

New Pupil Information Form

Private & Confidential

OFFICE USE ONLY			
ADMISSION DATE:		UPN NUMBER:	
REGISTRATION CLASS:		YEAR GROUP:	
CHECK BOX FOR ID SEEN:	BIRTH CERTIFICATE <input type="checkbox"/>	UTILITY BILL <input type="checkbox"/>	OTHER <input type="checkbox"/>

CHILD'S FULL NAME:	DATE OF BIRTH:
PREFERRED NAME:	BOY [] GIRL []
FULL ADDRESS:	ASYLUM SEEKER YES [] NO []
POST CODE:	REFUGEE YES [] NO []
	Home Tel:

FAMILY 1 2 3 4 5 6 7 8 9 (cross the no. of children and circle the child's position in the family)

Names of sibling(s)

Siblings in school: YES [] NO []): School(s) or Nursery attended:

Names of Parents/Carers with whom the child lives:
(Legal Guardians)

Mobile1:	Mobile 2:
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Email Address 1:

Email Address 2:

NAME OF PREVIOUS SCHOOL / NURSERY and/or CHILDMINDER:

Where can we contact you during the day?

1 st Main Carer:	2 nd Main Carer:
NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:

Arrangements Before and After School:

Child brought to School by:

People with permission to collect your child at 3.15pm.	Tel No:
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If your child makes his/her own way to and from School, please tick:

*We cannot allow children in the Infant Classes to be collected by someone under the **age of 16**.*

Names and Addresses of two other adults who have agreed to take responsibility for your child in an emergency:

NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:

TRANSPORT

Mode of transport to school: Walk [] Bus [] Car [] Cycle [] Other []

SCHOOL MEALS & DIETARY NEEDS

School dinners []	Packed lunches []	Home dinners []
Please tick below your child Dietary Needs		
No Dietary Needs/Meat and Poultry Eater []	Vegetarian []	
Gluten Free []	No Dairy Produce []	
No Nuts of Any Type or Quantity []	No Pork []	
Artificial Colouring Allergy []	Sea Food Allergy []	
Egg Allergy []	Any Other Dietary Needs []	

FREE SCHOOL MEALS

Did you know that if you are eligible for free school meals, this will entitle your child to discounted places in certain clubs and activities.

Are you eligible for free school meals? YES/NO *NB: Nursery Children ineligible for free school meals.*

In order for us to check your eligibility for free school meals we will need the following information:

Parents Name (Capital Letters)

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Date of Birth

National Insurance Number:

Fruit for schools

All children in Nursery/Reception/Year 1/Year 2 are provided with fresh fruit free on a daily basis. Please sign to give permission for your child to have fresh fruit.

Sign..... Date: _____

Please be sure to inform us immediately of any changes to this information. This is vital in the interest of the safety of your child.

ESSENTIAL MEDICAL INFORMATION

Does your child suffer from any of the following?			
Eczema	YES/NO	Asthma (If yes please also complete an Asthma card and provide us with a pump)	YES/NO
Migraine	YES/NO	Epilepsy	YES/NO
Diabetes	YES/NO	Sight Problems	YES/NO
Allergies	YES/NO	Hay Fever	YES/NO
Any other problem/disability?			
If the answer was YES to any of the above: What is the normal treatment?			
Any other information relevant to the problem:			
Does your child wear glasses in school?			YES/NO

We may ask you to attend a meeting at the school if any needs above are highlighted so that we can make sure that we are able to meet the needs of your child. Please also see the Schools Welfare & Administering Medications in school Policy

DOCTOR

Please give the name and address of your child's doctor:	
NAME:	TELEPHONE:
ADDRESS:	
Has the doctor put any restrictions on physical activities (e.g. swimming, PE)?	YES/NO
If YES, give details:	
Is your child allergic to plasters?	YES/NO
Are there any restrictions on any particular food?	YES/NO
If YES, give details:	
Has your child been vaccinated against Tetanus?	YES/NO
If YES, give date of vaccination:	
NHS Number.....	

EMERGENCY PERMISSION

I understand the School's Policies on Safeguarding & Child Protection. I undertake to ensure I will give the School up to date information on any medical conditions my child may have. In the event of an accident requiring hospital treatment, I consent to my child being taken to the nearest hospital nb the hospital will require your presence or consent before treatment. In the event of an accident or emergency, I give permission for my child to be given emergency first aid in school in my absence.

Signed (Person with parental responsibility)

PERMISSION FOR LOCAL VISITS

I give permission for my child _____ to be taken out of school on local visits, which do not involve public or private transport.	
SIGNED: (Parent / Carer)	DATE:
Please print name of Parent / Carer:	

Please be sure to inform us immediately of any changes to this information. This is vital in the interest of the safety of your child.

PERMISSION TO BE PHOTOGRAPHED

I give permission for my child's image to be included in photographs within the classroom environment.YES/NO.

I give my permission for my child's image to be included in photographs and videos within school and on the school website.YES/NO.

I give permission for my child's photograph to be taken annually by the school photographer as an individual or with a sibling or with their class.YES/NO.

I give my permission for my child's image to be used in photographs and videos for use promoting the school in the local media and by the Local Authority. YES/NO.

SIGNED:

DATE:

(Parent / Carer)

Please print name of Parent / Carer:

RELIGION

Christian	[]	Hindu	[]
Muslim	[]	Jewish	[]
Rastafarian	[]	Buddhist	[]
Sikh	[]	Other religion	[]
No religion	[]		

RESPONSIBILITY FOR YOUR CHILD

I understand that the school is not responsible for my child before 8.45am or after 3.15pm (unless they attend Breakfast and/or After School Club).

SIGNED:

DATE:

(Parent / Carer)

INFORMATION RELATED TO YOUR CHILD'S LEARNING

A child progresses most quickly when home and school are working together. It is important, therefore, that the school knows relevant information about each child, which can assist the teacher to build on strengths and improve weaknesses. Similarly, parents are encouraged to enquire at any time, if they wish to know about the school's aims and methods. It is important that you get to know your child's teacher, early in the school year. The following information will be of great value to us:

Language normally spoken at home to the child:

Even if the child speaks English what is the main language/s the child is spoken to at home, please list below:

1. _____

2. _____

3. _____

4. _____

If English is not the language spoken in your home, please comment on your child's level of speaking English:

Does your child understand any language other than English?

Does your child have any particular Needs, which may affect Learning?

Any other comments you wish to make on your child's strengths and weaknesses, likes or dislikes:

ETHNICITY QUESTIONNAIRE

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	DATE OF BIRTH:
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This form seeks information about your child's ethnic background. Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture and ancestry or family history. Ethnic background is not necessarily the same as nationality or country of birth.

If you have not returned your completed questionnaire with four weeks, the school may use its best judgement to assess the ethnic background of your child. The school will let you know if it does this and you can ask to have the decision altered or removed, if you wish.

Would you please answer the questions below? If your ethnic background is not listed you may wish to write in alongside 'Any other ethnic group' at the bottom of the list.

1. Are you: The Parent / Carer of the child named above?
 The Child named above?

2. Please tick **one box only** to indicate the ethnic background of the child named above.

White

- Albanian (WALB)
 English (WENG)
 Greek / Greek Cypriot (WGRE)
 Gypsy / Roma (WROM)
 Irish (WIR)
 Scottish (WSCO)
 Traveller or Irish Heritage (WIRT)
 Turkish (WTUK)
 Turkish Cypriot (WTUC)
 Welsh (WWEL)
 White Eastern European (WEEU)
 White Western European (WWEU)
 White Other (please state) _____ (WOTW)

Mixed

- White and Black Caribbean (MWBC)
 White and Black African (MWBA)
 White and Asian (MWAS)
 Any Other Mixed _____

Asian or Asian British

- Indian (AIND)
 Pakistani (APKN)
 Bangladeshi (ABAN)
 Any Other Asian (please state) _____ (AOTH)

Please be sure to inform us immediately of any changes to this information. This is vital in the interest of the safety of your child.

Black or Black British

- Caribbean (BCRB)
- Angolan (BANN)
- Congolese (BCON)
- Ghanaian (BGHA)
- Nigerian (BNGN)
- Sierra Leonian (BSLN)
- Somali (BSOM)
- Sudanese (BSUD)
- Other Black African (BAOF)
- Any Other Black (please state) _____ (BOTH)

Chinese

- Chinese (CHNE)

Any Other Ethnic Group

- Afghan (OAFG)
- Kurdish (OKRD)
- Latin/South/Central American (OLAM)
- Vietnamese (OVIE)
- Any Other Group (please state) _____ (OOEG)

3. If the child named above speaks any languages other than English at home, please write the language below:

If you do not wish the school to record an ethnic background for your child, please tick this box:
(REFU)

**Thank you for taking the time to complete this form.
Please return this form to the school.**

Please note: Any information you provide will be used solely to compile statistics on the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time, the information will be passed on to the Local Education Authority and the Department for Education and Skills (DfES) to contribute to local and national statistics. The information will also be passed on to the pupil's future school, to save it having to be asked for again.

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