

# WOODBANK PRIMARY SCHOOL INFORMATION FORM



**THIS INFORMATION WILL BE HELD ON THE SCHOOL DATABASE IN ACCORDANCE WITH THE DATA PROTECTION ACT. PLEASE BE ACCURATE. SHOULD ANY CHANGES OCCUR PLEASE NOTIFY THE SCHOOL OFFICE AS SOON AS POSSIBLE.**

<b><u>INFORMATION WE NEED ON YOUR CHILD</u></b>		
<b>NAME</b>	<b>SURNAME</b>	
<b>LEGAL NAME &amp; SURNAME IF DIFFERENT ON BIRTH CERTIFICATE</b>		
DATE OF BIRTH		Male <input type="checkbox"/> Female <input type="checkbox"/>
HOME / MOBILE TELEPHONE NO.		
CHILD'S CURRENT ADDRESS (INC. POSTCODE)	Address:  Postcode	
<p><b>I hereby give permission for the school to seek medical attention for my child in the event of an emergency</b></p> <p><b>Signed</b> _____</p>		
<b>INFORMATION WE NEED ON PARENTS/CARERS</b>		
MOTHER'S NAME		
MOTHER'S CURRENT ADDRESS (INC. POSTCODE) – if different from above		
MOTHER'S TELEPHONE NUMBERS:	Home:	Work:
	Mobile:	
FATHER'S NAME		
FATHER'S CURRENT ADDRESS (INC. POSTCODE) – if different from above		
FATHER'S TELEPHONE NUMBERS:	Home:	Work:
	Mobile:	
WHO HAS PARENTAL RESPONSIBILITY (please tick)	BOTH PARENTS / CARERS  MOTHER  FATHER	
<b>NAME &amp; TELEPHONE NO. OF EMERGENCY CONTACTS</b>		
Name of person	Relationship to child	Telephone Number
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		
<b>Please turn over the page</b>		

Aspects of your child's dietary needs of which we should be aware: .....

.....

Any significant health problems of which we should aware: .....

.....

COUNTRY OF BIRTH	
NATIONALITY	
MULTIPLE NATIONALITY (IF APPLICABLE)	
RELIGION	Christian <input type="checkbox"/> No Religion <input type="checkbox"/> Muslim <input type="checkbox"/> Other .....

ETHNICITY			
<b>White</b>		<b>Mixed/Dual Background</b>	
British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Any Other Mixed background	<input type="checkbox"/>
Any Other Background	<input type="checkbox"/>		
<b>Black</b>		<b>Asian or Asian British</b>	
Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Any other Black Background	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
		Any Other Asian Background	<input type="checkbox"/>
<b>Chinese</b>		<b>Any Other Ethnic Group</b>	
Chinese	<input type="checkbox"/>		<input type="checkbox"/>

CHILD'S FIRST LANGUAGE – (1 <sup>ST</sup> LANGUAGE YOUR CHILD HEARD AS A BABY (MOTHER TONGUE) <b><i>EVEN IF YOUR CHILD SPEAKS ENGLISH NOW</i></b>	
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LANGUAGE SPOKEN AT HOME	
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ENGLISH AS AN ADDITIONAL LANGUAGE	YES <input type="checkbox"/> NO <input type="checkbox"/>
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CHILD'S DOCTOR'S DETAILS	Name..... Address..... ..... Telephone.....
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PLEASE TICK	
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I consent to my child participating in <b>Food Tasting activities.</b> <b>ALLERGIES</b> ..... .....	YES <input type="checkbox"/> NO <input type="checkbox"/>
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I consent to my child having his/her <b>photograph/video taken for class/school displays.</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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I consent to my child's photograph (excluding his/her name) appearing on the <b>school's website.</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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I consent to my child's photograph (excluding his/her name) <b>appearing In the Local Media i.e. Bury Times</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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