

# Parley First School

## Pupil Information Form



### Details of the pupil:

Legal First Name/s:		<table border="1"> <tr> <td>Gender</td> </tr> <tr> <td>Male / Female</td> </tr> <tr> <td>Date of Birth</td> </tr> <tr> <td></td> </tr> </table>	Gender	Male / Female	Date of Birth	
Gender						
Male / Female						
Date of Birth						
Legal Surname:						
Known as:	If different from above					
Home Address:						
Post Code						
Home Telephone No:						
Religion						
Siblings at Parley	List names of any siblings who have been to or are currently at Parley					
Birth Certificate Seen	YES <input type="checkbox"/> No <input type="checkbox"/>					
Present School or Pre-School Details	Name of School:					
	Telephone Number:					

*Please provide contact details for at least 2 people who can be contacted in an emergency including email address to be used for communication of newsletters and other general school information.*

### Contact 1: Do you have parental responsibility? YES No

Full Name:		Home Telephone Number
Relationship to pupil:		
Address:	If different from above	Work Telephone Number
		Mobile Telephone Number
Email:		

### Contact 2: Do you have parental responsibility? YES No

Full Name:		Home Telephone Number
Relationship to pupil:		
Address:	If different from above	Work Telephone Number
		Mobile Telephone Number
Email:		

### Contact 3:

Full Name:		Mobile Telephone Number
Relationship to pupil:		
Home Telephone No:		Work Telephone Number
Email:		

### Contact 4:

Full Name:		Mobile Telephone Number
Relationship to pupil:		
Home Telephone No:		Work Telephone Number
Email:		

### Additional Information:

Does the child live with:	Mother? <input type="checkbox"/> Father? <input type="checkbox"/> Other? <input type="checkbox"/> Please tick where appropriate
If any other person has Parental Responsibility for your child as defined in the children's Act 1989 please give details	
Are there any court orders in place relevant to the child?	YES <input type="checkbox"/> No <input type="checkbox"/> If yes please provide copies of relevant paperwork
Is either parent active serving members of the Armed Forces?	YES <input type="checkbox"/> No <input type="checkbox"/> If yes, the school is able to apply for additional funding to support your child
Is your child entitled to Free School Meals due to your financial circumstances?	YES <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Please refer to the Free School Meals leaflet enclosed with your New Parent Pack
Is your child classified as a young carer?	YES <input type="checkbox"/> No <input type="checkbox"/>
Is your child subject to an adoption, residency or special guardianship order?	YES <input type="checkbox"/> No <input type="checkbox"/> If yes, the school is able to apply for additional funding to support your child

### Travelling to and from school details:

Please tick the appropriate box below to show the <b>USUAL</b> way in which the pupil travels to school. Only one box should be ticked.					
Code	Name	✓	Code	Name	✓
WLK	Walk		CYC	Cycle/Scooter	
CAR	Car / Van		TXI	Taxi	
CRS	Car Share (with a another household)		OTH	Other	

### Individual Educational Needs:

Is your child currently on the Special Education Needs register or are there any specific needs that we may need to be aware of? Please provide details	

### Additional Notes:

<b>YEAR 4 CHILDREN ONLY</b>
<b>IMPORTANT REMINDER REGARDING TRANSFER TO MIDDLE SCHOOL</b>
If your child is moving to Parley First School in Year 4, please remember that he/she will be transferring to Middle School at the end of the year. <b>Please enquire about procedures and deadlines for the transfer to Middle as soon as your child is admitted</b> in order to optimise your chances to secure a place in the Middle School of your choice. (Procedures usually start 11 months before your child is due to transfer). Places at Ferndown Middle School cannot be guaranteed to children living outside the catchment area or to children applying after the deadline.

**Which Ethnic origin best describes your child? (Please tick ONE only)**

*Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.***

Please study the list below and tick **one box only** to indicate the ethnic background of your child.

Code	Name	✓	Code	Name	✓
ABAN	Asian/Asian British - Bangladeshi		CHNE	Chinese	
AIND	Asian/Asian British – India		OKOR	Korean	
AOTH	Asian/Asian British – Any Asian Background		OOTH	Any Other Ethnic Background	
APKN	Asian/Asian British – Pakistani		WBRI	White – British	
BAFR	Black/Black British – African		WEEU	White – Eastern European	
BCRB	Black/Black British – Caribbean		WIRI	White – Irish	
BOTH	Black/Black British – Any Other Background		WIRT	Traveller of Irish Heritage	
MOTH	Any Other Mixed background		WOTH	Any Other White Background	
MWBC	Mixed – White and Black Caribbean		WPOR	Portuguese	
MWAS	Mixed – White and Asian		WROM	Gypsy/Roma	
MWBA	Mixed – White and Black African		WWEU	White Western European	
MWBO	White and Black Caribbean		REFU	Parent/Pupil Preferred not to Say	

**Languages Spoken:**

First Language is the language to which the child **was initially exposed during early development**. If the child was exposed to more than one language including English, then the language other than English should be recorded.

Please study the list below and tick **one box only** to indicate the first language of the child.

Code	Name	✓	Code	Name	✓
	English			Cantonese	
	Spanish			French	
	German			Polish	
	Hindi			Italian	
	Portuguese			Any Other Language/s Please specify) .....	

Which language or languages are spoken in your child’s home?	
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**Medical and GP Details:**

GP Name & Address:		
	GP Telephone No	
Health Visitor Name:	HV Telephone No	

**Medical Conditions:**

Please give <b>brief</b> details of any Medical Conditions which you feel we should be aware of and complete the Green Medical Conditions form to give full details (e.g. migraine / diabetes / allergies / other). There is a dedicated Purple Inhaler Form in your New Parent Pack which must be completed to give full details of any condition where your child may need an inhaler, including Asthma.	

### Medical Permissions:

Do you give permission for the school to administer First Aid to your child?	YES <input type="checkbox"/>	No <input type="checkbox"/>
Do you give permission for the school to telephone your child's GP in a medical emergency?	YES <input type="checkbox"/>	No <input type="checkbox"/>
Do you give permission for the school to transport your child to an A&E department if none of the contacts on file can be contacted and if your child needs emergency treatment?	YES <input type="checkbox"/>	No <input type="checkbox"/>

### I give permission for:

....my child to use the Internet and e-mail at Parley First School and I have read the policy on the school website "Acceptable Use of the Internet Policy".	YES <input type="checkbox"/>	No <input type="checkbox"/>
....my child's photograph to be published:- <ul style="list-style-type: none"> <li>- in the local newspapers / magazines</li> <li>- on the school website and in school public documents</li> </ul>	YES <input type="checkbox"/>	No <input type="checkbox"/>
....my child to walk, accompanied by an adult for local walks around Parley	YES <input type="checkbox"/>	No <input type="checkbox"/>
....my child to make/taste food items e.g. sandwiches, pancakes, fruit/veg, bread etc (Please advise school of any food allergies/intolerances in additional notes below)	YES <input type="checkbox"/>	No <input type="checkbox"/>
....my child to handle small animals, such as chicks, rabbits and household pets, under supervision. Such an activity will always be followed by thorough washing of the hands.	YES <input type="checkbox"/>	No <input type="checkbox"/>

### I confirm that I am aware of the presence of school policies on the School website, in particular:

The school's Child Protection Policy	YES <input type="checkbox"/>	No <input type="checkbox"/>
The school's Home Learning Policy	YES <input type="checkbox"/>	No <input type="checkbox"/>
The school's Supporting Children with Medical Needs Policy	YES <input type="checkbox"/>	No <input type="checkbox"/>
The school's Single Equality Policy	YES <input type="checkbox"/>	No <input type="checkbox"/>
The school's Positive Behaviour and Anti Bullying Policy	YES <input type="checkbox"/>	No <input type="checkbox"/>
The School's Educational Visits Policy	YES <input type="checkbox"/>	No <input type="checkbox"/>
The School's Registration and Attendance Policy	YES <input type="checkbox"/>	No <input type="checkbox"/>
The Schools Food and Nutritional Standards Policy	YES <input type="checkbox"/>	No <input type="checkbox"/>

### Additional notes:

Give any details which you feel the school may need to know relating to your son/daughter which you have not already given.	<hr/> <hr/> <hr/>
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### I certify that the particulars given are true to the best of my knowledge and belief:

Child's Name in Full			
Name of Person with Parental Responsibility			
Signature of person with Parental Responsibility		Date	