ST NICOLAS CHURCH OF ENGLAND PRIMARY SCHOOL

PUPIL INFORMATION FORM

We require the following information from you to support your child at school. All data held for your child is bound by the General Data Protection Regulations 2018.

**Personal Details of Pupils** (Mandatory data field)

Please give the details of your child in the table below in BLOCK CAPITALS

|  |  |
| --- | --- |
| Child’s Surname:  (legal) | Child’s First Name:  (legal) |
| Other Names:  (middle) | First name child prefer to be called by: |
| Date of Birth: | Gender: |
| Child’s Home Address:  (incl postcode) | Main contact number:  (home or mobile) |

**Contact Information – Parents / Guardians** (Mandatory data field)

Please give below the name(s) and addresses of any ‘parent’, where parent includes guardian and any person who has custody (i.e. actual possession) of the child (including natural parent / step parent / common law spouse) who could be contacted to collect your child in case of illnesses or emergency. Priority 1 contacts will be the main contact for email communication through Tucasi Scopay so if both parents wish to receive emails, please list as priority 1 for both.

|  |  |  |
| --- | --- | --- |
| Parents Contact Priority | 1 | 2 |
| Title:  (Dr, Mr, Mrs, Miss, Ms, Revd, other) |  |  |
| Name: |  |  |
| Relationship to the child:  (Mother, father, step-parent, foster parent, legal guardian) |  |  |
| Has Parental Responsibility  (See enclosed sheet for details) | Yes / No | Yes / No |
| Address  (Including postcode) |  |  |
| Telephone Number(s) | Home:  Work:  Mobile: | Home:  Work:  Mobile: |
| Main Email: |  |  |

Please provide the names of any additional people who have been given the legal right to have contact with this child by a court (if applicable) e.g separated parents:

We will endeavour to make contact with parents in the event of an emergency, however, please provide us with other contacts who we may call to collect your child, on your behalf, in the case of ill health. This could be a grandparent/ relative / friend/ childminders etc. By providing this information, you are giving us permission to hold this data and to make contact on your behalf.

|  |  |  |
| --- | --- | --- |
|  | Other Emergency Contacts Priority | |
|  | 3 | 4 |
| Title:  (Dr, Mr, Mrs, Miss, Ms, Revd, other) |  |  |
| Name |  |  |
| Relationship to the child:  (grandparent, childminder, other relation, friend, other) |  |  |
| Address  (Including postcode) |  |  |
| Telephone Number(s) | Home:  Work:  Mobile: | Home:  Work:  Mobile: |
| Email |  |  |

If you wish us to have more than 4 contacts, please write any additional contacts on a separate sheet including all the details above. Thank you.

**Health Details** (Mandatory data field)

Please complete the health details for your child to the best of your knowledge so we can support your child as fully as possible.

|  |  |  |
| --- | --- | --- |
| Doctor’s Name | Surgery Name & Address | Surgery Contact Number |
|  |  |  |

**Medical Details**:

|  |
| --- |
| Emergency Treatment Consent  Do you give permission for your child to receive any and all medical treatment, including anaesthetic and / or blood transfusion, as may be considered necessary by the medical authorities in attendance, should the need arise? Yes / No |

Does your child suffer from any of the following conditions?

(Please circle or highlight as appropriate)

|  |  |  |
| --- | --- | --- |
| Asthma | Epilepsy | Diabetes |
| Bowel or Bladder problems | Serious Allergies (e.g. nuts) | Vision problems |
| Hearing problems | Speech problems | Mobility problems |
| Behavioural problems | Emotional problems | Other |

If you have circled any of the above, please give further details below:

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Are there any birth / pre-birth issues you wish to make us aware of, e.g. premature etc? Yes / No

If yes, please provide details:…………………………………………………………………………………………………………..

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**Medication**

*Asthma* – if your child suffers from asthma or requires an inhaler, please complete the separate the ‘My asthma plan’ form to register your child to have it is school. You must provide an inhaler to be kept in school at all times. It is parents’ responsibility to ensure the inhaler is in date and to replace it when it is empty.

*Other Medical Needs* - Whilst we cannot administer medications at school for minor illnesses (e.g. antibiotics for ear infections, paracetamol for temperature etc) we can provide support to children with on-going medical needs once an Individual Health Care Plan has been set up. Please could you provide us with information below so we can determine if we need to send you the relevant paperwork to hold medication at school:

Does your child need regular medication on prescription for an on-going condition? Yes / No

What condition does your child have / suffer from?

……………………………………………………………………………………………………………………………………………………….

When does your child require this prescription medication (daily, before, during or after school day)?

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Please let us know of anything else you think is relevant related to your child’s health:

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Dietary Needs

Does your child have any dietary requirements / food intolerance / allergies?

(please circle or highlight as appropriate)

If yes, you will need to complete a separate dietary form for the School Lunch Company so we can provide the correct meal to your child.

|  |  |  |
| --- | --- | --- |
| Vegetarian | Halal | Kosher |
| Gluten Free | No nuts | No Pork |
| No Dairy | No Citrus | No Fish |
| Artificial colouring allergy |  |  |
| Other (please specify) | | |

**Ethnic Monitoring** (Mandatory data field)

Please tick the ethnic group to which your child belongs. Please note that this question is not about citizenship or nationality. It is essential that we have this information so that we can monitor the effectiveness of the school’s and the LEA’s equal opportunities policies and practices in maximising your child’s progress and achievement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnicity**  Please circle / highlight one box only: | | | | | |
| **White** | British | Irish | Traveller of Irish heritage | Any Other White |  |
| **Black or Black British** | Caribbean | African | Any other Black background |  |  |
| **Mixed** | White & Black Caribbean | White & Black African | White & Asian | Any other mixed background |  |
| **Asian or Asian British** | Indian | Pakistani | Bangladeshi | Any other Asian background |  |
| **Other** | Chinese | Gypsy | Gypsy / Roma | Any other Gypsy | Any other ethnic background |
| Do not wish any ethnicity to be recorded | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Nationality:**  (Please circle as appropriate) | | | | | |
| British | English | Irish | | Scottish | Welsh |
| Other (please specify) | | | Do not wish to supply information | | |
| **Child’s Country of Birth**  (Please specify in which country your child was born e.g United Kingdom, France etc)  Country : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Language** (Mandatory data field)

**First language** spoken by your child at home. This is the language that your child was exposed to from an early age and continues to be exposed to in the home. If it is not English, a child will be recorded as having ‘English as an additional language’ and we will then assess their English language proficiency to better support them in school.

**If your child speaks more than one language, circle the primary language and list the secondary language in the ‘Other’ box**

|  |  |  |  |
| --- | --- | --- | --- |
| Bengali (Chittagong / Silheti) | Caribbean (Creole) | Chinese (Cantonese / Mandarin) | English |
| French | German | Hindi | Hungarian |
| Italian | Panjabi | Persian / Farsi | Polish |
| Portuguese | Romanian | Russian | Shona |
| Spanish | Swedish | Thai | Urdu |
| Other (please specify: | | | |

|  |  |  |
| --- | --- | --- |
| **Religion**  (Please circle as appropriate) | | |
| Buddhist | Christian | Hindu |
| Jewish | Muslim | Sikh |
| Other (please specify) | No religion | Do not wish to be recorded |

**General information – (voluntary data field)**

|  |  |
| --- | --- |
| Number of children in your family |  |
| Names of any siblings at this school: | Class number(s): |
| Names of siblings not currently at this school: | Current setting  (home / pre-school/ secondary school) |
| Name of previous School setting | Address and contact details: |

|  |  |  |
| --- | --- | --- |
| Has your child ever been registered as a ‘Looked After Child? | Yes | No |
| Are they adopted? | Yes | No |
| Are you an Asylum Seeker | Yes | No |
| Are you a Refugee | Yes | No |
| Is your family in the Armed forces? | Yes | No |
| If yes, please specify the regiment: | | |

Please circle your child’s main method of travel to and from school (please only circle one):

|  |  |  |
| --- | --- | --- |
| Car /Van | Bike / Scooter | Walk |
| Taxi | Car share | Public transport |
| Other (please specify) | | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

(Parent / Guardian)

**Pupil Overview to be passed to the class teacher (voluntary data field)**

What other information would you like to tell us about your child as they begin St Nicolas C.E. Primary School? (i.e. social skills, any concerns / issues)