



Pupil's Personal Details for Data Collection

Child's Surname Forename

Middle Name.....Gender....Male/Female....Date of Birth

PLEASE RETURN THIS FORM TO SCHOOL AS SOON AS POSSIBLE

Please give details of all persons who have legal parental responsibility for this child (e.g. mother *and* father) and anyone else who can be contacted in the case of an emergency.

If two contacts live at the same address, you don't need to write in the address again, but can simply write 'as name above' in the address/telephone space.

The FIRST person to be contacted in the case of an emergency

Surname Forename

Title: Mr/Mrs/Miss/Ms Other Gender: Male/Female (*delete as appropriate*)

Address.....

Postcode Home Telephone

E-Mail Mobile Number.....

Please tick if this is the child's address: Relationship to child

Does this person have legal parental responsibility? YES/NO (*Please delete as appropriate*)

Daytime telephone Daytime place

Notes (e.g. if mornings only)

The SECOND person to be contacted in the case of an emergency

Surname Forename

Title: Mr/Mrs/Miss/Ms Other Gender: Male/Female (*delete as appropriate*)

Address.....

Postcode Home Telephone

E-Mail..... Mobile Number.....

Please tick if this is the child's address: Relationship to child

Does this person have legal parental responsibility? YES/NO (*Please delete as appropriate*)

Daytime telephone Daytime place

Notes (e.g. if mornings only)

The THIRD person to be contacted in the case of an emergency

Surname Forename

Title: Mr/Mrs/Miss/Ms Other Gender: Male/Female (delete as appropriate)

Address.....

.....

Postcode Home Telephone

E-Mail..... Mobile Number.....

Please tick if this is the child's address: Relationship to child

Does this person have legal parental responsibility? YES/NO (Please delete as appropriate)

Daytime telephone Daytime place

Notes (e.g. if mornings only)

The FOURTH person to be contacted in the case of an emergency

Surname Forename

Title: Mr/Mrs/Miss/Ms Other Gender: Male/Female (delete as appropriate)

Address.....

.....

Postcode Home Telephone

E-Mail Mobile Number.....

Please tick if this is the child's address: Relationship to child

Does this person have legal parental responsibility? YES/NO (Please delete as appropriate)

Daytime telephone Daytime place

Notes (e.g. if mornings only)

SIBLINGS

Will your child have any siblings (i.e. brothers or sisters) already in school when they start? YES / NO.

If Yes please provide details of sibling (s):

Name(s):.....

MEDICAL INFORMATION

Medical Surgery / PracticeTelephone:

Medical history of which the school should be aware:

.....

ETHNIC BACKGROUND (please ✓)

White

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

Asian or Asian British

- Indian
- Pakistani Other
- Kashmiri Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Chinese

Any other Ethnic background

I do not wish an Ethnic background category to be recorded

FIRST LANGUAGE (please ✓)

A pupil's first language is defined as any language other than English that a child was exposed to during early development and continues to be exposed to in the home or community. If a child was exposed to more than one language (which may include English) during early development, a language other than English should be recorded, irrespective of the child's proficiency in English. If your child was not exposed to any other language apart from English during early development and this continues in the home or community, then please tick English.

Please tick only one language.

English	<input type="checkbox"/>	Czech	<input type="checkbox"/>	Dari Persian	<input type="checkbox"/>	Albanian	<input type="checkbox"/>
Bengali/Bangla	<input type="checkbox"/>	Dari	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Arabic	<input type="checkbox"/>
Gujarati	<input type="checkbox"/>	French	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Chinese (Hakka)	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	German	<input type="checkbox"/>	Romanian	<input type="checkbox"/>	Chinese (Cantonese)	<input type="checkbox"/>
Pahari	<input type="checkbox"/>	Kikuyu/Gikuyu	<input type="checkbox"/>	Shona	<input type="checkbox"/>	Malayan	<input type="checkbox"/>
Panjabi	<input type="checkbox"/>	Kinyarwanda	<input type="checkbox"/>	Somali	<input type="checkbox"/>	Mongolian	<input type="checkbox"/>
Panjabi (Mirpuri)	<input type="checkbox"/>	Krio	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Ndebele	<input type="checkbox"/>
Panjabi (Pothwari)	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>	Swahili/Kiswahili	<input type="checkbox"/>	Persian/Farsi	<input type="checkbox"/>
Pashto/Pakto	<input type="checkbox"/>	Lingala	<input type="checkbox"/>	Tatalog	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	Luganda	<input type="checkbox"/>	Tigre/Tigrean	<input type="checkbox"/>	Ukranian	<input type="checkbox"/>
Albanian	<input type="checkbox"/>	Malayam	<input type="checkbox"/>	Turkish	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>

First language not listed above – please specify :

RELIGION (please ✓)

Roman Catholic		Christian		No Religion	
Buddhist		Jewish		Other (please state)	
Hindu		Muslim			

ADDITIONAL INFORMATION

Lunch arrangements:

Free school dinner

Paid school dinner

Sandwiches

If **Free School Meals**, please supply a letter confirming eligibility.

Special dietary needs:

Mode of travel to school:

Car

Public Transport

Walks

Taxi

Other

Previous school, playgroup or nursery

Name

Address

From..... **To**..... **Tel No**.....

PICK-UP PASSWORD

We understand that there may be times when you are unable to collect your child from school due to unforeseen circumstances, and that you may arrange for a friend or family member to collect them who is not on our contact list or who hasn't collected them before. To save you the time of having to ring the school office to confirm who will be collecting your child, we have a 'pick-up password' system. This password will be stored safely in our electronic pupil system and communicated to staff who will release your children at the end of the school day. You can then communicate this to a friend or family member who is collecting your child from school.

Pick-up password

IMAGES OF CHILDREN

There are a number of occasions throughout the year when children may be photographed or videoed for inclusion in school displays, the school website, newspapers etc. Also, we arrange trips out and about in the local area in connection with the curriculum and need your permission for your child to take part. Please indicate below if you give permission for images of your child to be taken.

Please note: Blank returns will be recorded as NO.

I give permission for the following images to be taken of my child:* please delete as appropriate and do not amend any other information.

Photographs, with names, for use in school YES / NO *
e.g. wall displays

Photographs for use outside school YES / NO *
e.g. newspapers & associated websites, school website, school newsletters, events with parents & families who may take photographs, publications from other organisations etc

Videos for use in school YES / NO *
e.g. in class; assemblies with children; parent’s evening, open days.

Videos for use outside school YES / NO *
e.g. school website; events with parents & families present and who may use video equipment; videos for sale to parents & families

Video conferencing within school and outside school YES / NO *
e.g. take part in videoconferencing within school setting and also to other schools and establishments. Footage may be used for training purposes

Consent for internet access YES / NO *
School will take all reasonable precautions but I understand that school cannot be held responsible for the nature or content of materials accessed through the internet

I give permission for my child to take part in **trips out and about in the local area** in connection with the curriculum YES / NO *

Facebook Consent YES / NO*
I give permission for my child to feature on our school’s Facebook page, celebrating their achievements

SHARING PUPIL INFORMATION

We are occasionally requested to share pupil details with the PTA, Health Service, Music Centre etc. and we need your consent to do so.

I consent to share my child’s details with the PTA, Health Service, Music Centre etc.

* (please delete as appropriate). YES / NO *

AUTHORISATION BY PARENT / CARER WITH PARENTAL RESPONSIBILITY FOR THE CHILD NAMED ON THIS FORM

I confirm I have parental responsibility for the child named on this form and that the information is correct to the best of my knowledge.

SIGNATURE OF PARENT/CARER.....

NAME OF PARENT/CARER

ADDRESS.....

.....

TEL.....**Date**