



PUPIL DATA ENTRY

Start Date Golden Ticket no/30 Hour Code

BASIC DETAILS

Legal Forename Middle Names

Legal Surname Preferred Surname

Date of Birth Male ☐ Female ☐

If there is any information you think school should be aware of, please give details.

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We have a password identification system in place, to be used when a staff member is not familiar with the person who is collecting your child from school.

Please provide details of a memorable password that you would like to be used for your child.

Please do not share this password with anyone other than with those adults who are going to collect your child.

Chosen password:

ADDRESSES

Please give details of where your child lives. If you share custody/parental responsibility, please provide details for both parents/carers.

Parent/Carer No. 1

Name

Relationship to child

House number

Address Line

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Postcode

Parent/Carer No. 2

Name

Relationship to child

House number

Address Line

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Postcode

If there are regular arrangements in place for your child to stay at either/both addresses, please give details.

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PRIMARY AND ADDITIONAL CONTACTS

Please give details of the people who share parental responsibility for your child. Using the 'contact no.' boxes provided, please indicate which order you wish each person to be contacted.

Parent/Carer	Contact No. <input type="checkbox"/>	Parent/Carer	Contact No. <input type="checkbox"/>
Mr/Miss/Mrs/Ms <i>Please circle</i>		Mr/Miss/Mrs/Ms <i>Please circle</i>	
Forename		Forename	
Surname		Surname	
Relationship to Child		Relationship to child	
National Insurance No		National Insurance No	
Date of Birth		Date of Birth	
Telephone Numbers		Telephone Numbers	
Home		Home	
Mobile		Mobile	
Work		Work	
E-Mail		E-Mail	

Please give details of any additional people you would like us to contact, should we be unable to contact you.

Additional	Contact No. <input type="checkbox"/>	Additional	Contact No. <input type="checkbox"/>
Forename		Forename	
Surname		Surname	
Relationship to child		Relationship to child	
Telephone Numbers		Telephone Numbers	
Home		Home	
Mobile		Mobile	

DIETARY REQUIREMENTS

Food Colouring Allergy ☐ Gluten Free ☐ Nut allergy ☐ No Dairy ☐ Halal ☐

Kosher Foods Only ☐ No Pork ☐ Seafood Allergy ☐ Vegetarian ☐ Other ☐

If other, please give details:

EDUCATIONAL VISITS MEAL ARRANGEMENTS

I would like my child to be provided with a school packed lunch ☐

I will provide my child with a packed lunch from home ☐

CONFIDENTIAL MEDICAL INFORMATION

Name of doctors surgery

Does your child have any Allergies? If yes, please give details

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Does your child have an allergy which requires an Epipen? Yes ☐ No ☐

Does your child have Asthma that requires an inhaler? Yes ☐ No ☐

Does your child have any vision problems eg, colour blind? If yes, please give details

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Does your child wear glasses? If yes, please give details of when they should be worn

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Does your child have any hearing problems? If yes, please give details

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Is there any reason why your child should not take part in physical activities? If yes, please give details

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Does your child have any other medical problems or disabilities? If yes, please give details

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ETHNIC/CULTURAL	
Tick one box only to indicate the ethnic background of your child	
White	British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller <input type="checkbox"/> Gypsy <input type="checkbox"/> Roma <input type="checkbox"/>
Any other White background	Albanian <input type="checkbox"/> Bosnian-Herzegovinian <input type="checkbox"/> Croatian <input type="checkbox"/> Greek <input type="checkbox"/> Greek Cypriot <input type="checkbox"/> Italian <input type="checkbox"/> Kosovan <input type="checkbox"/> Portuguese <input type="checkbox"/> Serbian <input type="checkbox"/> Turkish <input type="checkbox"/> White Other <input type="checkbox"/> Turkish Cypriot <input type="checkbox"/> White Eastern European <input type="checkbox"/> White Western European <input type="checkbox"/>
Mixed	White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/>
White and Asian	White and Pakistani <input type="checkbox"/> White and Indian <input type="checkbox"/> White and any other Asian background <input type="checkbox"/>
Any other Mixed background	Asian and any other ethnic group <input type="checkbox"/> Asian and Black <input type="checkbox"/> Asian and Chinese <input type="checkbox"/> Black and any other ethnic group <input type="checkbox"/> Black and Chinese <input type="checkbox"/> Chinese and any other ethnic group <input type="checkbox"/> White and Chinese <input type="checkbox"/> White and any other ethnic group <input type="checkbox"/> Other mixed background <input type="checkbox"/>
Asian or Asian British	Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/>
Pakistani	Mirpuri Pakistani <input type="checkbox"/> Kashmiri Pakistani <input type="checkbox"/> Other Pakistani <input type="checkbox"/>
Any other Asian background	African Asian <input type="checkbox"/> Kashmiri other <input type="checkbox"/> Nepali <input type="checkbox"/> Sinhalese <input type="checkbox"/> Sri Lankan Tamil <input type="checkbox"/> Other Asian <input type="checkbox"/>
Black or Black British	Black Caribbean <input type="checkbox"/>
Any other mixed background	Black - Angolan <input type="checkbox"/> Black - Congolese <input type="checkbox"/> Black - Ghanaian <input type="checkbox"/> Other Black African <input type="checkbox"/> Black – Sierra Leonean <input type="checkbox"/> Black - Somali <input type="checkbox"/> Black - Sudanese <input type="checkbox"/> Black - Nigerian <input type="checkbox"/>
Any other mixed background	Black European <input type="checkbox"/> Black North American <input type="checkbox"/> Other Black <input type="checkbox"/>
Chinese	Hong Kong Chinese <input type="checkbox"/> Malaysian Chinese <input type="checkbox"/> Singaporean Chinese <input type="checkbox"/> Taiwanese <input type="checkbox"/> Other Chinese <input type="checkbox"/>
Any other ethnic group	Afghan <input type="checkbox"/> Arab other <input type="checkbox"/> Egyptian <input type="checkbox"/> Filipino <input type="checkbox"/> Iranian <input type="checkbox"/> Iraqi <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Latin/South/Central <input type="checkbox"/> American <input type="checkbox"/> Lebanese <input type="checkbox"/> Libyan <input type="checkbox"/> Malay <input type="checkbox"/> Moroccan <input type="checkbox"/> Polynesian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yemeni <input type="checkbox"/> Other ethnic group <input type="checkbox"/> I do not wish an ethnic background to be recorded <input type="checkbox"/>

ETHNIC/CULTURAL**Tick one box only to indicate the religion of your child**Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐No Religion ☐ Other Religion ☐ Do not wish to disclose ☐**Country of Birth****Nationality****Home Language****ADDITIONAL INFORMATION****Meal Arrangements**Free Meal ☐ Paid Meals ☐ Packed Lunch ☐ Home ☐**Travel Arrangements**Walk ☐ Cycle ☐ Car ☐ Walking bus ☐**Is either Parent currently in the British Armed Forces?**Yes ☐No ☐**WELFARE****Is there currently a social worker involved?**Yes ☐No ☐

If yes, please provide the following details:

Name of social worker Local Authority

Is your child currently in the care of the Local Authority?Yes ☐No ☐

If yes, which Authority?

Has your child left Local Authority care due to any of the following?Residency Order ☐ Special Guardianship Order ☐ Adoption ☐Child Arrangements Order ☐**Are there any of the following legal orders currently in place?**Residency Order ☐ Special Guardianship Order ☐ Other ☐

If other, please give details

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PREVIOUS SCHOOL ATTENDED				
Name of School	School Address	Start Date	Leaving Date	Reason for Leaving

CONSENT	
Do you give permission for us to contact you via the following	
Email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Text: Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give consent for your child to use email and the internet? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you give consent for your child to take part in educational visits/activities outside of school, within the local area? <i>Parents will be informed of dates/times prior to any visit/activity. Separate consent will be requested for any visits/activities outside of school time or outside the local area.</i>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you give consent for your child's photograph to be taken by the school photographer on an annual basis? <i>These photographs will be available for parents to purchase, but there is no obligation to do so.</i>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you give consent for your child's photograph to be used for the following reasons?	
School prospectus and other printed publications we may produce for publication purposes	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
School website Yes <input type="checkbox"/> No <input type="checkbox"/>	School social media (eg. Twitter) Yes <input type="checkbox"/> No <input type="checkbox"/>
Media (eg. newspaper) Yes <input type="checkbox"/> No <input type="checkbox"/>	School newsletters Yes <input type="checkbox"/> No <input type="checkbox"/>
Displayed in school Yes <input type="checkbox"/> No <input type="checkbox"/>	Video or webcam Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give consent for your child to walk home alone? (Y3 – Y6 only) Yes <input type="checkbox"/> No <input type="checkbox"/>	

PARENTAL SIGNATURE	
If in the future there are any serious medical problems, or changes to any of the above information, I will contact school to inform them of the changes.	
Name (please print)	Signed
Relationship to child	Date

OFFICE USE ONLY	
Year Group:	Reg: Entered into SIMS (int.):
Entered into SIMS (date):	Birth Certificate No:
Parent 1 name:	Parent 2 name:
Proof of current address (Y/N):	Documents checked (int.):