

## SECTION 1 – BASIC DETAILS

1. LEGAL FORENAME & MIDDLE NAME:		2. LEGAL SURNAME:	
3. PREFERRED FORENAME & MIDDLE NAME		4. PREFERRED SURNAME:	
5. DATE OF BIRTH:		6. GENDER:	
7. BIRTH CERT SEEN?	<b>YES</b>	<b>NO</b>	

## SECTION 2 – REGISTRATION (Office use only)

8. CLASS:		9. YEAR GROUP:	
10. UPN NUMBER?		11. NAME OF ANY OTHER/PREVIOUS SCHOOLS ATTENDED:	
12. ADMISSION NUMBER		13. BOARDER STATUS	<b>YES</b> <b>NO</b>
14. ATTENDANCE MODE:	<b>AM</b>	<b>PM</b>	<b>ALL DAY</b>

## SECTION 3 – HOME ADDRESS

15. ADDRESS:	
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## SECTION 4 – TELEPHONE & EMAIL ADDRESSES

16. MAIN TELEPHONE NUMBER:	
17. EMAIL ADDRESS:	

## SECTION 5 – FAMILY / HOME

	NAME and date of birth	CONTACT NUMBER	PLACE OF WORK/CONTACT NUMBER
MOTHER/ GUARDIAN			
FATHER/ GUARDIAN			

## ADDITIONAL EMERGENCY CONTACTS

NAME	RELATIONSHIP TO CHILD	CONTACT NUMBER

## SIBLINGS - DETAILS OF SIBLINGS/OTHER CHILDREN LIVING AT HOME

NAME	DATE OF BIRTH

### SECTION 6 – DIETARY REQUIREMENTS

18. PLEASE GIVE ANY SPECIFIC DETAILS ABOUT CHILD'S DRINKING/EATING REQUIREMENTS:			
<b>VEGETARIAN</b>	<b>GLUTEN FREE</b>	<b>NO DAIRY</b>	<b>NO PORK</b>
<b>NO BEEF</b>	<b>NO NUTS (ANY)</b>		
19. PLEASE GIVE INFORMATION ABOUT ANY FOOD ALLERGIES:			
ANY OTHER INFORMATION:			
ELIGIBLE FOR FREE SCHOOL MEALS:	YES	Start date:	NO
		End date:	

### SECTION 7 – MEDICAL CONDITIONS, NOTES AND EVENTS

20. IS THERE ANY MEDICAL HISTORY OR SPECIAL EDUCATIONAL NEEDS WE NEED TO KNOW ABOUT?		
21. HAS THE CHILD'S VISION BEEN TESTED?	<b>YES</b>	<b>NO</b>
22. SHOULD THE CHILD BE USING GLASSES FOR LEARNING?	<b>YES</b>	<b>NO</b>
23. HAS THE CHILD'S HEARING BEEN TESTED?	<b>YES</b>	<b>NO</b>
24. SHOULD THE CHILD BE USING HEARING AIDS FOR LEARNING?	<b>YES</b>	<b>NO</b>
25. GP'S NAME: ADDRESS: POSTCODE: TELEPHONE NUMBER(S):		
26. ARE THERE ANY OTHER HEALTH PROFESSIONALS INVOLVED?	OCCUPATION:	
NAME: ADDRESS:  CONTACT NO:		

### SECTION 8 – ETHNIC /CULTURAL INFORMATION

27. ETHNICITY: (SEE CODES BELOW)	28. ETHNIC DATA SOURCE PROVIDED BY:
WHITE BRITISH	WHB PAKISTANI APK
IRISH	WHR BANGLADESHI ABA
TRAVELLER OF IRISH HERITAGE	WHT ANY OTHER ASIAN BACKGROUND AAO
GYPSY/ROMA	WRO CARIBBEAN BLB
WHITE EASTERN EUROPEAN	WEA SOMALI BSO
ANY OTHER WHITE BACKGROUND	WOW OTHER BLACK AFRICAN BAO
WHITE AND BLACK CARIBBEAN	MWB ANY OTHER BLACK BACKGROUND BLG
WHITE AND BLACK AFRICAN	MBA CHINESE CHE
WHITE AND PAKISTANI	MWP YEMENI OYE
WHITE AND ANY OTHER ASIAN BACKGROUND	MWS ANY OTHER ETHNIC GROUP OOE
ANY OTHER MIXED BACKGROUND	MOT REFUSED INFORMATION REF
INDIAN	AIN INFORMATION NOT YET OBTAINED NOT
29. HOME LANGUAGE:	30. FIRST LANGUAGE:

31. ASYLUM SEEKER:	YES	NO	32. REFUGEE	YES	NO
33. COUNTRY / PLACE OF BIRTH:			34. ARRIVAL DATE IN UK IF NOT BRITISH BORN:		
35. EU MIGRANT:	YES	NO	36. BRITISH CITIZENSHIP:	YES	NO
37. RESIDENCY:	YES	NO	38. RELIGION:		
39. WHICH IS THE MOST USEFUL WRITTEN LANGUAGE FOR HOME COMMUNICATION?					
40. IS AN INTERPRETER NEEDED FOR SCHOOL TO COMMUNICATE WITH PARENTS?				YES	NO
41. IF YES IS THERE AN INTERPRETER'S NAME /DETAILS TO NOTE: NAME: ADDRESS: TELEPHONE NUMBER(S):					

### SECTION 9 – ADDITIONAL INFORMATION

42. Please give any additional information you would like us to know eg recent bereavements, private foster care arrangements, court orders etc	
43. MODE OF TRAVEL TO SCHOOL: <b>LA PROVIDED TRANSPORT:</b> <b>OTHER:</b> Walk / Car / Bus	
44. PUPIL PREMIUM INDICATER (Office use only)	YES NO
45. NAME OF PREVIOUS SCHOOL	
46. PARENTAL CONSENT	<b>PLEASE COMPLETE FORM OVERLEAF</b>

This information will be held by us in compliance with the General Protection Data Regulation (GDPR) for the safeguarding of the children in the setting. It may be passed on to other bodies e.g. the Local Authority, Ofsted or other appropriate agencies as required to fulfil our obligations under our Ofsted registration.

Signed .....

#### **For Nursery Children:**

Please name the school you hope your child will go to: \_\_\_\_\_

**Please notify School or Nursery if there are any changes to the above information, particularly if you change phone numbers.**

#### **SCHOOL OFFICE ACTION:**

INPUT INTO SIMS	
DATE ADMITTED	
FSM ACTIONED AND UPDATED ON SIMS	
DIETRY INFORMATION PRODUCED	
PHOTO TAKEN AND INPUT INTO SIMS	
OLD SCHOOL CONTACTED FOR CTF	
SEN INFORMATION COLLECTED FROM OLD SCHOOL	
CLASS MEDICAL INFORMATION UPDATED	
B/C SEEN	

NAME OF CHILD:

DATE OF BIRTH:

**Food Allergies**

During the time your child will spend in school he/she will have the opportunity to bake and taste different foods. This is a valuable part of the curriculum.

*I give my permission for my child to participate in these activities.*

Signed \_\_\_\_\_

Would you please also state if they are allergic to any foods

Allergies .....

**Out and About**

From time to time we like to go out of school on local trips, i.e. to the shops, park, library or woods. These trips may occur on the spur of the moment. The children will be adequately supervised.

*I give my permission for my child to be taken out of school on such occasions.*

Signed \_\_\_\_\_

**Photographs and video**

In line with 'Safeguarding Children in Education' regulations and also in line with GDPR, the school needs to have permission for children to be photographed in school for any reason, particularly in the following circumstances:

**We would like permission to take your child's photographs. Please tick the boxes that you are happy with.**

*I consent for my child's photograph/videos to be used within Nursery/School e.g. on displays.*

*I consent for my child's photograph/video to be used in publicity about the nursery/school.*

*I consent for my child's photograph to be used by outside media agencies, such as the Sheffield Star*

*I consent for my child's photograph to be taken and used by students working within school.*

*I consent for my child's photograph to be used in books and sent home e.g. photos of group work*

  
  
  
  

Signed.....

**Please note that you can withdraw your consent at any time by contacting the school.**

**Changing clothes**

We would like your permission to change your child's clothing if they become wet or soiled whilst at Nursery

*I am happy for my child to be supported in changing their clothes should they become dirty or soiled.*

Signed.....

**School Twitter accounts and website**

*I consent for photos/videos of my child to be used on the official school Twitter account and on our school website to promote their achievements and learning.*

*I consent for my child's learning and / or pieces of work to be used to promote the school and pupils learning in a positive light on the school's Twitter accounts and website.*

Signed.....

**\*If your child has any medical needs that school should be aware of please inform the office staff and complete the appropriate paperwork. This includes short term medical needs.**

**If any of the above should change, would you please contact the school as soon as possible so your child's records can be updated.**