

Please complete the information below. These details will only be used in relation to the Children Act 1989 and 2002.

Child's Details: Please bring the child's birth certificate or adoption order to school for copying. This proves the child's entitlement to education.										
Full Name			Date of Birth							
Address			Home Telephone number							
Post code										
Home email			Previous School or Nursery if applicable							
Parent/Family Contact Details										
Priority One Contact (Please remember to update the office with any changes, especially mobile numbers)										
Full Name			Relationship							
Address			Home telephone							
Post code			Occupation							
Work Telephone			Mobile Telephone							
Email Address			Receive texts & newsletters?							
I have parental responsibility for the child named above.										
Signed			Date							
Priority Two Contact										
Full Name			Relationship							
Address			Home telephone							
			Occupation							
Work Telephone			Mobile Telephone							
Email Address			Receive texts & newsletters?							
I have parental responsibility for the child named above.										
Signed			Date							
Priority Three Contact										
Full Name			Relationship							
Address										
Telephone numbers:	1 <sup>st</sup>	2 <sup>nd</sup>	3rd							
Child's Medical Details & Contacts										
NHS number										
Doctor Name			Surgery Name							
Surgery Address			Surgery Telephone number							
Post Code										
Do we have your permission to contact your child's doctor in an emergency?	YES / NO Signed  Date		Details of any existing medical conditions that your child has?							
Details of any known allergies (include pet allergies)			Permission is given to administrator first aid?	<table border="1"> <tr> <td>First Aid</td> <td>Yes/No</td> </tr> <tr> <td>Non Alcoholic Wipes</td> <td>Yes/No</td> </tr> <tr> <td>Plasters</td> <td>Yes/No</td> </tr> </table>	First Aid	Yes/No	Non Alcoholic Wipes	Yes/No	Plasters	Yes/No
First Aid	Yes/No									
Non Alcoholic Wipes	Yes/No									
Plasters	Yes/No									

In the event of an accident or injury requiring hospital treatment the school will make every effort to contact me, should this prove impossible, I consent to any emergency treatment necessary.

Signed :

Date:

#### Other Information

Are you in receipt of any of the following? (please tick)

Income Support		Income-based Job seekers Allowance	
Income-related Employment and Support Allowance		Support under Part 6 of the Immigration and Asylum Act 1999	
A run-on of Working Tax Credit - paid for 4 weeks after you stop qualifying for Working Tax Credit		Child Tax Credit (provided you are not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)	
the guarantee element of Pension Credit		Universal Credit, (provided you have an annual net earned income of no more than £7,400)	

Is your child eligible for Service Child Pupil Premium funding? (please tick criteria below)

Either parent is serving in the regular armed forces?		One of the parents died whilst serving in the armed forces and the pupil receives a pension?	
The child has been registered as a 'Service child' in a school census since 2011?		Either parent is on full commitment as part of the full time reserve service?	

Has your child been made the subject of an adoption order, placement order or freeing order? Yes / No

Has your child any of the following orders decided by the courts? (please tick)

Residence orders		Emergency protection order	
Contact order		Care order or interim care order	
Specific issue order		Supervision order	
Prohibited steps order		Education supervision order	
Child protection order			

#### Permissions

I give/do not give consent for my child to be photographed for use in the local press.

I give/do not give consent for my child to be photographed for use in the local press as a class group photo.

I give/do not give consent for my child's name to be used in the local press.

I give/do not give consent for my child to be photographed to appear on the school website & school media.

I give/do not give consent for my child's photo to be used on the school Facebook page (no names will be used).

I give/do not give consent for my child to interact and work with the school dog.

Signed:

Date:

#### Ethnicity

Ethnic background describes how we think of ourselves, it is not the same as nationality of country of birth (please tick)

White	British		Mixed/dual Background	White & Black Caribbean	
	Irish			White & Black African	
	Traveller of Irish Heritage			White & Asian	
	Gypsy/Roma			Any other mixed background	
	Any other white background				
Asian or Asian British	Indian		Black or black British	Caribbean	
	Pakistani			African	
	Bangladeshi			Any other black background	
	Any other Asian Background				
Chinese	Chinese		Any other	Any other ethnic background	

I do not wish an ethnic background to be recorded

#### Siblings

Child's name	Child's date of birth
Child's name	Child's date of birth