



Deanery C.E. Primary School

PUPIL INFORMATION

GDPR 2018: The data requested on this form is necessary for the school to comply with its legal obligations and to protect a pupil's vital interests. The information requested will be used to administer the named child's progress through the education system. It may be shared with the DfE, LA, schools or colleges with whom the child is or becomes associated, training establishments, health and welfare practitioners and other organisations who may from time to time be nominated by the DfE. Please see the Privacy Notice enclosed, which explains how we process this information.

The following information should be completed by parent(s) or guardian(s) and returned to school as soon as possible. ALL parts of this form must be completed.

Child's information

Legal Surname	Legal Forename
Other Names	Date of Birth
Gender M/F	
Home Address	
Postcode	
Child's 1 st Language/Language spoken at home	
Date of admission	

Name of sibling(s) currently at the Deanery CE Primary School

Full name	Date of birth	Year Group

Previous School(s)/Nursery/playgroup: _____

Is your child entitled to Free School Meals Yes No

If you have indicated that your child is eligible for Free School Meals, please contact the school office to complete the relevant form.

Is the child subject to any specific orders that might affect parental responsibility (eg Looked After Child/Special Guardianship Order/Residency Order)? (Y/N)_____ (If YES, please provide details)

RESPONSIBLE PARENTS AND CONTACTS

The 1989 Children Act requires the school to establish a child's "responsible parents" and be able to make the distinction between parents who are legally responsible parents and those who care for a child but are not legally responsible. Responsible parents are a child's natural parents or an adult who has gained the status of a responsible parent via an appropriate legal agreement.

You are asked to include the names and addresses of ALL responsible parents and information about any others who you would wish to be contacted in an emergency. This may include someone who is presently caring for your child but is not a "responsible parent" within the definition contained in the Children Act.

Please list contacts in the order you would wish them to be contacted. Unless indicated otherwise, it will be assumed that all contacts also have permission to collect your child from school. If you wish to give permission for further adults to collect your child, please complete an 'Additional Collection Form'.

Contact 1 (must be a parent/carer)

PLEASE WRITE CLEARLY

Title: _____ Name: _____

Relationship to child: _____ Parental Responsibility? (Y/N) _____

Home Address _____

_____ Postcode: _____ Is the child living at this Address? (Y/N) _____

Home Tel No: _____ Work Tel No: _____ Mobile: _____

e-mail address: _____ Occupation: _____

Contact 2 (parent/carer wherever possible)

PLEASE WRITE CLEARLY

Title: _____ Name: _____

Relationship to child: _____ Parental Responsibility? (Y/N) _____

Home Address _____

_____ Postcode: _____ Is the child living at this Address? (Y/N) _____

Home Tel No: _____ Work Tel No: _____ Mobile: _____

e-mail address: _____ Occupation: _____

Contact 3

Title: _____ Name: _____

Relationship (Relative/Neighbour etc): _____ Parental Responsibility? (Y/N) _____

Home Address _____

_____ Postcode: _____ Is the child living at this Address? (Y/N) _____

Home Tel No: _____ Work Tel No: _____ Mobile: _____

Contact 4

Title: _____ Name: _____

Relationship (Relative/Neighbour etc): _____ Parental Responsibility? (Y/N) _____

Home Address _____

_____ Postcode: _____ Is the child living at this Address? (Y/N) _____

Home Tel No: _____ Work Tel No: _____ Mobile: _____

Medical Details

Doctor's Name: _____ Practice Name _____

Address of Practice: _____

_____ Tel No: _____

We need to know about any medical conditions your child may have. Please tick **all** relevant boxes

Asthma	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	ASD	<input type="checkbox"/>	Eyesight problems	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Hearing problems	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>

Other (please specify) _____

Are there any other illnesses or conditions that we should be aware of? Yes No

If Yes, please specify here _____
(please continue on a separate sheet if necessary)

Does your child have any allergies or dietary needs that we should be aware of? Yes No

If Yes, please specify _____

Does your child require any ongoing medication? Yes No

If Yes, please give clear information about the name of the medication, strength and dose, even if it is not required during the school day.

If your child requires medication to be administered in school please contact the school office for the appropriate form.

Does your child wear corrective glasses or contact lenses? Yes No

Does your child wear hearing aids? Yes No

Is your child left or right handed? Left/Right

Does your child have a statement of Special Educational Needs Yes No

Does your child currently receive extra help at school/nursery? Yes No

If yes, please provide further details/information _____

Do you have contact with any outside agencies such as Speech Therapy, CAMHS, Social Services, Educational Psychology, Pupil and School Support?

Please state _____

Have you any areas of concern? If so, please detail below.

Please give below any other information you would like us to know:

I certify that to the best of my knowledge, the information I have supplied is complete and correct. I understand that the head teacher must be informed of any changes which might affect my child's education.

Name: (BLOCK CAPITALS) _____ **Signature:** _____

***THANK YOU FOR COMPLETING THIS FORM.
Please complete the Ethnic Monitoring Form also enclosed.***