolerances Form** enclosed in this pack and ensure it is returned by the deadline of 22 May 2023.

Students will be fully supervised during the day. There will not be an opportunity for students to leave the school premises until they are dismissed at 3.00pm. If you wish to meet your child, they will be leaving from Lower School Hall. If your child is waiting for an older sibling they will need to wait in the hall until 3.20pm, when the main school is dismissed.

**New Intake Evening**

On Thursday 29 June 2022, we would like to invite you to attend our New Intake Evening. The evening will be held in **Upper School Hall, off Calving Hill**. The evening will provide you with all the information you need for September, as well as giving you the opportunity to raise any queries or items of concern. The evening is for parents and guardians only, we ask that you make alternative arrangements for your children on this evening. Please complete the confirmation slip informing us of your attendance on this evening.

PE kit and uniform can be bought on the evening. Alternatively PE kit and uniform can be ordered online at the following website addresses: Liss Sport (PE Kit only): <https://www.lisssport.co.uk/cchs>, A&J Designs PE Kit and uniform): <https://www.a4jdesigns.co.uk/> or Crested schoolwear: <https://www.crestedschoolwear.co.uk/>

Our catering company, Mellors, will also be present on the night for parents to see what they have to offer the students.

**Transition Evening Timetable**

6.15pm – Registration and Purchase of PE Kit and uniform

6.50pm – Upper School Hall

7.00pm – Address by Mr Turnbull, Headteacher

7.30pm – Meet the Tutor talks in classrooms

8.30pm – End of the evening

**Summer School**

Summer School runs from Tuesday 29 August until Friday 1 September starting at 9.45am and finishing at 3pm, please contact Mrs Fisher, Director of Year 7, for further information ([e.fisher@cannockchase-high.staffs.sch.uk](mailto:e.fisher@cannockchase-high.staffs.sch.uk)) stating your child’s name and current primary school. If you would like to reserve a place at our summer school, please complete the enclosed form.

**Data Processing/Photographic and Biometric Consent**

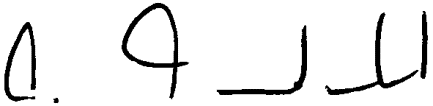
A letter and form are also enclosed regarding data processing, photographic and biometric consent (along with details of “Parent Pay”, the cashless catering system that we currently use in school).

**Eligibility for Extra Funding**

I have also included a letter and form in relation to eligibility for extra funding, please read and return as appropriate.

We look forward to meeting you on the 29 June and sharing with you our vision for the future at Cannock Chase High School. In the meantime, please feel free to contact Mrs Fisher with any concerns in the coming weeks and we will do our utmost to answer any difficulties or enquiries.

Yours sincerely



Mr I Turnbull

Headteacher

**Summer School**

We very much look forward to welcoming your child into school during their transition days on the **28 and 29 June**. The New Intake Evening on **Thursday 29 June** will provide you with the opportunity to ask questions and meet your child’s tutor.

At Cannock Chase High School we understand that the transition from primary to secondary school is a crucial time in your child’s development and we want to assist you in helping your child feel happy and confident when they join us in September. In order to assist with this process, we would like to invite your child to attend our **Summer School**, which will run free of charge during the final week of the summer holiday, from **Tuesday 29 August until Friday 1 September starting at 9.45am and finishing at 3pm** each day.

Summer School has been extremely successful in recent years and students who attend are often more confident and settled when they start in September, knowing that they have already made new friends and can find their way around the school. Our school Prefects, who work closely within Year 7, will also be on hand during Summer School to offer advice and answer any questions that our new students may have.

During Summer School they will take part in team building activities to encourage new friendships. They will also carry out a number of fun activities that our students have loved in the past, including crafts, science and sports. On reflection, our students speak highly of their time at Summer School.

*“Summer School helped me to find my way around and I met lots of new friends. Although I was nervous before, I was fine when I got there and everyone was very kind. I definitely recommend Summer School.” Year 11 student.*

We hope that all of our new Year 7 students will take up this fantastic opportunity. If you would like to enrol your child for Summer School, please complete the reply slip and return by **Monday 22 May** to Miss Galpin at the school address below.

If you have any further questions, please do not hesitate to contact us. We very much look forward to meeting both yourselves and your child in the upcoming months.

Yours sincerely



Mrs E Fisher

Director of Year 7

**Consent Slips**

***Please return to Miss Galpin at Cannock Chase High School by Monday 22 May 2023.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Confirmation of Attendance to the New Intake Evening**  This event is for parents/guardians only.  **I/We\*** confirm that we will be attending on Thursday 29 June 2023.   |  |  |  | | --- | --- | --- | | Child’s Name |  | | | Parent/Guardian’s name (*please print*) |  | | | Signature | | Number attending: | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Summer School 2023 (29 August to 1 September 2023)**   |  |  | | --- | --- | | Child’s Name |  |   Current Primary School:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | I would like my child to take part in Summer School. | Yes |  | No |  |   Signed (Parent/Guardian): ............................................................................. Date:  Emergency Contact Name & Number (please print):  Name: …………………………………………………………………….. Number: |

**Student Information Sheet**

Dear Parent/Guardian

To fulfil our duties and responsibilities with regard to safeguarding, we need to hold correct and complete information concerning your child (including details of any second parent). This form is an essential recordrelating to yourchild and the support given in school. Please carefully check the information given and write in any alterations as necessary. The sections in red\* must be completed.

It is your responsibility to inform us, at the earliest opportunity, of any changes to this information.

As a reminder to current parents, and information to new parents, our **Privacy Notice** can be found on the school website (<http://www.cannockchasehigh.com/GDPR>) which gives details on why we hold this information and how it is used.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | | |
| **Legal Surname:** |  | | | **Legal Forename(s):** | |  | |
| Preferred Surname: |  | | | Preferred Forename: | |  | |
| **Date of Birth:** |  | | | **Male/Female:** | |  | **TG:** |
| **Home Address:** | | | | | | | |
| **Home Telephone:** | | | **Mobile Telephone:** | | | | |
| **Parental E-mail Address:** | | | | | Internet access at home?\* **Yes / No** | | |
| **Brothers and/or Sisters in School\*:** | |  | | | | | |

|  |
| --- |
| **Previous School\*:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENT/GUARDIAN INFORMATION** | | | |
| Full name of first parent/guardian at home address: | |  | |
| Full name of second parent/guardian at home address: | |  | |
| If the ***second*** parent lives at a different address please give details\*: | Name: | | |
| Address: | | |
| Telephone Number(s): | | |
| If you require information (eg reports, Parents’ Evening letters) for the “second” parent via the Children’s Act please tick\*: | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMERGENCY CONTACT INFORMATION**  **It is a requirement to have a minimum of two contacts.**  (To be used in the event of a problem occurring in school) | | | |
|  | **1st Contact** | **2nd Contact** | **3rd Contact** |
| **Name:** |  |  |  |
| **Relationship#:** |  |  |  |
| **Priority:** |  |  |  |
| **Address:** |  |  |  |
| **Landline:** |  |  |  |
| **Mobile:** |  |  |  |
| **E-Mail:** |  |  |  |
| # relationship ie mother, father, grandparent, neighbour etc. | | | |

PTO

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | |
| **First Language** (if not English state which)\*: | | |  | | | | | **Office Use only:** EAL Y / N | | | | | | |
| **Is your child currently eligible for Pupil Premium?\*** *(please tick all that apply)* | | | | | | | | | | | | | | |
| Free School Meals: |  | EVER 6 (*ie was your child registered for FSM in Year 6?):* | | |  | Looked After Child: | | | |  | Armed Forces: | | |  |
| **Does your child have a Health Care Plan?\*** | | | | | | | | | | | | **YES/NO \*** | | |
| **Is your child receiving learning support?\*** | | | | SEN Support | | |  | | EHCP | | | |  | |
| Are there any external agencies currently working with your family, ie CAMHS, LST?\* | | | | | | | | | | | | | | |
| **Parent/Guardian:** Please give details of any additional needs **you** may have when visiting school (ie wheelchair access, large print, Braille etc): | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **IMPORTANT INFORMATION** | | | | | | | |
| The school must comply with the DfE regulations relating to ethnicity. | | | | | | | |
| ***If this is incorrect\****, please complete the following section.  **Please study the list below and tick ONE BOX ONLY** to indicate the ethnic background of the student named on this form. | | | | | | | |
| **White** | British |  |  | **Mixed** | White and Black Caribbean |  |  |
| Irish |  |  |  | White and Black African |  |  |
| Traveller of Irish Heritage |  |  |  | White and Asian |  |  |
| Gypsy/Roma |  |  |  | Any other mixed background |  |  |
| Any other White background |  |  | **Black or Black British** | Caribbean |  |  |
| **Asian or Asian British** | Indian |  |  | African |  |  |
| Pakistani |  |  | Any other Black background |  |  |
| Bangladeshi |  |  | **Other ethnic background** | Libyan |  |  |
| Any other Asian background |  |  | Any other ethnic background |  |  |
| Chinese |  |  |  |  |  |
|  | | | | | | | |
| **I do not wish an ethnic background category to be recorded.** | | | | | |  | |
| **Religion\*:** Christian; Hindu; Jewish; Muslim; Sikh; No Religion; Other: | | | | | | | |

|  |  |
| --- | --- |
| **NOT TO BE ASKED/COMPLETED IN THE PRESENCE OF THE CHILD**  **(If Yes to any of the questions below, and you do not wish your child to know,**  **we suggest you return this form in a sealed envelope.)** | |
| Has your child been looked after for 1 day or more? | **YES/NO \*** |
| Has your child been adopted from care?  (*Please indicate if you wish this information to be withheld from the child. Yes/No)* | **YES/NO \*** |
| Has your child left care under a special guardianship child arrangements order or residence order? | **YES/NO \*** |

***For Office Use Only:***

|  |
| --- |
|  |

**In order to safeguard your child during transition, please return this form by**

**Monday 22 May 2023 to Cannock Chase High School for the attention of Miss Galpin.**

**Student Medical Information Reply Document**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s name |  | DOB: |  | Tutor Group |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1**   |  |  | | --- | --- | | Please give the name and location of your GP Practice  (*ie Princess Road GP Surgery, Cannock*) |  | | Please give the Practice Phone Number |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2**   |  |  |  | | --- | --- | --- | | Does your child suffer from ASTHMA? **Please tick one box** | Yes | No |   If you answered YES, please make sure you answer **every** question in Section 2.  If you answered **NO,** please proceed directly to **Section 3**.   |  |  |  | | --- | --- | --- | | Please list all of the triggers for your child’s asthma in this box. | | | | Does your child use a preventative inhaler at home? **Please tick one box** | Yes | No | | Does your child carry a reliever inhaler with them? **Please tick one box** | Yes | No | | I consent for my child to receive Salbutamol from an emergency inhaler available in school if if my child’s inhaler is unavailable. **Please tick one box** | Yes | No | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3**   |  |  |  | | --- | --- | --- | | Does your child suffer from any ALLERGIES? **Please tick one box** | Yes | No |   If you answered YES, please make sure you answer **every** question in Section 3.  If you answered NO, please proceed directly to **Section 4**.   |  |  |  |  | | --- | --- | --- | --- | | Please list all of the triggers for your child’s allergy in this box. | | | | | Does your child currently carry an Epi-Pen **Please tick one box** | Yes | No | | I consent for my child to receive their own emergency medication. **Please tick one box** | Yes | No | | I consent for my child to receive the school’s emergency Epi-Pen, if my child’s Epi-Pen is unavailable. **Please tick one box** | Yes | No | |

**Please turn over**

**Please fill in every section on the back of this form, sign and date it.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 4**   |  |  |  |  | | --- | --- | --- | --- | | Does your child have any OTHER medical concerns? **Please tick one box** | Yes | | No | | Please give details: | | | | | Does your child currently have a Health Care Plan **Please tick one box** | | Yes | No | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5** (PLEASE READ **ALL** OF SECTION 5, **BEFORE** YOU TICK ONE BOX)   |  |  |  | | --- | --- | --- | | * All painkillers or prescribed medication MUST be stored in the medical locker, located in Reception and should NOT be carried by the student. * Students are NOT permitted to carry any medication themselves, unless it is for an emergency condition and has been pre-arranged by the parent with the First Aid Co-ordinator. * Parent/Carer will be invited into school by the First Aid Co-ordinator to discuss and fill out an Administration of Medication Consent Form for every item that needs to be stored in the medical locker. * A trained member of staff from the school’s First Aid Team, can only administer medication if the Parent/Carer has completed the Administration of Medication Consent Form. | | | | Does your child require any medication to be stored in the medical locker?  **Please tick one box** | Yes | No | | Please give details (for information only). | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 6**  Please could you provide two sets of details for our use in the case of an emergency.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Contact 1 | Name: |  | Relationship to child |  | | Email address |  | Phone Number |  | | Contact 2 | Name: |  | Relationship to child |  | | Email address |  | Phone Number |  | |

If you have any concerns, please contact Mrs K Broomfield, First Aid Co-ordinator

01543 502450 or [k.broomfield@cannockchase-high.staffs.sch.uk](mailto:k.broomfield@cannockchase-high.staffs.sch.uk)

Signed: (Parent/Guardian) .............................................................................. Date....................................

**Special Diets & Food Allergies Form**

**Student Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s name |  | DOB: |  | Tutor Group |  |

**Food Allergies/Intolerances**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your child have any food allergies or intolerances?  *Please tick the appropriate box.* | Yes |  | No |  |

|  |
| --- |
| If yes, please provide detail of the nature of the allergy/intolerance: |

We use a colour coding system to identify student requirements. Please tick which applies:

|  |  |
| --- | --- |
|  | **RED** – student has had a severe reaction/anaphylactic shock to known food.  *For these students, a meeting may be necessary between the school and Parents to discuss the student’s requirements and agreed actions.* |
|  | **AMBER** – student has an allergy or intolerance. |
|  | **BLUE** – student excludes foods due to lifestyle choice. |

|  |
| --- |
| Lifestyle: Please provide details for dietary requirements based on lifestyle choices: |

**Parent/Guardian Acceptance**

|  |  |  |
| --- | --- | --- |
| Whilst we can provide meals which do not include allergens, we cannot guarantee that dishes may not contain traces of allergens, as these may be stored, prepared & cooked in the same kitchen as well as present in some ingredients from our suppliers due to production techniques.  I confirm that the information supplied is correct and will notify of any changes to the school and caterer immediately. I also understand that this information will be shared with others and displayed in the kitchen (photo & allergy) | | |
| Name (*please print*) | Signed | Date |

**For any more information or to arrange a meeting to discuss any details on this form please contact Mrs K Broomfield, First Aid Co-ordinator** [**k.broomfield@cannockchase-high.staffs.sch.uk**](mailto:k.broomfield@cannockchase-high.staffs.sch.uk)

My Ref: IT/CAG Your Ref: Date: 3 May 2023

Dear Parents/Guardian

**Data Protection/Photographic and Biometric Consent**

You will be aware that the law regarding the collecting and processing or personal data changed in 2018. These changes apply to us as a school as well as other organisations you may have already heard from.

Our legal basis for processing information about you and your child is to “*exercise the official authority vested in us*” for the statutory purposes of education. This also includes being able to contact you by e-mail, letter, phone or text in relation to their education and wellbeing.

Whilst the majority of student information you provide to us is mandatory, some of it is provided to us on a voluntary basis, and for this we require your consent. We ask for this at the beginning of Year 7, so it is important that the following consent form is returned to us.

The new Privacy Notice is available by following the data protection link (on the About Us page) on the school website. If anyone would like a hard copy please contact Reception and we will ensure a copy is posted home.

**Biometrics**

We are pleased to inform you that Cannock Chase High School uses a cashless catering system. The system, provided by ***‘trust e’ Nationwide Retail Systems***, allows us to continue with the development of the school meal service, and provides a more efficient, faster and ultimately better quality of service. Some of you will already be familiar with this type of system which is widely in use at a number of other local schools.

This system incorporates the latest technology and eliminates the need for students to carry cash throughout the day, thus reducing the risk of loss. It is also biometric so there is no need for students to carry a card as the system will recognise the thumb of your child at the tills.

All students will be shown how to use the system.

Any amount of money can be paid into a student’s account, and any money spent on food and drink will be deducted on a daily basis.

We have two payment options available to you:

1. **Online payments through ‘Parent Pay’;**
2. **Payments through ‘PayPoint’ in local shops.**

A daily ‘spend limit’ of **£5** will be programmed into the system. This can be changed for an individual student by making a written request to the school Finance Office.

To comply with current legislation we will be operating an ‘Opt In’ policy and, therefore, require you to complete the attached form. If you choose not to have your child registered on the Biometric System, a 4‐digit PIN Code will be allocated. Please note that PIN Codes do not have the same level of security and it will be your child’s responsibility to remember the code and keep it secure at all times.

We require the consent of at least one parent in order that the biometric information of your child can be processed. Please be assured that this information remains within the school and that the biometric information taken is an algorithm (a sequence of numbers derived from the original finger image) and not an actual finger print.

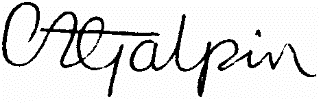
If you have any questions about this system, there is a ‘Cashless Catering FAQ’ sheet available on the school’s website or in paper copy from the school Reception (students may collect a copy to take home if they wish).

You will shortly receive a letter with guidance about how to register for ParentPay, which will enable you to pay online or through PayPoint in local shops. Not only will this allow you to check your child’s balance at any time and top up the account, it will also enable you to pay directly for school trips, music tuition etc. Each letter will have your individual username and password on it and instructions on how to register on their website.

We recommend that you read the Data Processing/Photographic and Biomentric Consent Form through with your child so they are aware of the changes and the consent being given and/or withheld. Please then return the form, signed and dated.

If at any time you wish to amend this consent please do not hesitate to contact me in writing or by e-mail [DPO@cannockchase-high.staffs.sch.uk](mailto:DPO@cannockchase-high.staffs.sch.uk). In any case, at the beginning of each academic year we will send out a text reminder that you have the right to changes your choices.

Yours sincerely



Miss C Galpin

Data Protection Officer

PA to Headteacher



**Data Processing/Photograph Consent/Biometrics Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s name |  | Tutor Group |  |

Cannock Chase High School stores and uses personal information in order to educate and care for students. We require consent to process the following personal information. This consent is applicable throughout your child’s time at CCHS and for three years after they leave.

You have the right to change your preferences at any time by contacting the DPO in writing or by e-mail ([DPO@cannockchase-high.staffs.sch.uk](mailto:DPO@cannockchase-high.staffs.sch.uk)).

**Photographs**

|  |  |
| --- | --- |
| The school will take, or arrange to be taken, photographs for use in school to enable staff to identify students e.g. on class registers, seating plans etc. This is part of our role in educating and caring for students. The school currently uses Braiswick Photographers.  The school will also take, or arrange to be taken, photographs/videos of your child for their exam submissions. | *Consent not required* |

|  |  |  |
| --- | --- | --- |
| The school takes, or arranges to take, photographs/video images that will be used for: | Consent to processing required (*please tick to indicate your preference*) | |
| *Yes* | *No* |
| Internal and external documentation, e.g. the school prospectus, newsletters and noticeboards |  |  |
| The school website |  |  |
| Social media (Facebook and/or Twitter) |  |  |
| Teacher training recordings |  |  |

**Biometrics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Our school catering system uses biometric finger scans to identify students paying for their lunch in the school canteen. Finger scans are carried out and recorded by the school catering company who provide the cashless catering system on our behalf. | |  |  | | --- | --- | | *Yes* | *No* | |  |  | |

Parent/Carer signature:

Please print:

Date:

***Please return by 22 May 2023.***

|  |  |
| --- | --- |
|  | Office use only: |

My Ref: IT/CAG/JM(-v) Your Ref: Date: 3 May 2023

Dear Parents/Guardians

**Eligibility for Extra Funding**

Schools may be eligible for additional funding based on parental circumstances and these criteria may change from time to time. In order to ensure that the school is able to access all of the funding to which we are entitled (either for individual students or for the school generally) I would be grateful if you could complete the attached form and return to [j.moore@cannockchase-high.staffs.sch.uk](mailto:j.moore@cannockchase-high.staffs.sch.uk) .

The information that you provide will be used to assess your child’s eligibility for available funding. This may include entitlement to Free School Meals, which if you are eligible can bring you a direct benefit of £400 each year, towards the cost of school meals available from the canteens on site. Eligibility criteria for these funding streams are listed below.

**\*\* Please note that any information that you provide is confidential and does not affect any other benefits that you are claiming \*\***

Even if you do not want your child to have school meals, please still complete and return the form so that the school can claim any other funding that we may be entitled to support your child’s education (e.g. Pupil Premium).

If you do not believe that you would currently qualify for this funding, it is still important that you complete and return the form so that the school can claim any other funding that we may be entitled to. Individual circumstances may change and once registered, the school will automatically be able to access all available funding to support education at Cannock Chase High School.

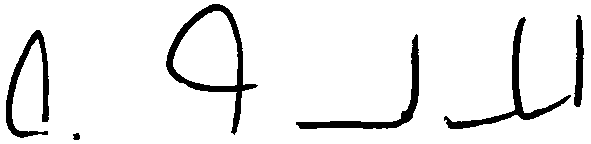
Any information that you provide will be treated as confidential and stored securely whilst required by the school. All documents will then be disposed of as confidential waste.

Please help us to claim all of the funding that the government has made available to support your child’s education.

To qualify for free school meals you must be in receipt of any of the following:

* Universal Credit (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods);
* Income Support;
* Income-based Jobseeker’s Allowance;
* Income-related Employment and Support Allowance;
* Support under Part VI of the Immigration and Asylum Act 1999;
* The guarantee element of Pension Credit;
* Child Tax Credit (provided you’re not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190);
* Working Tax Credit run-on – paid for four weeks after you stop qualifying for Working Tax Credit.

Yours sincerely

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Mr I Turnbull

Enc

**Additional School Funding and Free School Meal Eligibility Check**

Schools may be eligible for additional funding based on parental circumstances and these may change from time to time. Any information provided will be treated in the strictest confidence, will be stored securely and subsequently disposed of as confidential waste.

To be completed by Parent/Carer:

**Parent's Details** *(Please print)*

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Forename | Surname | Date of Birth |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| National Insurance Number | **OR** | National Asylum Support Service Number |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Relationship to Child | Email | Phone |
|  |  |  |

|  |
| --- |
| Address |
|  |

**Child(ren)'s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Forename | Legal Surname | Gender | Date of Birth |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Parent Statement**

By signing this form, I agree that you will use the information I have provided to verify my initial and ongoing entitlement to any additional school funding or free school meals and that CCHS may contact other sources as allowed by law to confirm this.

I agree that the information may be used to ensure accuracy of records across the school.

I confirm that I have parental responsibility for the child(ren).

|  |  |
| --- | --- |
| Signature of Parent/Carer: | Date: |

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