



THE HYDE SCHOOL

Pupil Data Form CONFIDENTIAL / RESTRICTED

Please complete this form as fully as possible for our records, giving details of parental responsibility, emergency contacts and other essential data. It is particularly important that we have telephone numbers where you can be contacted in an emergency.

Data Protection Act 1998

The information collected on this form will be used to administer your child's progress through The Hyde School and the education system in general. Additional personal information may be obtained from any school or nursery previously attended by your child. The personal data we hold may be shared with:

- The Department for Education and Skills and other relevant organisations who they nominate,
- Schools and further education establishments with whom the pupil becomes associated,
- Recognised health care and social work organisations with whom the pupil may become associated.

YOUR CHILD'S DETAILS:

Family Name.....

Forename.....

Middle Name(s), if any

Preferred Name.....

Boy/Girl..... Date of Birth

Home Address.....

.....

.....

Post Code..... Arrival in the UK.....

SIBLINGS ALREADY AT THE HYDE SCHOOL:

Name..... Class.....

Name..... Class.....

Name..... Class.....

PREVIOUS SCHOOL (IF ANY)

Previous School and/or Nursery.....

Address

..... Tel No.....

Dates attended.....

COUNCIL

Which Council Borough does the child live in: (please circle)

Barnet Brent Harrow Other:.....

PARENTS' DETAILS:

PARENT/CARER 1 (PERSON WITH LEGAL PARENTAL RESPONSIBILITY)

TITLE: Mr/ Miss/ Mrs/ Ms/ Dr

FULL NAME.....

RELATIONSHIP TO CHILD.....

Address, if different from child's.....

.....

Phone numbers: 1. HOME.....

2. MOBILE 3. WORK.....

EMAIL ADDRESS:

National Insurance No: (Required) Date of Birth.....

Contact order No:

PARENT/CARER 2 (PERSON WITH LEGAL PARENTAL RESPONSIBILITY)

TITLE: Mr/ Miss/ Mrs/ Ms/ Dr

FULL NAME.....

RELATIONSHIP TO CHILD.....

Address, if different from child's.....

.....

Phone numbers: 1. HOME.....

2. MOBILE 3. WORK.....

EMAIL ADDRESS:

National Insurance No: (Required) Date of Birth.....

Contact order No:

ADDITIONAL EMERGENCY CONTACTS *Please give full details of any other persons to be contacted in an emergency. Please number them in the order you wish them to be contacted in an emergency.*

ADDITIONAL CONTACT 1 (person without parental responsibility)

FULL NAME.....

RELATIONSHIP TO CHILD.....

Address, if different from child's.....

.....

Phone numbers: 1. HOME.....

2. MOBILE 3. WORK.....

Contact order No:

ADDITIONAL CONTACT 2 (person without parental responsibility)

FULL NAME.....

RELATIONSHIP TO CHILD.....

Address, if different from child's.....

.....

Phone numbers: 1. HOME.....

2. MOBILE 3. WORK.....

Contact order No:

MEAL ARRANGEMENTS

My child is entitled to free school meals (even if not taken) (PLEASE CIRCLE ONE ONLY)

YES

NO

My child's Meal Arrangements will be: (PLEASE CIRCLE ONE ONLY)

Free School Cooked Meals

Paid School Meals

Packed Lunches

Special Dietary Needs.....

MEDICAL INFORMATION

DOCTOR – Name..... Tel. No

– Address.....

Any medical conditions/ allergies or home circumstances relevant to the care of your child

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.....
.....

CONSENT FOR LOCAL VISITS:

During their time at the school we like to take the children on short walks/visits into the local community. These visits often link in with our topics and may include nature walks around the school and local environment, a visit to the shops, parks, local buildings, churches, etc. Children are always well supervised and every care for their safety is taken. For trips further afield you will always receive separate information and a consent form for each visit.

I give consent for to go on any local visits in and around school during their time at The Hyde School.

Signed.....Date.....

Parent / Guardian

CONSENT FOR USE OF PERSONAL DATA IN PUBLICATIONS:

During your child's time at The Hyde School we will routinely use photos of your child and examples of their work for use on the school's website, newsletter and other school publications.

Please note: If we use your child's name we only ever use the **FIRST** name and we never name a child in a photograph.

I **DO** give consent for my child's information to be used in school publications

I **DO NOT** give consent for my child's information to be used in school publications

Signed (Parent / Guardian)

ETHNICITY MONITORING

Home Language: Please tick the relevant box

AFK	Afrikaans	ENG	English	PHR	Pahari (Pakistan)	SWE	Swedish
ALB	Albanian	TGFL	Fillipino	PNJG	Panjabi (Gurmukhi)	TGTG	Tagalog
ARAI	Arabic (Iraq)	FRN	French	PNJM	Panjabi (Mirpuri)	TAM	Tamil
ARAY	Arabic (Yemen)	GER	German	PNJP	Panjabi (Pothwari)	TEL	Telugu
ARAA	Arabic (Other)	GRE	Greek	PNJA	Panjabi (Other)	THA	Thai
BNGS	Bengali (Sylheti)	GUJ	Gujarati	PAT	Pashto/Pakhto	TGR	Tigrinya
BNGA	Bengali (Other)	HIN	Hindi	PRS	Farsi/Dari/Persian	TUR	Turkish
SCBB	Bosnian	HDK	Hindko	POL	Polish	URD	Urdu
BSL	British Sign Language	HGR	Hungarian	POR	Portuguese	VIE	Vietnamese
CCE	Caribb. Creole/Patios	IGB	Igbo	RMN	Romanian	CYM	Welsh/Cymraeg
CHIC	Chinese (Cantonese)	ITA	Italian	RUS	Russian	WOL	Wolof
CHIK	Chinese (Hakka)	KAS	Kashmiri	SAM	Samoan	YOR	Yoruba
CHIM	Chinese (Mandarin)	KOR	Korean	SCB	Serbian	ZUL	Zulu
CHIA	Chinese (Other)	KUR	Kurdish	SHO	Shona	Any Other - Please state:	
SCBC	Croatian	LIN	Lingala	SLO	Slovak		
CZE	Czech	MLY	Malay/Indonesian	SOM	Somali		
DAN	Danish	MLM	Malayalam	SPA	Spanish		
DUT	Dutch/Flemish	NOR	Norwegian	SWA	Swahili/Kiswahili	REF	Refused

ETHNICITY MONITORING

Religious Affiliation – Please tick the relevant box:

BUD	Buddhist	MUS	Muslim
CHR	Christian	NON	No Religion
ROC	Christian – Roman Catholic	SIK	Sikh
HIN	Hindu	OTH	Other – please state
JEW	Jewish		
		REF	Refused – I do not want this information to be recorded

ETHNICITY MONITORING

Ethnic Origin – Please tick the relevant box:

White - British		Asian or Asian British		Black or Black British		Any Other Ethnic Groups						
<input type="checkbox"/>	WENG	English	<input type="checkbox"/>	AIND	Indian	<input type="checkbox"/>	BCRB	Caribbean	<input type="checkbox"/>	OAFG	Afghan	
<input type="checkbox"/>	WSCO	Scottish	<input type="checkbox"/>	ABAN	Bangladeshi	<input type="checkbox"/>	BANN	Angolan	<input type="checkbox"/>	OARA	Arab	
<input type="checkbox"/>	WWEL	Welsh	<input type="checkbox"/>	AMPK	Mirpuri Pakistani	<input type="checkbox"/>	BCON	Congolese	<input type="checkbox"/>	OEGY	Egyptian	
<input type="checkbox"/>	WOWB	Other white British	<input type="checkbox"/>	AOPK	Other Pakistani	<input type="checkbox"/>	BGHA	Ghanaian	<input type="checkbox"/>	OFIL	Filipino	
<input type="checkbox"/>	WIRI	Irish	<input type="checkbox"/>	AKPA	Kashmiri Pakistani	<input type="checkbox"/>	BNGN	Nigerian	<input type="checkbox"/>	OIRN	Iranian	
<input type="checkbox"/>	WIRT	Traveller of Irish heritage	<input type="checkbox"/>	AAFR	African Asian	<input type="checkbox"/>	BSLN	Sierra Leonian	<input type="checkbox"/>	OIRQ	Iraqi	
<input type="checkbox"/>	WCOR	Cornish	<input type="checkbox"/>	AKAO	Kashmiri other	<input type="checkbox"/>	BSOM	Somali	<input type="checkbox"/>	OJPN	Japanese	
<input type="checkbox"/>	WROM	Gypsy/Roma	<input type="checkbox"/>	ANEP	Nepali	<input type="checkbox"/>	BSUD	Sudanese	<input type="checkbox"/>	OKOR	Korean	
Any Other White Background		<input type="checkbox"/>	ASNL	Sri Lankan Sinhalese	<input type="checkbox"/>	BOAF	Other Black African	<input type="checkbox"/>	OKRD	Kurdish		
<input type="checkbox"/>	WALB	Albanian	<input type="checkbox"/>	ASLT	Sri Lankan Tamil	<input type="checkbox"/>	BEUR	Black European	<input type="checkbox"/>	OLAM	Latin/South/Central American	
<input type="checkbox"/>	WBOS	Bosnian-Herzegovinian	<input type="checkbox"/>	ASRO	Sri Lankan Other	<input type="checkbox"/>	BNAM	Black North American	<input type="checkbox"/>	OLEB	Lebanese	
<input type="checkbox"/>	WCRO	Croatian	<input type="checkbox"/>	AOTA	Other Asian	<input type="checkbox"/>	BOTB	Other Black	<input type="checkbox"/>	OLIB	Libyan	
<input type="checkbox"/>	WGRK	Greek	Chinese		Mixed Dual Background		<input type="checkbox"/>	MWBC	White & Black Caribbean	<input type="checkbox"/>	OMAL	Malay
<input type="checkbox"/>	WGRC	Greek Cypriot	<input type="checkbox"/>	CHKC	Hong Kong Chinese	<input type="checkbox"/>	MWBA	White & Black African	<input type="checkbox"/>	OMRC	Moroccan	
<input type="checkbox"/>	WITA	Italian	<input type="checkbox"/>	CMAL	Malaysian Chinese	<input type="checkbox"/>	MWAP	White & Pakistani	<input type="checkbox"/>	OPOL	Polynesian	
<input type="checkbox"/>	WKOS	Kosovan	<input type="checkbox"/>	CSNG	Singaporean Chinese	<input type="checkbox"/>	MWAI	White & Indian	<input type="checkbox"/>	OTHA	Thai	
<input type="checkbox"/>	WPOR	Portuguese	<input type="checkbox"/>	CTWN	Taiwanese	<input type="checkbox"/>	MWAO	White & any Other Asian	<input type="checkbox"/>	OVIE	Vietnamese	
<input type="checkbox"/>	WSER	Serbian	<input type="checkbox"/>	COCH	Other Chinese	<input type="checkbox"/>	MAOE	Asian & any other	<input type="checkbox"/>	OYEM	Yemeni	
<input type="checkbox"/>	WTUK	Turkish					<input type="checkbox"/>	MABL	Asian & Black	<input type="checkbox"/>	OOEG	Any other Ethnic Group
<input type="checkbox"/>	WTUC	Turkish Cypriot					<input type="checkbox"/>	MACH	Asian & Chinese			
<input type="checkbox"/>	WEEU	White Eastern European					<input type="checkbox"/>	MBOE	Black & ant other			
<input type="checkbox"/>	WWEU	White Western European					<input type="checkbox"/>	MBCH	Black & Chinese			
<input type="checkbox"/>	WOTW	White other					<input type="checkbox"/>	MCOE	Chinese & any other			
								<input type="checkbox"/>	MWOE	White & any other		
								<input type="checkbox"/>	MWCH	White & Chinese		
								<input type="checkbox"/>	MOTM	Mixed – any other		
								<input type="checkbox"/>	REF	I do not wish this information to be recorded		

PARENTAL SIGNATURE: To be signed by Parent/ Guardian completing form

Name: (BLOCK CAPITALS).....

Relationship to Pupil:.....

Signature:

Date: